

THE Tablet

SUMMER 2025 | ADVOCATING FOR BRITISH COLUMBIA PHARMACY

102 million
prescriptions
in one year!

For the first time ever, the number
of prescriptions dispensed by
community pharmacies in B.C.
has exceeded 100 million. PAGE 14

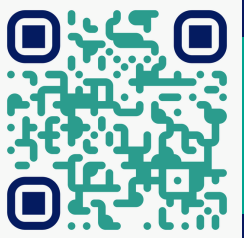


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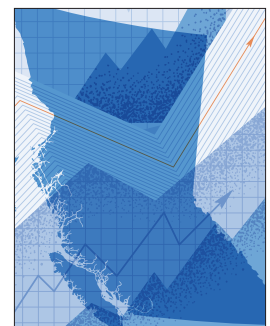
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ON THE COVER

Prescriptions dispensed in British Columbia have reached 100 million!



Colleen Hogg

Our profession will continue to go further

This edition is a reminder of how far our profession has come. Each day at work, we see numerous patients who could be coming to our pharmacy for different reasons, whether it's to receive a vaccine, to drop off their prescriptions for their medications, for a consultation, and so much more.

To hear it put into numbers is quite amazing. The record number of more than 102 million prescriptions dispensed last year means that we, as community pharmacists, on average dispensed 24,000 medications each. We have not slowed down on our dispensing role despite all the clinical services we now provide for our patients, and the numbers make it clear the profession is more important to caring for the health of our patients than it has ever been.

When concerns in public health arise, pharmacists are among the first in line to help, and people recognize this. Just look at the latest cases of measles outbreaks in the province and our role as immunizers in stopping this vaccine-preventable disease. Our trust with our patients and the public is hard-won, and I'd like to think that our profession in the eyes of the public has never been held in higher esteem.

For me, this year marks my 30th year as a community pharmacist. At the time of my graduation from the University of British Columbia in 1995, I never imagined that our scope of practice would expand to the extent that it has. And that's why it gives me great joy that my daughter, who graduated this year with her Doctor of Pharmacy, is now entering the profession at such an exciting time.

To our members, I want you to know that we are not planning to rest on our laurels. The Association is currently looking ahead and is involved in ongoing discussions with the government on many topics, including moving forward with a pharmacy clinic model in B.C., advocating for the sustainability of rural pharmacy practice, continuing to expand the prescribing scope to include stable, chronic diseases, making the case to fund point-of-care testing, advocating for an increase in core funding, and more.

I also want to thank our Minister of Health, Josie Osborne, for her remarks to members at our annual conference in May and in this edition of the magazine. It was a pleasure to meet her at the conference and at the legislature, and to discuss how our profession can help meet the government's goals of delivering excellent health care for British Columbians. **■**



British Columbia
Pharmacy Association

Editor in Chief Angie Gaddy

(604) 269-2863, angie.gaddy@bcpharmacy.ca

Managing Editor Michael Mui

(604) 269-2878, michael.mui@bcpharmacy.ca

Art Director Caroline Toth RGD

BCPHA BOARD OF DIRECTORS

Chair Colleen Hogg, president@bcpharmacy.ca

Board of Directors Kylee Power, Mike Huitema, Livia Chan, Chris Chiew, Mark Dickson, Justin Dovale, Julie Ford, Gary Go, Michelle Gray, Ruhani Grewal, Mark Kunzli, Bless Morales

Contact the Board of Directors board@bcpharmacy.ca

OFFICE OF THE CEO

Chief Executive Officer Geraldine Vance

(604) 269-2860, geraldine.vance@bcpharmacy.ca

Executive Assistant to the CEO and Board

Devyani Basoodetsing

(604) 269-2884, devyani.basoodetsing@bcpharmacy.ca

COMMUNICATIONS

Executive Director, Communications Angie Gaddy

(604) 269-2863, angie.gaddy@bcpharmacy.ca

Manager, Communications Michael Mui

(604) 269-2878, michael.mui@bcpharmacy.ca

PHARMACY PRACTICE SUPPORT

Executive Director, Pharmacy Practice Support & Special Projects

Bryce Wong, RPh

(604) 269-2868, bryce.wong@bcpharmacy.ca

Director, Pharmacy Practice Support Ann Johnston, RPh

(604) 269-2865, ann.johnston@bcpharmacy.ca

Coordinator, Pharmacy Practice Support Nelson Chen, RPhT

(604) 269-2880, nelson.chen@bcpharmacy.ca

Coordinator, Pharmacy Practice Support Yvonne Brown

(604) 269-2866, yvonne.brown@bcpharmacy.ca

MEMBER SERVICES

Deputy CEO and Executive Director, Member Services Vince Lee

(604) 269-2867, vince.lee@bcpharmacy.ca

Manager, Member Services Sergio Borusevych

(604) 269-2891, sergio.borusevych@bcpharmacy.ca

Coordinator, Member Services Linda Tinnion

(604) 269-2864, linda.tinnion@bcpharmacy.ca

Administrative Assistant Kathryn Kremastos

(604) 261-2092, kathryn.kremastos@bcpharmacy.ca

Administrative Assistant Emily Story

(604) 261-2097, emily.story@bcpharmacy.ca

CORPORATE SERVICES

Executive Director, Finance Gary Mui, CPA, CA

(604) 269-2869, gary.mui@bcpharmacy.ca

Database Administrator Ray Chow

(604) 269-2882, ray.chow@bcpharmacy.ca

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BCPhA Offices: #430-1200 West 73rd Avenue Vancouver, BC V6P 6G5

Telephone: (604) 261-2092 or Toll-free in BC: 1 (800) 663-2840 Fax: (604) 261-2097

Toll-free fax: 1 (877) 672-2211 E-mail: info@bcpharmacy.ca Web: bcpharmacy.ca

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Geraldine Vance

The story behind the numbers

Numbers, numbers, numbers — I went to journalism school so words are more my thing than numbers.

But, as our Board Chair Colleen Hogg says in her column, the recently released PharmaCare Trends report reflects the hard work pharmacists have continued to do. British Columbia is fortunate to have PharmaNet as it tracks and delivers very detailed information about the work pharmacists are doing; this reporting isn't always available in other provinces.

For me, my interest is in the stories about pharmacists and their patients that are behind the numbers. I don't have to tell any pharmacist reading this issue of *The Tablet* how much busier your days have become. Pharmacists' work on the ongoing annual flu and COVID vaccine programs is nothing short of spectacular. Every shot that goes into someone's arm can literally be life-saving. We have seen the impact not being vaccinated can quickly have on a population. The rising numbers of measles cases in Canada is concerning and shows how essential public vaccination campaigns are.

While not reflected in the PharmaCare Trends report, the numbers of minor ailments and contraception services (MACS) completed in our province means that each and every person that went to their pharmacist got the assessment and care they needed. One can only speculate on how many people who received MACS from pharmacists would only otherwise have their local hospital emergency department as a health-care option.

Without timely access, patient care is inevitably compromised. While the scope of things pharmacists can do has grown quickly in the last few years, there is so much more pharmacists can and should be doing. Prescribing for stable chronic diseases and offering point-of-care testing are a couple of examples.

I don't usually write much about my own health-care needs or concerns. But as I said, behind each of the statistics is a personal story of a patient and their pharmacist. For my health needs, I am fortunate to regularly see two of the very best pharmacists practicing. In January, I tripped on a dark, wet night, fracturing my knee cap and breaking a finger on my right hand. It was awful! But thanks to my pharmacists, I felt very well-cared for — they delivered my medications and were thoughtful enough to put the pills in a baggy, knowing opening a bottle would have been hard due to my injury. The thoughtfulness and concern they showed me is something I won't forget and can't thank them enough for.

So, as we look at the numbers, let's remember the people behind them. **■**

Member News

Do you have a professional or personal update you want to share in *The Tablet*?

Email editor@bcpharmacy.ca to share your member news.

Pharmacists among most highly regarded health professionals in B.C.

Health care and social services are consistently among the top three most important issues for British Columbians, according to a new survey commissioned by the BC Pharmacy Association.

The survey, which polled 801 B.C. residents from July 11 to 18, 2025, also found that British Columbians were extremely satisfied with the level of service offered by their community pharmacists.

Here are the numbers:

- › 57.2 per cent of British Columbians rated the level of service from their community pharmacist as 4/5 or 5/5, just behind family doctors at 61.2 per cent, versus nurse practitioners at 33.3 per cent, walk-in clinic doctors at 27.7 per cent, and naturopathic doctors at 13.6 per cent.
- › 40.2 per cent of British Columbians have seen their pharmacist for a minor ailment consult, contraceptive prescription or both, since the new service launched in 2023.
- › 60.8 per cent said they chose to visit a pharmacist for a minor ailment consult or contraceptive prescription because of convenience.
- › 81.9 per cent said they would support pharmacists being able to offer additional services such as treating strep throat and prescribing for stable medical conditions such as hypertension and diabetes.
- › 86.2 per cent said pharmacists can help reduce pressure on family doctors, walk-in clinics and hospital emergency rooms.
- › 28.6 per cent said the B.C. government's top priority should be investing in health care, just behind investing in housing availability and cost at 31.6 per cent.



B.C. Minister of Health Josie Osborne spoke with members on May 2, 2025 in Victoria at the BC Pharmacy Association Annual Conference. The message on this page is reproduced from her speech at the conference.

Message from Hon. Josie Osborne, Minister of Health

I am B.C.'s Minister of Health, and it is a real privilege to receive this appointment from Premier David Eby. No small task, and not easy times. I know we are all experiencing a lot of strain in our health-care system here in British Columbia.

