

Email not displaying correctly? [View it in your browser.](#)



Canadian  
Pharmacists  
Association

Association des  
pharmaciens  
du Canada

# The Weekly

Bringing the world of pharmacy together

## February 8, 2023

### CPhA

#### ***February is Black History Month***

February 2023 marks the 28th official [Black History Month](#) in Canada. This month, CPhA will be focusing on celebrating Black pharmacy professionals in Canada, amplifying their voices and raising awareness about Black health in Canada. Primarily, we are pleased to support and promote “A Black History to Remember 2023: The Canadian Pharmacy Edition.” This campaign has been fully developed and launched by Mary Adegboyega, and an incredible group of Canadian Black pharmacy professionals have worked tirelessly to create the content. Their campaign will celebrate and recognize Black pharmacy professionals in Canada and share more about how we can all better support Black patients. Be sure to follow along on [LinkedIn](#) and [Instagram](#) for daily updates. Our [website](#) will also highlight elements of the campaign, as well as additional tools, information, and resources to support diversity, equity and inclusion for our Black pharmacist colleagues and the patients we serve.

#### ***Pharmacy Appreciation Month: Call for photos***

Pharmacy Appreciation Month (PAM) is just around the corner! Pharmacy teams have been an immense force supporting Canadians and our health-care

system through the many challenges we face, and we want to celebrate you and the incredible work you're doing every day. Help us celebrate you and your colleagues this March by sending us a photo of you or your pharmacy team that we can feature in our PAM 2023 materials. Please include the name and location (city and province/territory) of your pharmacy and the full names of any team members in the photo. Email us at [socialmedia@pharmacists.ca](mailto:socialmedia@pharmacists.ca) to participate.

---

## Pharmacy on the front lines

### ***'I'm shaken': String of Stouffville, ON, robberies leaves pharmacists looking for answers***

Hardik Matalia won't soon forget December 17—the day when the pharmacist at Guardian Mostar Pharmacy in Stouffville, Ontario, was assaulted and robbed at his pharmacy. “I ended up going to the emergency. Doctors said I had a small fracture in my back,” Matalia [told the Stouffville Sun-Tribune](#). “I had to take almost 2 weeks off. I recovered pretty well but there were a lot [of] moments that first week that were pretty painful.” What made the matter more troubling for Matalia is that his pharmacy was also robbed on October 20, along with a Pharmasave close by. “I’m shaken. Stouffville has been a very safe space,” he said. The recent spate of pharmacy robberies in town had employees of the town’s 13 pharmacies feeling like sitting ducks. “We have to do something. We are feeling vulnerable,” said Fared Wassef, the pharmacist at the local IDA. After the most recent pharmacy robbery and assault in town, Whitchurch-Stouffville Mayor Iain Lovatt said Wassef reached out to set up a meeting with York Regional Police and the local pharmacy owners with the intent of learning about crime prevention, mitigation and protection strategies.

---

## Provincial

### ***Saskatoon pharmacy fined \$30K for overbilling Indigenous Services Canada***

The pharmacy chain SRx Pharma has been fined \$30,000 for overbilling Indigenous Services Canada (ISC) for drugs used to treat hepatitis C, after a

Saskatoon pharmacist alerted the province's regulatory body to the practice, [CBC reports](#). It's the largest fine ever handed out by the Saskatchewan College of Pharmacy Professionals, the regulatory body for pharmacists in the province, according to a written decision from a college disciplinary committee. The overbilling involved marking up hepatitis C drugs over the maximum allowable provincial prices and altering invoices, according to the decision, dated December 27. It was brought to the attention of the college when the pharmacist at SRx Pharma's Saskatoon location lodged a complaint with the college. In December 2017, the pharmacist contacted the college's complaints director with concerns about the billing practices at SRx and the directions he was receiving regarding billing for patients receiving hepatitis C medications through the Non-Insured Health Benefits program. The pharmacist resigned from SRx in January 2018 and filed a complaint with the college in February of that year. A later forensic audit by ISC found the department had been overbilled between \$73,795.40 and \$265,458.28, according to the written decision.

