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Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## March 1, 2023

### CPhA

***It's Pharmacy Appreciation Month! We're celebrating and here's how you can too***

March is [Pharmacy Appreciation Month](#) (PAM) in Canada—the annual national campaign that shines a spotlight on all things pharmacy and celebrates the growing role pharmacy professionals play in our health-care system. This PAM, we're celebrating our pharmacy teams and highlighting to everyone that the power of pharmacy is *you*—the amazing individuals who have been there for their communities time and time again. Here's how you can help us celebrate this month:

- **Be part of our PAM campaign** – Want to be featured in our PAM materials on social media? [Email us](#) a picture of yourself or your pharmacy team in action, with the name and location (city and province/territory) of your pharmacy and the full names of any team members in the photo.
- **Share our #MyFavePharm patient contest** – We're asking patients to tell us why they love their pharmacy team by filling out a nomination form for a chance to win a tablet for themselves and their favourite pharmacy

team member. Share the [contest link](#) with your network or display a [promotional poster](#) at the pharmacy.

- **Celebrate your team on the PAM 2023 Kudoboard** – Share stories, photos, congratulations or thanks to your team and pharmacy colleagues for the incredible work they do every day on this [virtual appreciation wall](#).

For more information on how you can get involved, check out our [communications toolkit](#), join the conversation on social media using the hashtag #PAM2023 and stay tuned for some exciting announcements throughout the month, including the 2023 Canadian Pharmacist of the Year!

### ***2023 Canadian Pharmacy Mental Health and Workforce Wellness Survey***

CPhA is asking pharmacists and pharmacy technicians to complete the 2023 edition of the Canadian Pharmacy Mental Health and Workforce Wellness Survey. With over 1400 responses, the 2022 survey provided pharmacy with important information to advocate for the well-being of the profession over the past year. The results from the 2023 survey will help the pharmacy community further understand how, and if, the state of the profession has changed since last year and direct continued efforts to improve pharmacy professionals' well-being. Please take the survey in [English](#) or [French](#).

### ***Advocacy update: Drug importation***

This week, CPhA was in Washington, DC, to meet with decision-makers on drug importation proposals aimed at Canada. Joelle Walker, CPhA's vice-president of public affairs, also participated in a panel talk on issues implementing foreign drug importation policies at the Counterfeit Drug Briefing for the 118th Congress on February 28. CPhA's goal at these meetings was to help inform US decision-makers about Canada's drug supply challenges and the risks associated with both federal and state proposals. While we believe the [federal drug importation regulations](#) first issued in November 2020 as an [interim order](#) largely protect Canada's drug supply, we remain concerned that public announcements could cause panic buying amongst Canadians, particularly in light of our recent drug shortages.

### ***From surviving to thriving: The current state of pharmacy workforce***

## ***wellness and where we go from here***

Over the past 3 years, in response to the COVID-19 pandemic, pharmacy teams have taken on a more prominent role in supporting their patients and communities. We've risen to meet growing public demand for pharmacist services and have embraced a greater role in public health with an unwavering "can do" attitude. But it has come at a cost—our workforce is in crisis and pharmacy professionals are experiencing stress and risk of burnout at unprecedented levels. CPhA's Chief Pharmacist Officer, Dr. Danielle Paes, will share some sobering national survey results that offer insight into pharmacists' current levels of mental health and well-being during [a session organized by the Centre for Practice Excellence](#) at the University of Toronto's Leslie Dan Faculty of Pharmacy. The event takes place tomorrow, March 2, from 4:00–5:00 pm ET via Zoom.

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## **Pharmacy on the front lines**

### ***Finding their own inspiration: University of Toronto student association profiles Black pharmacists***

Throughout Black History Month in February, the University of Toronto's Black Pharmacy Students' Association (BPSA) highlighted the successes of Black pharmacists through Q&As on [its Instagram account](#). The interactive format allowed students to ask local Black pharmacists questions ranging from details of their practices and what being a Black pharmacist is like to advice for Black pharmacy students. Confidence was a running theme in the advice they offered, according to Iman Abdulhadi, president of the BPSA and a second-year pharmacy student. "They say that you're probably going to be in a room where you're the only Black student or Black pharmacist, but if you have confidence and you speak up, it will make all the difference," Abdulhadi [told Canadian Healthcare Network](#) (subscriber access only). The Instagram initiative is part of the BPSA's larger goal to build a community for Black pharmacy students and promote diversity and representation. "We're hoping that the Black students can get inspiration from these [featured] pharmacists," she said. BPSA's mission is important because there are only a small number of Black pharmacy students at U of T, and there's a lack of Black pharmacy staff as well, Abdulhadi added.