First, I want to take a moment to acknowledge the BC Pharmacy Association for the incredible job that you do in being the voice of community pharmacy. As Geraldine said, we've had the opportunity to meet a few times, and we've been able to sit down and talk about the interests and values of community pharmacy and some of the advocacy work that the Association is doing. Our government is incredibly committed to supporting pharmacists and pharmacy technicians in taking on expanded roles in the health-care system.

I hope we can all agree that this is an effort that has already shown some great success.

Back in 2022 under the leadership of Adrian Dix, who was the Minister of Health for the last two terms of our government, we expanded the authority so that pharmacists can adapt and renew prescriptions for many different medications, administer a wider range of drugs to people, and since 2023 have been able to assess and prescribe medication for 21 different minor ailments and for contraceptive prescribing.

And since last year, pharmacists are now able to refer people to select lab tests. By expanding this work, we've made it easier and faster for people to be able to access the critical health-care services that they need. And it is working well. From June 2023 to March 2025, pharmacists treated almost half a million people for 21 minor ailments, and 97,000 people were assessed to get prescriptions for birth control. It's been a phenomenal response.

B.C. pharmacists also dispensed over 103 million drugs and medical devices and supplies and administered over 1.3 million COVID-19 vaccines, and nearly 1.2 million flu vaccines in that period. And as of Jan. 27 2025, over 500 pharmacists have received an MSP practitioner number. There are more than 140 who are registered at LifeLabs, and it's resulting in numerous tests that have been ordered by pharmacists.

And we can't let the work stop there, so we won't.

We're going to continue to explore new opportunities to leverage your skills and expertise as pharmacy professionals and really do that work to enhance patient care and improve efficiency in the health-care system. We've been actively engaging with frontline practitioners on the efforts and innovations that pharmacy professionals are taking to better serve people, and one of these key initiatives is the soon-to-

be established Pharmacy Council. The Pharmacy Council will serve as an advisory body that's comprised of frontline pharmacy professionals and really help to provide that very timely input that we need on pharmaceutical policies, on practice related issues, on patient and provider experiences, and that will help inform and support the decisions that are being made at the Ministry.

I am very happy to report that the interest in joining the Council has been very strong. The inaugural meeting of the Council will take place this month (May 2025). And thank you so much to those people who are going to be involved in the council. I know it's going to be an absolutely invaluable tool to really increase that access to that frontline knowledge that you have.

I have the pleasure of having a friend who is a pharmacist, and also had the opportunity to meet a lot of pharmacists over the past several years. As MLAs, we all go out into our communities, and we meet different pharmacists and have the opportunity to talk to them and really hear about what their lives are like, and what they're doing and how important of a role they play in their communities.

One thing I think we can all say is that pharmacists are always there for people, and whether it's through the fall immunization campaign or responding to public health emergencies, be it the COVID-19 pandemic, the toxic drug crisis that we are facing, and just helping people manage their medications, pharmacy profes-



From left to right:

BC Pharmacy Association Board Chair Colleen Hogg, Minister of Health Josie Osborne, and Association CEO Geraldine Vance.

sionals play an absolutely essential role in our health-care system.

So I want to say thank you to each and every one of you for the work that you do, and assure you about the commitment that I have and that our government has to supporting pharmacies, pharmacists and pharmacy technicians in continuing to take on expanded roles within our health-care system, and really helping people get the health care that they need in the communities where they live.

Thank you very much for having me here today. **T**

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Jagpaul Deol is Founder of Atma Apothecare and the Psychedelic Sikh Society, and serves as pharmacist consultant to various organizations, including TheraPsil, SABI Mind, Qi Integrated Health, EntheoMed, Upstream Health, Centre for Medicine Assisted Therapy, Healing Recovery Centre, and Alchemystic Healing. She also works as a community pharmacist at Davie Pharmacy.

Forging a path in psychedelic-assisted therapy

Can you tell us about your journey in pharmacy?

I graduated from the University of British Columbia's Faculty of Pharmaceutical Sciences in 2007, and my journey in pharmacy began during my undergraduate studies. In my first semester, I got involved with a multidisciplinary, student-run medical clinic in Vancouver's Downtown Eastside. This clinic was newly established and provided essential after-hours services to the community. When I was a first-year pharmacy student, I took on a leadership position with the clinic's board of directors, which brought together students from various health-care faculties.

Working at the clinic opened my eyes to the unique health-care needs of the community. Throughout my pharmacy education, I spent considerable time at Insite, North America's first safe injection site, where I gained exposure to substance use and realized how individualized these experiences can be. I learned that many people use substances for various reasons, often related to a lack of social or family support or financial hardship. This experience significantly shifted my perspective on substance use and its complexities. Many clients had co-occurring mental health concerns, alongside chronic conditions such as HIV, and this led me to pursue additional training in psychiatry and infectious diseases.

I have worked within community pharmacy practice as a Shoppers Drug Mart Associate Owner of two Vancouver locations; I have owned, directed and managed several independent and banner pharmacies, and worked as a staff and locum pharmacist throughout B.C. and Ontario. I've expanded into niche retail avenues over the years as a former Director of Specialty Pharmacy Services and dermatology consultant at cosmetic retailers such as Holt Renfrew and Murale, and a travel health consultant for community pharmacies in B.C. I now primarily provide direct patient care and psychedelic consults through medical clinics such as Upstream Health, Centre for Medicine Assisted Therapy, Alchemystic Healing, Healing Recovery Centre, and clinical pharmacy services primarily through Davie Pharmacy.

Recently, I have served as an Assistant Professor at UBC and currently guest lecture at universities in Canada and the U.S. I have served on advisory councils and boards for psychedelic therapy related organizations such as TheraPsil, PsyCan, Numinus, Multidisciplinary Association for Psychedelic Studies (MAPS), and sit on the College of Pharmacists of British Columbia's Ethics Committee. My research roles include trial investigator and study pharmacist for clinical trials using psilocybin and MDMA for psychiatric indications sponsored through agencies such as Vancouver Island Health Authority, TheraPsil, and MAPS.

How has your experience shaped your approach to care?

These experiences have given me invaluable insight into the barriers faced by individuals living with HIV, mental health challenges, and addictions. I've learned the importance of meeting patients where they are, both physically and emotionally, and the value of harm reduction, reducing stigma, and providing compassionate care. Building trust is just as critical as offering clinical advice, and I approach each patient as a whole person, not just through their illness. Working in resource-limited settings deepened my commitment to addressing health-care inequities and ensuring access to care for vulnerable populations. These experiences also strengthened my resilience, adaptability, and cultural humility.

Could you elaborate on your current roles?

As an American Academy of HIV Medicine accredited HIV pharmacist, I focus on optimizing health outcomes for clients on antiretroviral therapy (ART) by addressing long-term health implications of living with HIV and age-related complications. This includes addressing the increased risk of complications like osteoporosis, renal disease and cardiovascular concerns due to ART and viremia. These are areas where community pharmacists can make a direct impact on the health outcomes of people living with HIV. Additionally, I work to reduce stigma surrounding HIV prevention and treatment, particularly within South Asian communities. Through community campaigns to increase awareness of pre-exposure prophylaxis (PrEP), I hope to position pharmacists as accessible community sexual health experts — especially as pharmacist prescribing expands. In addition to my clinical work, I educate and train pharmacists, NPs, and MDs on PrEP and HIV aging management.

Over the past decade, my work in mental health and addictions has primarily focused on studying and implementing emerging treatment paradigms, including psychedelic-assisted therapy with ketamine, psilocybin, and MDMA. I consult for Canadian clinics offering ketamine-assisted therapy for psychiatric conditions such as EntheoMed, Qi Integrated Health, Empower Health, SABI Mind. My role often involves assessing and optimizing patients' psychiatric medications in collaboration with their health-care providers and creating individualized ketamine dosing protocols.

For the past six years, I have served as TheraPsil's consultant pharmacist for Canadian physicians and nurse practitioners applying for psilocybin and MDMA therapy through Section 56 exemptions and the Special Access Program (SAP). In this capacity, I provide clinical consultations, support community and hospital based health-care teams, participate in judicial reviews as a qualified expert, develop accredited training programs for clinicians, and advocate for policy improvements. Recently, my advocacy efforts contributed to a Federal Court ruling granting SAP access to psilocybin

for cluster headaches. Currently, I am a co-investigator on multiple clinical trials examining psilocybin and MDMA and have published research related to both medical cannabis and psychedelics.

Have you engaged with policymakers and stakeholders on the topic of harm reduction?

Yes. I've approached advocacy from multiple angles. I've worked with non-profits to engage policymakers through meetings and written correspondence. I've served on participated in drug regulation and policy committees, collaborating with policymakers, lawyers, medical professionals, and community advocates to develop

communication campaigns and maintain dialogue with local MLAs and MPs. Additionally, I sit on advisory boards for policy-focused psychedelic organizations. As a medical-legal expert on TheraPsil's pro bono legal team, I assess clients' medical needs, evaluate drug therapy risks and benefits, and provide affidavits to support court challenges — particularly against Health Canada's denials of SAP requests for psilocybin and MDMA. These legal wins help pave the way for eventual policy change.

What changes do you believe are necessary to ensure equal access to psychedelics?

As practitioners in psychedelic-assisted therapy, we must recognize that many of these substances are deeply rooted in the healing practices of global Indigenous populations. For

example, ayahuasca is sacred to certain communities, and peyote holds significant cultural importance to Indigenous groups in the U.S.

