



Remarks to the Standing Committee on Health

Study on Canada's Health Workforce

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CPhA Witness:

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(Check against delivery)

Good afternoon and thank you for the opportunity to be part of this important and timely study.

My name is Dr. Danielle Paes, I am the Chief Pharmacist Officer for the Canadian Pharmacists Association. Today I'm joining you from the traditional and unceded territory of the Three Fires Confederacy of First Nations: the Odawa, Ojibway and the Potawatomie.

CPhA represents Canada's 47,000 pharmacists who, along with their teams of pharmacy technicians and assistants, have worked tirelessly throughout the pandemic to support us all.

I want to spend a few moments highlighting the role of pharmacists during the pandemic.

When the pandemic started, pharmacies were one of the only community health-care providers to remain open to the public when most others closed or transitioned to virtual care. They did so amidst great uncertainty, not knowing how to protect themselves or their staff, while also trying to manage drug shortages and disruptions.

The pandemic has truly highlighted the essential role that pharmacists and pharmacies play in health care. Pharmacists have been an important source of COVID-19 information for the public and have had to navigate a constantly changing environment and in some cases with little or no advanced notice. In many parts of the country, pharmacists distribute and administer COVID-19 tests and they are a leading provider of COVID-19 vaccines with over 17 million administered in pharmacies to date.

And although COVID has dominated the last 2 years, the opioid crisis hasn't gone away. Through an exemption provided by the federal government during the pandemic, pharmacists were able to extend care to patients using opioids and other controlled substances. This was especially important because they helped those individuals struggling with addiction, maintain their treatment.

The pandemic however has come with a toll due to the relentless demands placed on all health care workers within a system that was already stretched. Over the past few weeks, you've heard many common themes from the witnesses who have appeared.

Our own experience, supported by a national survey we recently conducted, reinforces that the mental health of our pharmacy workforce has been significantly impacted by burnout, labour shortages and patient harassment. It saddens me to share that during the pandemic almost half of respondents have experienced abuse or harassment from patients at least once a week and some even daily.



Like our physician and nursing colleagues, the pandemic has had a major impact on the supply of pharmacists and their support staff and we're seeing an alarming number contemplate leaving the profession.

It has been heart-breaking to listen to the stories of my front-line colleagues who are exhausted. For most, the stress and pressures they are under at work coupled with the challenges they face personally are at a breaking point.

We believe urgent action is needed to address this impending catastrophe and that the federal government can play an important role in providing direct support to health providers, as well as indirect support through the provinces and territories. This includes targeted mental health resources to help pharmacy teams cope with the struggles they've faced over the past two years, as well as strategies and funding to ensure that we have the appropriate supply of pharmacy professionals, particularly in rural and remote areas.

Financial incentives, loan forgiveness for health care workers and subsidies for employers providing practical experience to students and internationally trained health-care workers are just a few of the recommendations that we believe could help avert a future healthcare workforce shortage and emergency.

As the Committee considers strategies to improve recruitment and retention of health care providers, I would be remiss if I didn't talk about the lack of consistency with our scope of practice in Canada.

Many Committee members here today are able to get a flu shot at their local pharmacy. But there are still some territories that haven't enabled pharmacists to provide this service. Similarly, in some parts of the country, pharmacists can prescribe for common ailments like UTIs and skin rashes, but others cannot – this demonstrates clear inequities in care within our existing system.

When it comes to recruiting and retaining pharmacy professionals, the ability for us to work to our full scope, regardless of where we live, is so important to our personal and professional fulfillment. Lack of scope can also disincentivize pharmacists from practicing in rural and remote locations.

So while health and scope of practice remains mostly a provincial jurisdiction, we believe the federal government should provide targeted funding to the provinces to further expand scopes of practice for pharmacy professionals, so they can deliver better health care to patients.

I'd like to acknowledge again the incredible work and sacrifices of all health care workers over the past two years. We owe so much to them. And thank you to the Committee for allowing me to share how pharmacists and their teams across Canada have contributed and been impacted by the pandemic. We look forward to seeing the positive outcomes from your dedicated efforts.