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## Provincial

### ***BC becomes first in Canada to offer free prescription contraception***

With the release of the provincial budget on February 28, BC will become the first province in Canada to make prescription contraception free for some residents, [Global News reports](#). Finance Minister Katrine Conroy said free prescription contraception will be available for women, transgender and non-binary people starting April 1. The program will fully cover prescription contraception options, including most oral hormone pills, contraceptive injections, copper and hormonal intrauterine devices, subdermal implants, and Plan B, which is also known as the morning-after pill. “We know cost varies, but it really adds up for someone who pays \$25 a month for birth control pills,” Conroy said in her speech to the BC legislature. She estimated the measure will add up to about \$300 a year in savings, and as much as \$10,000 over a person’s lifetime. “This is a win for health and it’s a win for gender equity in our province. And it’s about time. The days of passing down these costs to women, trans and non-binary people are coming to an end,” Conroy said. The program is anticipated to cost \$119 million over 3 years.

### ***Can Alberta pharmacies brand themselves as ‘pharmacy walk-in clinics’?***

The Alberta College of Pharmacy says it has received numerous inquiries around pharmacies advertising themselves as “pharmacy walk-in clinics,” [Canadian Healthcare Network reports](#) (subscriber access only). But those who are considering updating their signage need to be aware of the rules around it first. Pharmacies must make it clear that they’re not a medical clinic by using the word “pharmacy,” according to the college’s website. They must also make it clear that the clinic is part of a pharmacy, stating, for example, “pharmacy walk-in clinic at [pharmacy name].” And while pharmacies are allowed to add private consultation rooms for assessments, those rooms must be directly adjacent to the dispensary to prevent confusing the public. In addition, the college clarified that there’s nothing different about these pharmacy walk-in clinics—they are able to provide the same services as any community pharmacy. The college points out that these rules have always been in place, falling under the principle that pharmacists cannot advertise themselves in a way that’s inaccurate or misleading. That includes using a term like “walk-in

clinic” on its own, which might make people think they’re accessing services from a physician, not a pharmacist.

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## National

### ***Provinces begin to sign health-care deals but specific targets, timelines still to come***

More than half of Canada’s provinces have now formally signed the new health-care deal proposed by the federal government in early February. Ontario and all 4 Atlantic provinces were the first to sign last week, followed by [Manitoba](#) on February 24, and [Alberta](#) on February 27. British Columbia, Saskatchewan, Quebec, and all 3 territories are yet to sign deals, with [the territories saying further negotiations are needed](#) to address challenges in the North. The “agreements in principle” now in place with 7 provinces are just the first step to completing the \$196-billion, 10-year health-care funding proposal that Prime Minister Justin Trudeau made on February 7, [according to the Canadian Press](#). To receive the money, all provinces must still come up with specific plans showing how they will spend it and how they will prove to Canadians that their health-care systems are getting better. Almost a quarter of the money—\$46 billion—is contingent on each province or territory agreeing to Ottawa’s conditions. That includes that they upgrade their health-care data systems and target some funding to primary care, mental health, recruiting and retaining workers, and dealing with surgical backlogs.

### ***Here’s what Canadians think about health-care system privatization***

As health-care negotiations continue between premiers and the federal government, a new survey suggests Canadians are divided on the prospect of more privatization in the health system, [CTV News reports](#). According to the survey conducted by Angus Reid, 39% of Canadians are “public health purists,” which means they’d like little to no private-sector involvement in health care, while 28% say increasing privatization is necessary. In the middle, 33% said they were “curious, but hesitant” and are on the fence. This group believes the private sector could play a role in certain circumstances, but has concerns over the staffing shortages in the public system and access for low-income Canadians. There also appears to be disagreement on what constitutes “privatization” in the health-care system. Most Canadians (71%)

seem to agree that paying out of pocket does represent privatization. However, 33% said they believe paying third parties with public funds to deliver care outside the government system is not privatization, while 51% say it is.

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## International

### ***UK: RPS joins commitments to mitigate climate change***

Alongside a number of fellow members of the UK Health Alliance on Climate Change, the Royal Pharmaceutical Society (RPS) has signed up to a [list of 10 commitments to mitigate and adapt to climate change](#). RPS said [in a news release](#) that it hopes the commitments will act as guiding principles for health organizations to show leadership and drive forward the changes needed for health care to become more sustainable. The commitments touch on a range of issues, including educating members on the links between climate and health, campaigning on sustainability issues, and embedding sustainability in organization governance, structure, and culture. “If we are to take our members and patients with us on the journey to make healthcare more sustainable, organizations such as ourselves must show the way forward and lead by example. These commitments are important to demonstrate such leadership and to hold ourselves to account,” said RPS President Claire Anderson, who also contributed to the development of these commitments. “We’re pleased that we are already meeting the majority of these commitments through our work over recent years.”