As professionals working within a medical therapeutic model, it's crucial that we acknowledge and respect these traditional uses, incorporating them into our dialogues around advocacy. We need to ensure that access to psychedelics is not restricted solely to a medical framework but also considers Indigenous and cultural use. This approach helps preserve the integrity of these traditions and ensures that policies remain inclusive and respectful of their origins.

“

When a patient mentions using herbal supplements or traditional remedies,

I always inquire about them and make evidence-based recommendations that align with their beliefs and current medications.

This respectful approach allows me to incorporate traditional practices while ensuring that patients receive safe and effective care.

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Reference: 1. Whooley S, Briskin T, Gibney MA, et al. Evaluating the user performance and experience with a reengineered 4mm x 32G pen needle: a randomized trial with similar length/gauge needles. *Diabetes Ther.* 2019;10(2):697-712. 2. Frid AH, Kreugel G, Grassi G, et al. New insulin delivery recommendations. *Mayo Clin Proc.* 2016;91(9):1231-1255. 3. Compatibility Confirmation for Nano PRO™ Pen Needles/1490TH-0004-20. 30 May 2025.





For the past decade, Deol's work in mental health and addictions has focused on studying and implementing emerging treatment paradigms, including psychedelic-assisted therapy with ketamine, psilocybin, and MDMA.

How do you envision the role of pharmacists evolving in the field of psychedelic-assisted therapy?

Pharmacists' roles in psychedelics will likely remain niche for now, as not every pharmacist will be involved in psychedelic-assisted therapy.

However, like the shift we saw with cannabis, I believe this field will continue to open up. Already, more patients are comfortable disclosing their use of psychedelics, especially microdosing. Substance use, when kept hidden, increases risks, stigma, and shame. I've seen firsthand the benefits when people feel safe to talk about these things openly, knowing they'll be understood rather than judged.

Public perception is shifting, as shown by a 2023 survey from the UC Berkeley Center for the Science of Psychedelics, where 61 per cent of American registered voters support the legalization of psychedelic therapy, and 78 per cent favor easier access for researchers to study psychedelics. Nearly half (49 per cent) support removing criminal penalties for personal use and possession, indicating growing public openness towards therapeutic and scientific uses of psychedelics.

Data also shows that 63.6 per cent of participants in

a 2021 *Frontiers in Psychiatry* report used psychedelic mushrooms for mental health or general well-being. Microdosing interest has surged, particularly in areas with relaxed drug policies, with a 2023 study from UC San Diego revealing a 13-fold increase in related searches since 2015. Additionally, a 2023 poll by TheraPsil found that 80 per cent of Canadians support or are ambivalent about the legalization of psilocybin for medical use, especially for conditions like terminal illness, depression, anxiety, PTSD, and chronic pain.

Personally, I hope the approach to psychedelics within pharmacy practice is more empathetic than the early days of cannabis. I remember when pharmacists were explicitly told not to discuss cannabis use with patients, which only reinforced stigma. Later, we became some of the most accessible and knowledgeable professionals on the topic. That shift brought a steep learning curve, and I envision that we'll be better prepared to discuss psychedelics with patients from the start, understanding the drugs, potential interactions, and concerns related to psychiatric conditions.

People are going to use these substances whether or not we talk about them, so it's essential that we create safe, informed spaces for those conversations. **1**



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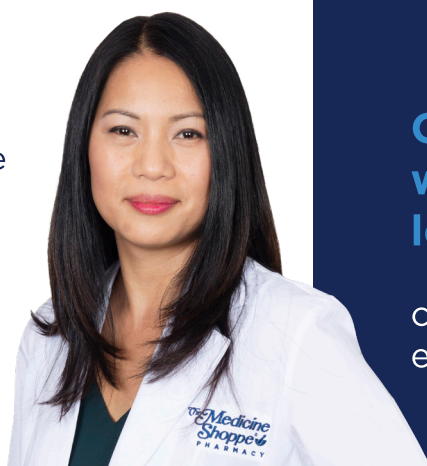
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Left and above: UBC pharmacy students attend the fall 2024 White Coat Ceremony. Lower right: Dean Lalitha Raman-Wilms delivers a speech to students.

UBC Pharmaceutical Sciences focuses on rural student recruitment

The University of British Columbia's Dean of the Faculty of Pharmaceutical Sciences, Lalitha Raman-Wilms, recently provided an update on her Faculty's student recruitment efforts, particularly its increased efforts towards attracting students from rural and remote communities.

Raman-Wilms joined the Faculty as Dean on Oct. 1, 2024 and oversees more than 200 faculty members and staff in the Faculty. UBC's Entry-to-Practice PharmD program requires students to have completed a minimum of two years of undergraduate studies, and it has been typical for pharmacy programs to recruit university students enrolled in programs in the sciences, she said. But more recently, the university has also started to focus on attracting high school students to consider pharmacy as a profession, through various outreach programs, some of which are described below.

One of them, the Verna J. Kirkness Education Foundation Program, aims to address an under-representation of First Nations, Metis and Inuit students in Canadian universities by offering scholarships to Indigenous students in Grades 11 and 12 to spend a week at a Canadian university learning with professors and their teams, and working with mentors as academic role models. In 2024, the Faculty hosted four students to spend a week at UBC, where they met with professors and visited various labs ranging from exploring nanomedicine, drug discovery, gene therapy, to learning about holistic medicines.

Another program, the Discover Pharmacy Tour, sends Faculty recruitment staff to rural communities to directly speak with students and teachers in high schools. In 2024, staff

visited seven cities, including Prince George, Prince Rupert, Terrace, Castlegar, Kelowna and Courtenay.

A third, the Diversifying Health and Human Service Professions Education (D'HoPE) program, focuses on equity-denied high school and undergraduate students to develop a sustained interest in a health profession education program of their choice. Students are invited to visit the Faculty for a day to learn about careers in pharmaceutical sciences. Equity-denied students include people who are economically disadvantaged, first-generation university students, people with disabilities, people from the 2SLGBTQI+ community and more.

A fourth program is the Rural eMentoring BC online mentorship program, led by Dr. Sandra Jarvis-Selinger, which matches rural high school students with post-secondary student-mentors so the former can learn about pathways to university. The program has welcomed more than 1,400 rural high school students from more than 20 rural communities across 39 secondary schools since 2016. In 2024, ReMBC partnered with the Office of Student Services on a Directed Studies project, where two PharmD students presented to rural high schools about pathways to pharmacy careers, and prepared a report on barriers to health-care careers faced by rural students. The students were able to present at five rural high schools, and the high school students were most interested to learn about different career options as a pharmacist, salary and lifestyle, and the prerequisites needed for admission. This project will continue to be offered, and both units hope to better understand how to more effectively outreach to rural students.

Rural recruitment has also been an advocacy focus of the BC Pharmacy Association. In November 2023, the Association presented eight recommendations to the Ministry of Health to mitigate challenges rural pharmacies and pharmacists are currently facing. Through a series of consultations, the Association heard from those who practice in rural communities that challenges include, but are not limited to, workforce shortages, difficulty in recruiting and retaining pharmacists and staff, lack of locum and relief support, lack of digital infrastructure, shortage of housing, and no formal support system for new graduates or out-of-province pharmacists considering rural practice.

Raman-Wilms said the Faculty's long-term vision is to build a sustainable, robust, culturally responsive, and community-engaged approach to rural pharmacy education. The Faculty's rural focus has been on areas outside Metro Vancouver and the Fraser Valley.

"Typically, rural communities are considered to be geographically distant from major urban centres and often may have limited access to health care services, including pharmacy care," Raman-Wilms said. "In addition to location, there are also social and structural factors that can contribute to health-care inequities in rural areas, including barriers to transportation, health workforce shortages, and limited infrastructure."

To that end, the Faculty has been increasing its efforts to encourage graduates to consider undertaking experiential education in rural communities; this, in addition to attracting students who come from rural communities, may facilitate many more graduates being interested in practicing within these communities. With respect to admissions, while the Faculty doesn't explicitly set aside seats for rural students in the PharmD program, it is offering incentives to students from rural areas by waiving admission fees, and prioritizing the acceptance of the relatively few students who do come from those areas.

In 2024, the Faculty launched a Regional Practicum Model (RPM), which provides pharmacy students with the option of completing their concluding year 3 and 4 practicum experiences in a dedicated rural or remote region outside of the Lower Mainland. The current PharmD program requires each student to complete 40 weeks of practicums in a pharmacy practice setting. Students choosing to participate in the RPM can rank their preferred geographical locations from a list of options. In the first pilot of the Regional Practicum Model, seven students opted to participate and selected placements from the interior communities of Kelowna, Penticton, Vernon and Kamloops and their surrounding towns and villages. In 2025, the RPM was expanded to include Prince George and Victoria with ten students opting to participate. One consideration of the RPM was that by inviting students to complete their full practicum experiences in a dedicated community, there would be less financial strain on students due to the reduced need for relocation and travel compared to completing practicums in different locations. Another is the hope that students would


have increased interest in local career opportunities if they have already developed deep connections to these rural and remote communities. Currently, approximately 80 per cent of students enrolled in the PharmD program complete at least one practicum in a rural or remote community.

"What we know is that health profession education, such as medical training, that offer longitudinal rotations increases student comfort with the practice and student's career decisions can be influenced by practices where they spend a significant amount of their training time. Creating more opportunities, and longitudinal rotations, in rural placements for students can support more pharmacy students to make a choice to stay in that community after graduation, or to choose a similar location" Raman-Wilms said.