### ***Expanding scope for pharmacists on the table as Saskatchewan holds consultations***

Some health-care professionals in Saskatchewan could be tasked with added responsibilities in an effort to improve services in the province, [CBC reports](#). According to a February 2 news release, the Ministry of Health will begin consultations in the coming weeks to possibly expand the scope of pharmacists, nurse practitioners and advanced care paramedics. There's also potential for pharmacists to independently prescribe. The province stated the proposed changes could benefit patients by creating shorter wait times for primary care and having more options to access certain health-care services. The Pharmacy Association of Saskatchewan (PAS) said it supports the province in possibly allowing its 1700 members to independently prescribe. "[Pharmacists] can help people out because there definitely is a concern about the quality of health care right around the country and every province is going through the same type of review," said Michael Fougere, the CEO of PAS.

---

## **National**

***The kids aren't alright: CAPSI survey finds pharmacy students are struggling with mental health issues***

In an atmosphere where pharmacists are struggling and many are reporting high levels of stress and burnout, the Canadian Association of Pharmacy Students and Interns (CAPSI) asked pharmacy students how they were faring. The survey found that while their stresses were different to those of working pharmacists, many were struggling with their mental health, [the Canadian Healthcare Network reports](#) (subscriber access only). The Student Mental Health and Wellness Survey included answers from 160 students who responded anonymously between February and May of 2022. Nearly 90% of respondents rated their mental health as a 3 out of 5 or worse, with nearly half saying it was as low as a 2 out of 5. In addition, 97.5% of respondents said that the stress from pharmacy school negatively impacted their mental health, and 85% said that it had a moderate to severe impact on it. The main things that could make them feel less stressed, students said, were longer breaks, better financial support and having personal days during rotations. But there was some good news: 75% of students said they still felt “content” and wanted to become a pharmacist, though only half agreed that they found pharmacy school rewarding and were eager to participate in its activities.

### ***Trudeau pitches 10-year health-care deal with \$46B in new spending***

Prime Minister Justin Trudeau announced on February 7 that the federal government is prepared to increase health-care spending by \$46.2 billion over the next decade, [CBC reports](#). The deal, which is being pitched by the federal government as a generational fix for an ailing system, would begin with provinces and territories getting an unconditional \$2-billion boost to the Canada Health Transfer (CHT) to address what the federal government calls “immediate pressure on the health-care system, especially in pediatric hospitals, emergency rooms and surgical and diagnostic backlogs.” Trudeau’s proposal also includes a 5% annual hike to the CHT for the next 5 years, with a built-in mechanism to permanently increase funding in the years after. Government data suggests this funding boost will increase the CHT by some 61% over the next 10 years. That amounts to about \$17.3 billion in new money for the provinces and territories. The premiers had been asking Ottawa to increase the CHT to provinces by \$28 billion a year.

***US: APhA, national pharmacy organizations release statement on diversity, equity and inclusion in health care***

The American Pharmacists Association (APhA) and 6 other national pharmacy organizations released [a joint position statement](#) on February 3 encouraging racial diversity, equity and inclusion (DEI) in all areas of health care, including regulatory boards, the workforce, education and patient care. The groups outline a series of 8 recommendations to enhance DEI and eliminate barriers at all levels of health care, including implementing programs that eliminate financial barriers that prohibit racialized students from entering professional opportunities, incorporating DEI concepts in professional curricula and continuing education, and facilitating mentorship programs for racialized students and new professionals. “The path to leadership within the health care field presents a disproportionate number of obstacles for racial and ethnic minority populations—challenges that begin during the early education years and extend into the professional years. Action is needed to identify and remove obstacles that limit access to leadership and professional roles for members of racial and ethnic minority groups,” APhA said [in its own news release](#). By combining and collaborating DEI efforts, the 7 groups said they hope to create a stronger health-care community devoted to protecting public health.