### ***UK: 8 in 10 employee pharmacists considered quitting in 2022***

More than 80% of community pharmacists in the UK considered leaving their job in 2022, [Chemist+Druggist’s annual salary survey has revealed](#). Of the 392 respondents, over 42% had actively looked for another job. The survey also found that 75% of pharmacy support staff, which includes pharmacy technicians and assistants, had considered leaving their job in the 12 months leading up to October 2022. Many of the pharmacists who responded to the survey said they were thinking of giving up salaried work to become relief pharmacists, or even moving away from pharmacy entirely. Paul Day, the director of the Pharmacists’ Defence Association, said the numbers aren’t surprising. “Too many pharmacists are burning out, with damaged wellbeing

and mental health, because of what they have to do to keep their patients safe,” he said. “It’s no surprise for those who understand conditions at the frontline that so many then opt to leave.” The data follows similar findings released in January by the Royal Pharmaceutical Society (RPS) in its [2022 workforce well-being survey](#), which revealed that 73% of pharmacists considered leaving their role or the profession.

***UK: Pharmacists warn they will struggle to cope as NHS tells patients to avoid GPs for certain illnesses***

Pharmacists have warned they will struggle to cope with increased demand driven by the launch of a new National Health Service (NHS) England campaign encouraging people with minor illnesses to first seek advice from a pharmacy, [according to iNews](#). Polling data shared by NHS England found that just 1 in 5 people aged 18 to 40 would visit their local pharmacy first for expert advice with a minor illness. If successful, this revamped messaging highlighting the vital clinical advice, support and over-the-counter medicines that local pharmacists can offer could result in a surge in demand for pharmacy services. But patients have been warned they could face further delays as they seek help, as pharmacists have also been hit by staffing shortages and rising medicine costs. Leyla Hannbeck, CEO of the Association of Independent Multiple Pharmacies, said she supports the aim of the campaign but is worried about the additional pressure it could bring. “I’m very keen to say that for a long period of time we’ve always said that pharmacies are very accessible. We want to help the NHS and lift the burden from the NHS, but . . . our funding is not fit for purpose at the moment. There needs to be a cash injection to allow pharmacists to bring their heads above the water,” Hannbeck said.

***Australia: Patients largely supportive of pharmacist prescribing, CHF survey finds***

Almost 75% of Australian patients support some form of pharmacist prescribing, according to results from a Consumers Health Forum (CHF) survey of Australia’s Health Panel. During a February 28 webinar on pharmacist prescribing, James Ansell, CHF’s research and data policy officer, said patients were largely supportive of expanding pharmacists’ scope, [the Australian Journal of Pharmacy reports](#) (subscriber access only). “Only about 1 in 4 people were opposed to pharmacists being able to give prescriptions, as a blanket rule, [and] less than 1 in 10 were opposed to them being able to do repeat prescriptions,” Ansell said. Panellists who supported authorizing



pharmacists to initiate new prescriptions reported that they had an established pharmacist who “had a good idea of their overall health” and were happy to have that pharmacist prescribe a medication. “People reported that pharmacists were often the first port of call when they were unwell,” Ansell said. “They’d go to their local pharmacy trying to get something over the counter [OTC] and if they couldn’t get it OTC then they’d go to the [doctor] or hospital.” Ansell noted that “the big concern” patients had about pharmacist prescribing was whether it’s “a Band-Aid solution to the larger issue of [general practitioner] accessibility.”

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## In Depth

### ***We may never know where COVID-19 originated. Here’s why***

A recent classified intelligence report from the US Department of Energy that concluded the COVID-19 pandemic likely originated from a laboratory leak may give a boost to those who support the theory, but scientists say it certainly won’t end the debate over the origin of the virus. Indeed, some say a definitive answer may never be found. [CBC explains](#) why.

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## Worth Repeating

“[Pharmacist prescribing for minor ailments] programs offer an opportunity for pharmacists to provide yet another valuable service to patients. Let’s take this collective opportunity to be proactive in the rebranding of our profession’s public image as care providers, and solidify our role as accessible and knowledgeable medication therapy experts.” —Dr. Nardine Nakhla, a community pharmacist and faculty member at the University of Waterloo’s School of Pharmacy, on [why prescribing for minor ailments is a prime](#) opportunity to advance the pharmacy profession (subscriber access only)

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This weekly update is compiled by the Canadian Pharmacists Association. Please note that this publication is meant to inform and is not a comprehensive list of information available. Be sure to check with your provincial regulatory authority or advocacy association for province-specific information. While



we aim to ensure all information contained in this update is accurate, the situation is evolving rapidly and CPhA does not take responsibility for the content provided by other organizations and sources.

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