"Through the Faculty's initiatives such as the Regional Practicum Model, enhanced interprofessional learning experiences, and targeted recruitment of students from rural areas, we are working to ensure that future pharmacists are well prepared with the clinical knowledge with the full scope of practice, and also with the contextual understanding and lived experiences that supports long-term practice in rural and remote settings."

Additionally, in 2024, the Faculty launched a new online elective course, called Exploring Rural Pharmacy Practice. Several rural pharmacists contribute to this course as guest lecturers, sharing their practice experiences and working with students to complete projects that address community-identified priorities and needs. The aim is to expose students to rural pharmacy practice early in the program and encourage these second-year students to consider future practicum and practice opportunities within these rural areas. Lori Bonertz, pharmacist and co-owner of four pharmacies in B.C.'s rural areas, contributed to this elective course as a project co-supervisor for students along with her pharmacist colleague Charissa Tonnesen and Tania Bell, a nurse specialized in wound and ostomy care. One project involved developing an information resource for people newly diagnosed with type 2 diabetes, with another resource for people who recently had surgery requiring an ostomy. These resources are now on their pharmacy websites.

"Students should consider taking this elective because it can provide a real-world perspective on specific conditions. The students get some exposure to the challenges and rewards of working in smaller, more remote communities," Bonertz said.

"They may gain some appreciation of collaboration between health care professionals in rural settings and the difficulty patients may face in accessing information, primary and specialist care, investigations for conditions, travel for treatment, and other considerations." 

For more information on:

Rural eMentoring Program: eMentoringBC.com
Rural Preceptorship: pharmsci.ubc.ca/register-be-experiential-partner,
or email Drs. Janice Yeung janice.yeung@ubc.ca or Neelam Dhaliwal neelam.dhaliwal@ubc.ca.

Prescription dispenses hit new milestone: A LOOK BACK ON 15 YEARS OF PROGRESS

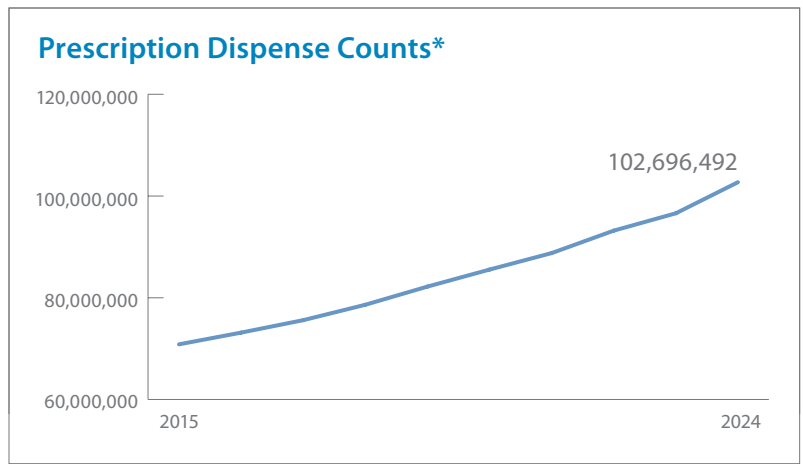
BY MICHAEL MUI, COMMUNICATIONS MANAGER, BCPHA

Community pharmacy prescription dispensing counts have reached more than 100 million for the first time in British Columbia, marking a significant milestone in the quantity of services delivered by the profession.

According to data provided by the B.C. Ministry of Health, community pharmacists dispensed 102.7 million prescriptions in the latest year, up nearly 45 per cent from 2015, when there were 70.8 million prescriptions dispensed. Even more notable, during that same period, B.C.'s population only increased 19.5 per cent, suggesting British Columbians' need for pharmacy services is outpacing the population growth.

According to estimates from provincial statistics agency BC Stats, in 2024, B.C.'s population is estimated to have reached 5.7 million people, with a growing senior population of approximately one dependent senior, who often have more complex health needs, for every three people in the province's workforce.

Pharmacists are busier than ever. In 2024, the average community pharmacist dispensed 24,000 prescriptions each, about 20 per cent higher when compared to 2015. In addition, the profession's scope of practice has grown significantly in recent years, and the average pharmacist's job has evolved far beyond dispensing medications.



*Dispenses include drugs, medical devices and supplies dispensed primarily at community pharmacies.

The pharmacist's role in administering vaccines and more

Since 2009, the British Columbian pharmacist's scope of practice has been shifting towards increased clinical services that make health care more accessible while alleviating demands placed on other health sectors. In response to the H1N1 pandemic, pharmacists were authorized to administer vaccines, beginning with 31,000 influenza vaccines in 2009. All pharmacists in B.C. must complete an accredited training course approved by the College of Pharmacists of British Columbia, or have authorization from practicing in another province, before they can administer vaccines. In 2022, authorization was expanded to include injections for other medications, not just vaccines.

As acceptance of the new drug administration authority grew, the number of vaccines administered by pharmacists grew exponentially. As of 2024, more than 5,200 pharmacists and pharmacy students were certified to administer medications by injection or intranasally. In that same year, B.C.'s community pharmacists administered 1.25 million flu vaccines — a 40-fold increase from the initial year! And during the peak of the COVID-19 pandemic, community pharmacy administration of flu and COVID vaccines reached a staggering 3 million shots, with PharmaCare's annual "Trends" report showing that funding for injection fees hit a high of \$55 million in the 2022/23 fiscal year. This is a substantial amount, considering that same year, the total dispensing fees and long-term care service fees paid to pharmacies made up \$289 million.

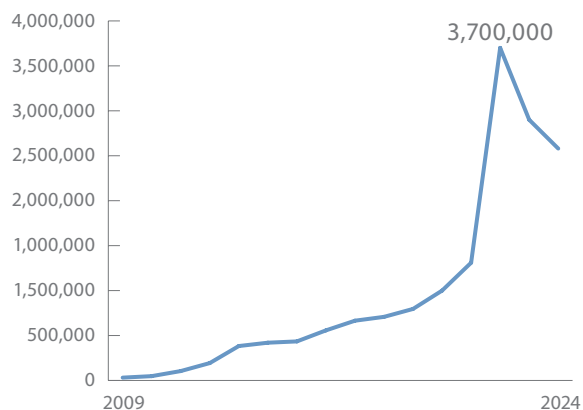


The BC Pharmacy Association collaborated with the College of Pharmacists of British Columbia, Ministry of Health and the BC Centre for Disease Control to develop its **Accredited Administration of Injections Certificate Program**. Training sessions began in September 2009.

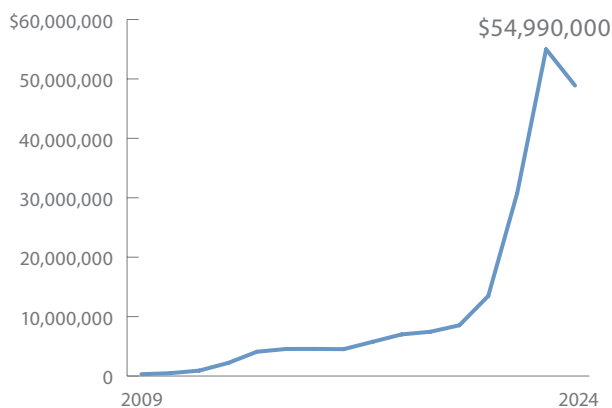
The program is made up of two components: an online, independent pre-study course with an intranasal module, plus a live, in-person workshop.

More information at bcpharmacy.ca/education.

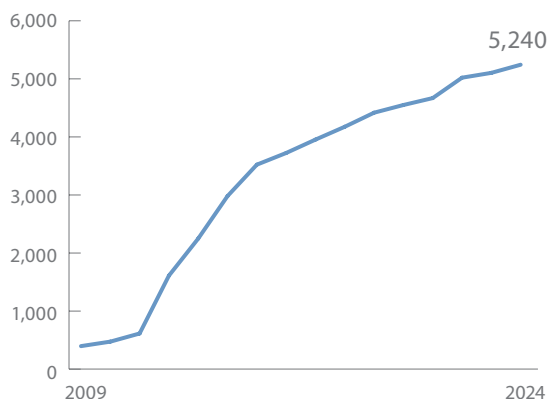
Vaccine Administration Numbers



Injection Fees



Pharmacists Trained to Administer Vaccines



Ensuring patients have uninterrupted care using the most suited medication

2009, the same year that pharmacists were authorized to administer vaccines, also saw another substantial benefit to patients come into force — adaptations and renewals. This change gave pharmacists authorization to renew expired prescriptions for up to one year, saving patients trips to the doctor's office, and enabled pharmacists to independently adapt medications by changing the dose, formulation or regimen, or making a therapeutic drug substitution within the same therapeutic class, to make sure that patients were receiving the most effective treatment.

With health care resources stretched during the COVID-19 pandemic, in 2022, the authorization for prescription renewals was doubled to two years, and adaptations were broadened to include more medications. In 2024, pharmacists' adaptation authority was expanded once again, to permit pharmacists to adapt prescriptions that have previously been adapted, and to include some adaptation authority for controlled substances to support harm reduction efforts.

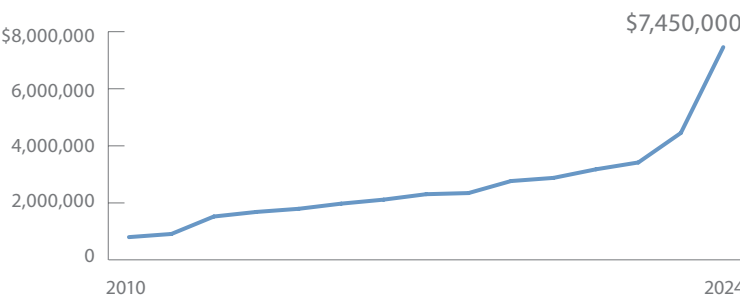
As of October 2024, prescription renewals made up 88 per cent of all adaptations made by pharmacists, with nearly 84,000 prescriptions renewed in that month alone.