***US: Drugstores lack antibiotics, children’s medicines and Adderall***

Hundreds of community pharmacies across the US are having trouble stocking antibiotics, common over-the-counter therapies for children and Adderall—a widely used drug for ADHD—as shortages persist, [BNN Bloomberg reports](#). About 4 out of 5 pharmacies have reported problems filling prescriptions for the antibiotic amoxicillin, according to a National Community Pharmacists Association survey conducted at the end of January. Some 93% were short of children’s pain and fever medicines, and 97% lacked access to adequate supplies of branded or generic Adderall. All the drugs have been in short supply in the US or Canada for months for different reasons. Supplies of children’s amoxicillin, as well as kids’ over-the-counter pain and fever medicines, ran low in October as viral illnesses that can lead to bacterial infections spiked earlier than usual. Adderall has been hard to find since August, as Teva Pharmaceutical Industries Ltd., the main manufacturer for the US, lacked workers to produce sufficient supply while demand was soaring.

***UK: Commission on Pharmacy Professional Leadership publishes***

## ***recommendations for future of pharmacy***

The UK Commission on Pharmacy Professional Leadership is proposing closer collaboration between professional leadership bodies and specialist professional groups as part of a Pharmacy Leadership Council to enable and support the future of pharmacy, [Pharmacy Business reports](#). The commission, which was set up by the Chief Pharmaceutical Officers of England, Northern Ireland, Scotland and Wales, published the recommendations for the “future of pharmacy professional leadership in the UK” in a report released on February 6. The Pharmacy Leadership Council will be set up in 2023 to lead the implementation of the report’s vision and recommendations over 5 years. “The Commission has set out a collaborative approach to transform pharmacy professional leadership and deliver sustained benefits for patients and the public and pharmacy professionals in the UK,” the commission’s co-chairs, Professor Dame Jane Dacre and Nigel Clarke, said. “Pharmacy is at its time of greatest opportunity and pharmacy professional leadership as a whole urgently needs a strong and united voice.” The commission’s recommendations are supported by the Royal Pharmaceutical Society, the National Pharmacy Association and the General Pharmaceutical Council.

## ***Australia: Pharmacist prescribing may be on the way with Medicare overhaul***

A proposed Medicare overhaul may bring prescribing powers to pharmacists in an effort to help reduce pressures on Australia’s increasingly overburdened health-care system, [Sky News reports](#). This would mean trained pharmacists would be able to prescribe medications for a range of conditions to patients finding it difficult to get an appointment with a general practitioner. Expanding the prescription power of pharmacists is currently being trialled in a pilot program in Queensland and is set to commence in New South Wales shortly. Victoria Premier Dan Andrews also made a similar pledge as part of his re-election platform last year, and the South Australian parliament has set up a committee to explore how pharmacists could prescribe medication for some urinary tract infections. The president of the Pharmacy Guild of Australia, Trent Twomey, said these programs go toward repairing a “broken” health-care system. “We support the Health Minister when he said that at a time of workforce constraints, ‘it doesn’t make sense as a country not to have every health care professional work to the top of their scope of practice,’” Twomey

said [in a statement](#) following the February 3 National Cabinet meeting on health-care reform.

---

## In Depth

### ***Dying to be seen: Why women's risk for heart disease and stroke is still higher than men's in Canada***

Heart disease affects 2.6 million Canadians and is the second-leading cause of death in Canada, with women facing a higher risk than men. Heart and Stroke Canada released [a new report](#) on February 1 for Heart Health Month highlighting several disparities women continue to experience in the prevention and treatment of heart attack and stroke in comparison to other Canadians. According to this report, women are generally unaware of their individual risk and risk factors and are often underdiagnosed and undertreated. [The Conversation explains](#) why the absence of women in heart-related research continues to have life-altering effects on the lives of women throughout Canada and their communities.

---

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.

Canadian Pharmacists Association  
851 Industrial Avenue, Mailbox M035  
Ottawa, ON K1G 4L3  
[Contact Us](#)