With the expansion of adaptation scope, the use of this service is expected to continue to grow, with the Ministry of Health providing \$7.45 million in funding for the service in the most recent fiscal year, up 67 per cent from the year previous.

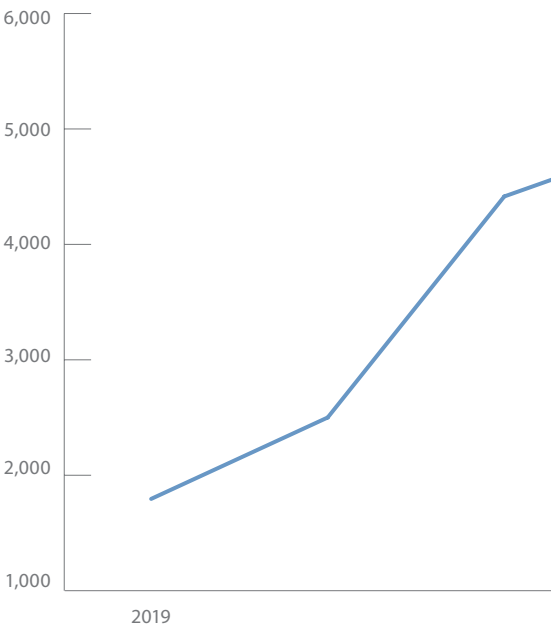
Adaptations Breakdown

Type of service	Monthly average services		% Change
	August 2023 - July 2024	March 2025	
"Directions for use" modified	1,320	1,323	+0%
Dosage changed	1,942	2,290	+18%
Formulation changed	2,825	2,902	+3%
Prescription renewed	58,811	81,015	+38%
Therapeutic substitution	2,583	1,756	-32%

Adaptations Funding



Number of Registrants who have Completed

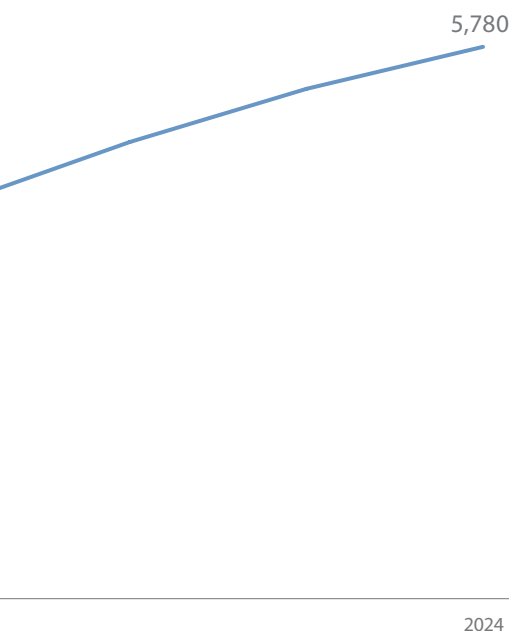


Pharmacists' involvement in treating Opioid Use Disorder

As early as 2004, pharmacists have been involved in the treatment of Opioid Use Disorder (OUD) through standards set by the College of Pharmacists of British Columbia. As dispensers of medications, pharmacists were initially involved in the daily witnessed ingestion of methadone, an opioid replacement. In 2016, physicians in British Columbia received authorization to prescribe Suboxone, a combination of buprenorphine and naloxone, and it was also around this time that Suboxone was covered as a regular benefit through PharmaCare, and Suboxone began being recommended as a first-line treatment for OUD as an alternative to methadone. A year later, Kadian, a slow-release oral morphine, was also covered by PharmaCare for the treatment of OUD.

In 2017, community pharmacies continued to become more involved in mitigating the opioid overdose crisis by participating in B.C.'s Take Home Naloxone program, where naloxone kits were distributed freely at pharmacies to people at risk of an overdose. Currently, nearly 900 community pharmacies distribute the kits.

and OAT-CAMPP



In 2019, the BC Pharmacy Association, in partnership with the Ministry of Health, took on the role of creating and administering the training course, Opioid Agonist Treatment Compliance and Management Program (OAT-CAMPP) to raise the practice standard related to OAT-related services. OAT-CAMPP was the first course of its kind in Canada. Working together with the College, this training program was made mandatory. Additionally, with the onset of the COVID-19 pandemic, pharmacists were authorized to deliver OAT to patients directly, without having the patient come to the pharmacy, or authorize a regulated health professional to do the same. In 2023, OAT guidelines were updated to remove the ranking of OAT as first, second and third-line treatments, in favour of recommending collaborative decision-making based on clinical judgment, client goals and circumstances.

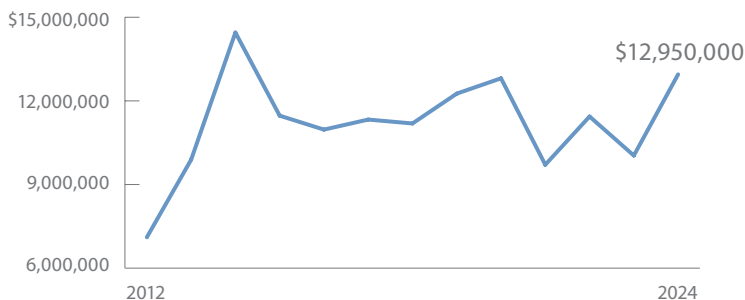
As of the end of 2024, more than 5,800 registrants had completed the Association's OAT-CAMPP, which was also updated to meet the latest guidelines.

Caring for seniors and those who take multiple medications

As medication experts with frequent contact with patient populations, pharmacists are uniquely positioned to assess whether patients are taking the best possible medication for their needs, or whether the mix of medications patients are taking may cause drug therapy problems. In 2011, British Columbia provided funding for pharmacists to conduct medication reviews with patients who have been dispensed at least five different medications in the prior six months. This service is available for a significant population of seniors, as it's estimated that in Canada, 62 per cent of seniors are prescribed five or more medications, while 24 per cent of seniors are prescribed 10 or more medications, according to the Canadian Institute for Health Information's 2021 data.

If a drug therapy problem is identified during a medication review, patients would take part in a discussion with the pharmacist to review the issue and have the pharmacist develop a plan to address it. Pharmacists will also follow up as necessary after the patient's review. Since this program was launched in 2011, demand for medication reviews have remained relatively consistent, according to the Ministry's funding levels for this service.

Medication Review Funding



The Ministry of Health has indicated that it plans to change up this service in British Columbia to what it is calling Medication Review Services 2.0 (MRS 2.0).

Under this plan, the Ministry aims to transform the service to high-impact clinical services, with phase one

to focus on deprescribing in patients aged 65 and older, and pain management and opioid stewardship.

If you have input for MRS 2.0, you can email the Ministry's Pharmaceutical Care Initiatives unit at PCI@gov.bc.ca.

Prescribing authority for pharmacists arrives in British Columbia

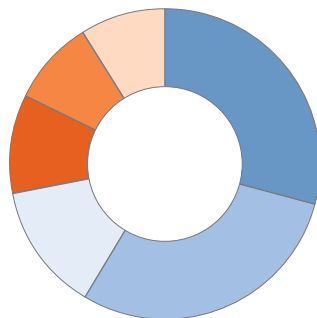
In June 2023, the pharmacist scope grew to include the authorization to assess and prescribe for 21 minor ailments, plus assess and prescribe for contraception. The selected list of ailments was intended to address conditions that can be readily diagnosed, and conditions that can reasonably be expected to be resolved with only short-term or episodic treatment. British Columbia also made headlines for being the first province in Canada to publicly fund contraception, and prescribing contraception is now the top prescribing service conducted in community pharmacies, making up about one-in-five visits.

Pharmacists graduating today have, for years, been taught how to assess and prescribe for minor ailments. Additionally, any pharmacist providing the service must complete a mandatory education module required by the College of Pharmacists of British Columbia. After the first year of the program's launch, 92 per cent of the more than 1,400 pharmacies in British Columbia have provided minor ailments and contraception service (MACS) assessments, and 77 per cent of active pharmacists have provided at least one such service.

In the first year since pharmacists were authorized to prescribe, more than 312,000 patients visited a pharmacy for MACS, for a total of more than 431,000 assessments performed.

MACS Top 6

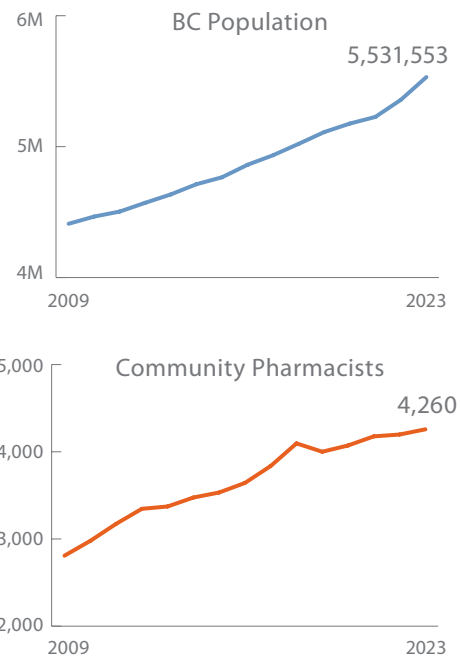
Contraception	20%
Urinary tract infection (uncomplicated)	20%
Conjunctivitis	9%
Allergic rhinitis	7%
Herpes labialis (cold sore)	6%
Dermatitis	6%



Minor Ailments Pharmacists can Assess

- 1 Acne
- 2 Allergic rhinitis
- 3 Conjunctivitis
- 4 Dermatitis
- 5 Dysmenorrhea
- 6 Dyspepsia
- 7 Fungal infections
- 8 Gastroesophageal reflux disease
- 9 Headache
- 10 Hemorrhoids
- 11 Herpes labialis
- 12 Impetigo
- 13 Musculoskeletal pain
- 14 Nicotine dependence
- 15 Oral ulcers
- 16 Oropharyngeal candidiasis
- 17 Shingles
- 18 Threadworms and pinworms
- 19 Urinary tract infection (uncomplicated)
- 20 Urticaria
- 21 Vaginal candidiasis

Community Pharmacists vs Population Growth



The profession is lean, but growing

As a profession, pharmacists have a demonstrated track record of increasing access to health care for British Columbians.

While community pharmacists have traditionally been the most accessible health professional — anyone can walk into a pharmacy, even on weekends, holidays or late at night — to seek advice or health needs, the profession is becoming ever more accessible. There are now more pharmacists, and more pharmacies, available as a proportion of the population than in the past 16 years.

Today, there is one community pharmacy for every 3,814 residents in British Columbia, compared to 4,336 in 2009, while there is one community pharmacist for every 1,341 people, compared to 1,571 in the past, using the same range of years.

As the province grows, community pharmacists will continue to be there for the public, as they have always been, while delivering excellent care and unparalleled value for the level of service they provide. **1**

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Oral Contraceptive Prescribing in Community Practice: Exploring New Options

BY JANE XIA, BSC.PHARM, PHARM.D, MBA, RPH

There are more than 180,700 unintended pregnancies annually in Canada, associated with direct costs of over \$320 million. With the expanded scope of practice in B.C., pharmacists are now able to prescribe and dispense all contraceptive options. On top of this, most contraceptives are fully covered by PharmaCare to improve patient access.

With such a positive shift in the system, pharmacists now have a valuable opportunity to support patients in their contraceptive choices. But we also face a multitude of challenges when it comes to selecting and prescribing oral contraceptives in a busy community pharmacy setting. Time is limited, there's no standard protocol or checklist to guide the conversation, and the overwhelming number of products on the market doesn't make it any easier. On top of that, we're expected to tailor choices to different patient profiles, address concerns about side effects, and support special populations like adolescents or postpartum patients.

Although combined oral contraceptives (COCs) and Progestin-Only Pills (POPs) demonstrate a comparable contraceptive efficacy under typical real-world use conditions, COCs often remain the default. It is important to keep in mind that COCs may not always represent the most suitable choice for all individuals. Progestin-only options, though sometimes overlooked, offer safe, effective, and increasingly relevant alternatives that can help us meet the diverse needs of our patients. POPs have fewer contraindications. They can be safely prescribed for patients and are contraindicated in only 0.6% to 1.6% of women. In this article, I'll explore the barriers we face in practice and highlight key information on the different options available in Canada, as well as emerging tools and strategies, especially around progestin-only pills, that can support more confident, patient-centred prescribing.

To start off, I'd like to briefly go over how COCs, which contain both estrogen and progestin, help prevent unintended pregnancy from a mechanism-of-action perspective. To keep it simple, progestin is the primary hormone responsible for preventing ovulation, while estrogen plays a secondary role by inhibiting follicular development—though its contraceptive effect is less prominent

Table 1

Generation	Progestins	Estrogenic	Progestational	Androgenic
1 st	Norethindrone*	++	++	++
	Medroxyprogesterone	-	+++	+/-
2 nd	Levonorgestrel	-	++++	++++
3 rd	Norgestimate	-	++	++
	Desogestrel	+/-	++++	++
	Etonogestrel	-	+++	++
4 th	Drospirenone	-	++	-

*Note that the androgenic activity also varies based on the dosing of the progestin (Norethindrone 0.5mg <1mg)

than that of progestin. From a practical standpoint when prescribing, progestin provides the main contraceptive action, while estrogen is included primarily to help regulate menstrual bleeding.

Progestins remain the key hormone in preventing pregnancy—whether used alone or in combination with estrogen. Most progestins work by stopping the body from releasing the hormones needed to trigger ovulation. They do this by suppressing signals from the brain that normally tell the ovaries to release an egg, for example drospirenone. However, not all oral progestins fully suppress ovulation. Some progestins, such as norethindrone, primarily exert their contraceptive effect at the local pelvic level, by thickening the cervical mucus to block sperm from entering the uterus, slowing down the movement of the egg by impairing fallopian tube motility, and thinning the uterine lining (endometrial atrophy), making it less suitable for implantation, and only secondarily at a systemic level. For example, studies show that up to half of women taking norethindrone may still ovulate while on the pill.

While there's no shortage of contraceptive products on the market, when it comes to oral contraceptives, both combined and progestin-only, we're really dealing with just a handful of progestins in routine practice. Understanding their differences is key to guiding patients effectively. Table 1 shows a quick summary of commonly used progestins, grouped by generation, and their characteristics without the influence of estrogen. Keep in mind: the addition of estrogen

tends to lower the androgenic activity of certain progestins and can help improve cycle control.

With this foundation in mind, we will now review the progestin-only pills (POPs). In Canada, there are only two progestins that are approved for use as POPs. Namely, Norethindrone 0.35mg (Brand name Maeve, Movisse or Jencycla) and Drospirenone 4mg (Brand name Slynd).

To start off, the Society of Obstetricians and Gynaecologists of Canada explains that the use of progestins in progestin-only options administered in contraceptive doses does not appear to increase the risk of venous thromboembolism, myocardial infarction or stroke, or decrease the production of breast milk. World Health Organization also recommend POPs in a wide range of patients with many conditions such as hypertension, dyslipidemia, diabetes, smoking, obesity, breastfeeding migraine with aura, inherited coagulation abnormalities factor V Leiden mutation, Protein C and S deficiencies. These guidelines reassure us of the safety profile of these products.

There are some differences between the two different progestins. Please see Table 2 for comparison.

So, what does this mean for patient-centred care in pharmacy practice? There are several patient screening tools available (see resources section [online](#)) that you can adapt to help determine which contraceptive options may or may not be suitable for your patients. That said, the most important starting point is the conversation itself by focusing on what matters most to the patient. There are several considerations

other than just safety and efficacy as we often focus on as pharmacists. (Figure 1)

Start by exploring their reproductive goals. You might start off asking questions like, “When are you thinking about getting pregnant?” or “How important is it for you not to become pregnant right now?” There is also a very interactive patient facing tool available on <https://www.itsaplan.ca/> where the patient can navigate independently, which can facilitate your conversations prior to prescribing. If the patient is leaning towards oral contraceptives, it’s helpful to explore lifestyle preferences and desired features, such as low androgenicity for those concerned with acne or facial hair.

For patients with chronic conditions like stable hypertension or diabetes, progestin-only options may be more appropriate. Among these, drospirenone offers a few advantages: it’s more forgiving when it comes to missed doses and provides consistent ovulation suppression due to its longer half-life. In contrast, norethindrone has long been the go-to postpartum option but requires strict adherence to timing. While norethindrone remains a trusted and reliable option, drospirenone offers newer features that may better align with the needs of some patients, particularly those looking for more flexibility or greater reassurance in terms of efficacy.

In summary, with expanded prescribing authority and full PharmaCare coverage in B.C., pharmacists are well-positioned to play a greater role in contraceptive care. Yet time constraints, a crowded product landscape, and limited clinical tools can make decision-making challenging. While COCs remain common, progestin-only pills, especially newer options like drospirenone, offer safe, effective alternatives for many patients. By understanding key progestin differences and applying structured, patient-centered approaches, pharmacists can confidently tailor contraceptive choices to individual needs and clinical contexts.

Resources and references are available at bcpharmacy.ca/tablet/oral-contraceptives

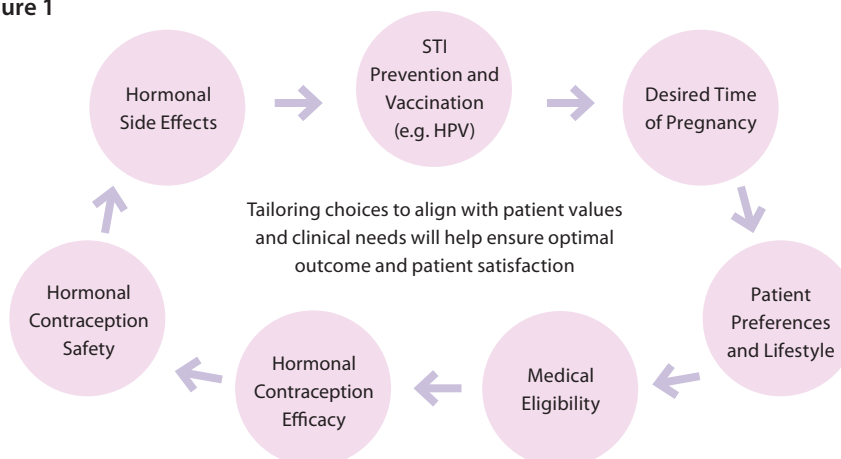
A webinar, *Oral Contraceptive Prescribing in Community Practice: Exploring New Options*, was presented on May 27. A recording is available at bcpharmacy.ca/etraining for BCPhA members.

Table 2

Ingredient	Norethindrone 0.35mg	Drospirenone 4mg
Brand(s)	Maeve, Jencycla, Movisse	Slynd
Efficacy	97% (Perfect use) and 90% (Typical use)	97% (Perfect use) and 90% (Typical use)
Dosing	Take 1 active pill daily	Take 1 active pill daily for 24 days then take 1 inert pill daily for 4 days
Mechanism of Action	Primarily at the local pelvic level: <ul style="list-style-type: none"> • They change the mucus produced by the cervix. This slows the movement of the sperm through the mucus and through the uterus (womb) <p>Secondarily at a systemic level:</p> <ul style="list-style-type: none"> • They prevent ovulation (release of the egg from the ovary) in about 50% of the cycles 	Primarily at the systemic level: <ul style="list-style-type: none"> • By inhibition of ovulation (anti-gonadotropic effect – inhibits LH release) • >95% of the time <p>Secondarily at the local pelvic level:</p> <ul style="list-style-type: none"> • Thickens the cervical mucus • Causes endometrium atrophy
Half life	7.7 hours	~30 hours
Missed doses	Must be taken within 3 hours each day, if missed a pill > 3 hours must have backup method (such as condom) for 48 hours and patient should take the missed or late pill as soon as possible and continue to take 1 pill a day at regular time	<ul style="list-style-type: none"> • If 1 pill is missed or late <48 hours, take the late or missed pill as soon as possible, continue 1 pill a day without backup method • If 2 pills were missed or late >48 hours, patient should use backup method (such as condom) x 7d • Note: the patient should take the last missed pill and continue with one pill a day until the pack is finished
Side Effects	Irregular bleeding patterns (Common)	<ul style="list-style-type: none"> • Irregular bleeding patterns (Common) • Hyperkalemia* (Rare: 0.5% in clinical program)
Risk of VTE	Very low	Very low
PharmaCare Coverage	Fully covered	Fully covered

*There is a potential for an increase in serum potassium concentration in women taking drospirenone (Slynd) with other drugs that may increase serum potassium concentration. Drospirenone (Slynd), a progestin, which has anti-mineralocorticoid activity, including the potential for hyperkalemia in high-risk patients, comparable to a 25 mg dose of spironolactone. Drospirenone (Slynd) is contraindicated in women with conditions that predispose to hyperkalemia.

Figure 1



pharmacy reviews

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pharmacy reviews

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Pharmacies and Google Reviews

What patients are really saying about our pharmacy teams in British Columbia

BY AARON SHA, MAX AHLUWALIA, FONG CHAN, AND PRIYA BAINS

1

★★★★★

"I called the pharmacy to request an emergency supply of my asthma inhalers. As a lifelong sufferer of asthma who has infrequent triggers, imagine my surprise when the pharmacist told me I cannot have my prescription without seeing my doctor. I told the pharmacist I have an appointment in 2 weeks, and I do not want to get sick by going to the emergency department. I have little faith in humanity and the pharmacy should be ashamed of themselves."

Similar sentiment regarding refusal of emergency supplies found in 78 comments

Challenge Emergency supplies are provided on a case-by-case basis and provided if the pharmacist deems supplying the medication is appropriate. Patients are often not aware of this thought process and are also not provided adequate explanation as to why the request may be denied.

Authors' commentary

Emergency supplies are always a challenge for community pharmacies, as pharmacists are often expected by patients to provide what is being requested. In the above case the pharmacist may want to explain their rationale and why it is important that the patient requires a reassessment (e.g. uncontrolled asthma).

This project started when Priya, who was then a pharmacy student working in my community pharmacy, got curious about what people were saying about our pharmacy on Google Reviews. We would be amazed at the kind words we received in the good reviews but also shocked by what people would comment on the bad reviews. Our curiosity piqued, we decided to go further, and make this into a formal project. Therefore, over the course of 2023, along with professors Chan and McCormack from the University of British Columbia, we analyzed over 20,000 Google Reviews of approximately 1,200 community pharmacies in British Columbia to understand the sentiments of patients towards pharmacies during the COVID pandemic. Results of our analysis showed that reviews before and after COVID were mostly positive, with approximately 7 out of 10 patients leaving a positive review; however, we did notice a pattern of negative reviews that highlighted the challenges that community pharmacies faced. Below are examples of reviews that emerged repeatedly, each one highlighting these challenges. Comments were edited for brevity and privacy.

By training an artificial intelligence model ChatGPT, we were able to quantify the number of reviews that shared similar sentiments.

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2 ★☆☆☆☆

"I ended up in an emergency department with a life-threatening infection and sent my husband to the pharmacy to pick up the antibiotics. I called the pharmacy and was told it would be ready so I sent my husband to pick it up. My husband showed up only to be told that they could not give him the antibiotics due to an interaction with one of my other medications. Then, the pharmacist went behind my back and contacted the emergency doctor and got the doctor to change it to another antibiotic, which is one that did not work for the infection before. What a waste of time, I would give this pharmacy zero stars if I could."

Similar sentiment of miscommunication found in 73 comments

Challenge Lack of communication and patient's understanding of the consequences of the drug interaction.



Authors' commentary Often it is an agent ordering or picking up on the patient's behalf. However, when a problem arises, the agent may lack context to relay the message properly to the patient. If the pharmacist was able to reach the patient in the above case to get the full history, a negative experience may have been prevented.

3 ★☆☆☆☆

"Very impolite, arrogant, and unresponsive pharmacy department. Show some respect to customers, we are paying taxes too!"

Similar sentiment regarding the government found in 17 comments

Challenge With news of nationalized pharmacare, and extended coverage of certain classes of medications (e.g. contraceptives), patients are seeing pharmacy teams as an extension to the government.



Authors' commentary Community pharmacies are run as businesses, and although provincial and federal governments are providing coverage for certain medications, there has been no increase in terms of dispensing fees since 2014, yet businesses costs have steadily increased over the last few years. This may have resulted in cost-cutting measures leading to increased stress for pharmacy staff and poorer patient care. An increase of dispensing fees that is reflective of inflation is required to prevent further degradation of pharmaceutical care.

4 ★☆☆☆☆

"Went there to get antibiotics that the doctor faxed in the day before, was told to wait for another 30 minutes. While waiting, the pharmacist commented that "it's a cold medication, you are not going to die". I just kept quiet as I did not want to make a scene and was late for work."

Similar sentiment regarding rude remarks found in 1054 comments

Challenge Pharmacy team working in a busy and stressful environment, which may lead to frustration and undesirable emotional responses.



Authors' commentary As the demands on pharmacy staff continue to increase due to changes in scope and financial stressors, it is important for leadership to recognize the need for stress-relief at the workplace. A possible solution is to designate a private area for team members to vent and to include mental wellness programs as part of the benefits package.

pharmacy reviews

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"I arrived 1 minute early for a vaccine appointment. Store was empty then. Pharmacist had me sit while he was doing paperwork. I sat and waited and another 2 people arrived over the next 5 minutes. I didn't get my shot until 15+ mins after my ap-
pointment time. I understand that you've got things going on. Maybe tend to your customer first and then do paperwork. Especially if you know you have back-to-back appointments coming up. Expected better service from a local community pharmacy."

Similar sentiment regarding vaccine delay found in 50 comments

Challenge During the peak vaccine season, it may be difficult for vaccinators to keep up with appointments and tending to walk-in appointments and other obligations.

Authors' commentary

Due to financial stressors, pharmacy businesses may want to maximize the number of appointments in a given time. It may be helpful for regulators to set a minimum time between appointments per provider so adequate time can be provided to each patient receiving care.

6

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"Don't bother with the pharmacy here, they are still living in the age of fax."

Similar sentiment regarding fax found in 126 comments

Challenge Although faxes are still commonly used in health-care settings, patients are often surprised about pharmacies using this as a form of communication. Transmissions sometimes fail due to connection errors and the machine is also prone to issues.

Authors' commentary

Faxes are still commonly used for the perception of security in protecting the patient's privacy. Even though digital alternatives exist and are more reliable, the risk-averse industry is slow to change. Pharmacists can explain to patients the reason fax is still being used, and empower patients to contact their government representatives to update regulations to facilitate technological advancement.

7

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"Worst customer service at a pharmacy. I was asked to show ID to set up a file, since electronic records are widely used in BC, we never bring ID, even to Lifelabs, just put the care card number in the computer to match the name of the prescription. The pharmacy assistant refused to do that, and the pharmacist told me to calm down. Then I had to go to another pharmacy, in which they were able to fill the prescription right away."

Similar sentiment regarding ID requirements found in 12 comments

Challenge Inconsistent requirement of identification across different pharmacies and health facilities, leading to patients being turned away.

Authors' commentary

Currently photo identification is required for pharmacies to set up a patient profile to ensure no errors are made at entry and to prevent fraudulent activities. However, there are many reasons why patients may be present without a valid ID, due to a number of factors, and delaying treatment is not an option. A guidance document from provincial regulators may assist in protecting the pharmacy staff who choose to dispense medications without ID when the case is in the best interest of the patient.

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8



"Pharmacist picked her nose while handling medications. She did not wash or sanitize."

Similar sentiment regarding unhygienic practices found in 41 comments

Challenge Pharmacy staff in the community are always under the watchful eye of clients and all of the actions may be scrutinized then posted for the public to review.



Authors' commentary It is hard to imagine any pharmacy staff would be performing the commented action while knowing they are being watched. During staff orientation, it is important to advise new colleagues the importance of personal hygiene and to remain vigilant of all actions. Even a small itch on the face and subsequent scratching without handwash may be misconstrued as unsanitary action.

And finally, although we have shared some negative reviews and what we can learn from them, we want to end with a positive review which is more reflective of the positive impact pharmacists have on their patients.

9



"After transferring from another pharmacy over to this pharmacy I cannot begin to tell you that you feel so special and are treated with such love, kindness and appreciation. The day I transferred over, one of the pharmacists called me within 25 minutes, updated me on the transfers of all my prescriptions and all changes made to my file. Guided me through and supported me in how their process works.

Upon arriving within a few days I was greeted by pleasant staff and enthusiastic pharmacists that brought me into their private cubicle to discuss further.

It was similar to paying for private care in every way. I can't tell you how special they made me feel."

Similar sentiment regarding friendly and caring service experiences found in 4978 comments



Author's commentary After reviewing all the challenging comments, and there were quite a few, it is our pleasure to share with you this comment from a patient in the community. Good communication, kindness, and respect to privacy goes a long way in building patient trust and providing the best care.

After reviewing thousands of reviews, overall our team was pleasantly surprised by the number of positive reviews. As shown from the positive comment, reviewers with similar sentiments by far outnumber all of the negative comments combined, showcasing the hard work and dedication pharmacists have given back to their communities. Although our work is only focused on community pharmacies in British Columbia, similar challenges can be heard across Canada when we presented our research in national conferences. Our hope is these comments can spark more interest in studying patient sentiments and bring to discussion the challenges and solutions for improvement. As the adage goes "once is an accident, twice is a coincidence, and three times is a pattern", we encourage all colleagues to look at their own reviews to gather insights to help address gaps in services or care. **T**

Citation (1) Bains, P., Chan, F., McCormack, J. P., & Sha, A. (2024). British Columbia community pharmacy during COVID-19: Describing the patient experience via Google reviews. Canadian pharmacists journal : CPJ = Revue des pharmaciens du Canada : RPC, 158(1), 24–28. <https://doi.org/10.1177/17151635241281749>

Student Leadership Spotlight Winners



Serine George

📷 @serinegeorge

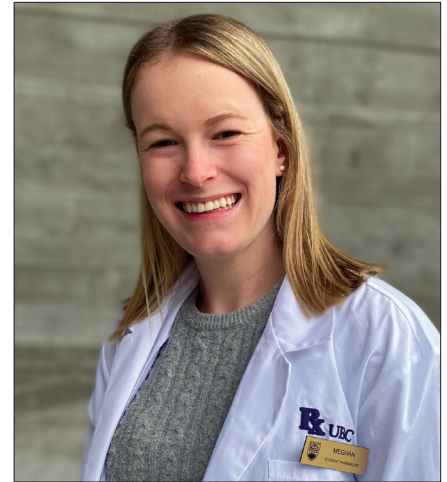
Serine exemplifies dedication and leadership within the pharmacy profession, actively engaging in various extracurricular initiatives aimed at promoting its advancement. As a key member of the marketing team for the Pharmacy Women's Health Club, she emphasized women's healthcare in the club's inaugural year. In her role as Fundraising Officer for LKS, she organized successful fundraising events, and she has also contributed to social pharmacy events through the PhUS Social Committee. Her summer research project focused on analyzing inhaler weights to reduce waste and improve patient usage, with the program currently piloted in clinics across the Lower Mainland. Looking ahead, Serine is determined to continue her involvement in leadership opportunities within the pharmacy sector. She aspires to network with fellow pharmacy leaders through the Pharmacy Leadership Society (PLS) and to advance the profession through her commitment to kindness and collaboration.



Jeevan Gill

📷 @jeevan__gill

Jeevan has demonstrated strong leadership throughout her time in pharmacy school. Starting as the First-Year Representative for the Canadian Association of Pharmacy Students and Interns (CAPSI), she quickly became a passionate advocate for the profession. She was later elected as the Junior and now Senior Representative for CAPSI UBC, inspiring her peers and playing a key role in organizing this year's CAPSI competitions and hosting weekly meetings. Her dedication extends beyond CAPSI, as she was elected the Pharmacy Undergraduate Society's Second-Year Representative for the Class of 2026. Jeevan's passion for pharmacy shines through her work, including her impactful role as Pharmacy Appreciation Month Co-Chair in 2024, where she contributed to promoting the profession through innovative events and initiatives. Her ability to motivate and support others has left a lasting impression on her peers. Looking ahead, Jeevan plans to continue her advocacy and leadership as a pharmacist in the Okanagan.



Meghan MacLaren

📷 @meghan.maclaren

During Meghan's time in the UBC PharmD Program, she has developed a passion for leadership, professional development, and contributing to the pharmacy community. As the current president of the Delta Gamma Chapter of Rho Chi, she has helped plan events like senior outreach and fundraising for BC Children's Hospital. She has also represented Phi Lambda Sigma at UBC Clubs Night and first-year orientation. She was previously a member of the PhUS council for two years and helped plan first-year orientation to foster a sense of belonging for incoming pharmacy students. Her research experience in antimicrobial stewardship was awarded with the CSHP-BC Branch Pharmacy Practice Poster Award. Finally, she was given the opportunity to represent UBC at CAPSI Professional Development Week in Halifax, where she won the national Patient Interview Contest. Meghan looks forward to carrying her leadership experience into future research projects which bring positive changes to the pharmacy community.

Nominations for the Student Leadership Spotlight will re-open early September 2025. The link will be shared on the UBC Pharmacy Facebook Hub as well as via email if you are a PLS member. For more information regarding PLS, please contact ubc.philambdasigma@gmail.com



Sunny Qin

📷 @sunny.qn

Sunny Qin is the President of UBC's Pharmacy Leadership Honours Society, Phi Lambda Sigma, where she leads a team committed to developing the next generation of pharmacy leaders through impactful events and mentorship initiatives. These include the annual leadership conference and various workshops aimed at enhancing pharmacy students' leadership skills. She also serves as Vice President of Rho Chi, an academic honours society, where she contributes to organizing academic support initiatives such as mock OSCEs, Rho Chi Pi Day, and journal clubs, all designed to promote student learning and professional growth. Sunny's dedication to pharmacy education is demonstrated in her work creating pharmacist facilitator training programs, enhancing curricula, and developing educational resources to bridge learning gaps. Looking ahead, she aims to continue driving meaningful change by developing innovative learning strategies, strengthening leadership opportunities, and advocating for student-centered education that ultimately improves patient care.



Carmela Sangalang

📷 @s_caramels

Carmela is a dedicated leader who makes meaningful connections across the pharmacy profession. In her role as LKS co-president, she leads and builds a strong sense of community by motivating members, recognizing their contributions, and addressing any concerns. As the PhUS VP Internal, she facilitates room bookings, student fundings, maintaining the student lounge, planning Club's Night and more. As this year's PLS VP Events, she plans events that contribute to student growth such as Skills for Success Workshops and the PLS Leadership Conference. As a LEAP student, her project encourages students to be active, reduce stress and increase confidence. Furthermore, she is also involved in student-led Parkinson's Disease support groups that increase patient education on medication management. Lastly, her clinical research focuses on addressing shared-decision making and antimicrobial stewardship. Her future plans involve continuing to advocate for student success and wellness, as well as fostering an empowering environment.



David Wang

📷 @davidwaang

David Wang exemplifies exceptional leadership in the UBC Pharmacy community, driven by his passion for teamwork, synergy, and fostering a vibrant culture. As President of the UBC Pharmacy Undergraduate Society (PhUS), he advocates for student concerns, chairs council meetings, and represents students in external associations, promoting inclusivity and collaboration. His role on the AMS Presidential Council further amplifies pharmacy students' voices university-wide. David's leadership journey began as First Year Representative, bridging gaps between students and faculty. As VP Finance, he managed a \$100,000 budget and co-led the Sponsorship Committee, securing crucial support for PhUS initiatives. Active in Lambda Kappa Sigma, Phi Lambda Sigma, and PITECH, David continuously broadens his impact. Currently, he is leading a passion project to provide free backpacks to PharmD students, enhancing the student experience and fostering a stronger sense of community within the program. **1**

Photos show the waiting area of the Pharmacy Care Clinic in Kelowna and the inside of the consultation rooms, along with clinic staff Holly Sumner (above), Associate Owner and pharmacist, and Vanessa Hutchinson (below), Pharmacy Care Concierge.



British Columbia a 'key focus' for Shoppers Drug Mart in pharmacy clinic strategy

BY MICHAEL MUI, COMMUNICATIONS MANAGER, BCPHA

Pharmacy Care Clinic: the words are presented in large white letters above, while a vivid yellow banner hangs just below, inviting customers to “check-in” for their health-care appointment, in a setting not unlike what patients would expect at a doctor’s office.

This is not a doctor’s office at all. Instead, the clinic is located within a typical retail-store pharmacy layout, and the health professional who will be seeing the patient is a community pharmacist, authorized to assess, diagnose and prescribe for a range of 21 minor ailments in British Columbia, in addition to providing a variety of health-care services including administering vaccines, reviewing medications, providing point-of-care tests, and more.

These Pharmacy Care Clinics and their bright orange banners are quickly becoming a common sight across Canada. As of Aug. 1, 2025, Shoppers Drug Mart has opened six pharmacy clinics in British Columbia, with plans for a total of 11 by the end of the year. Pharmacy care clinics in British Columbia have become a “key focus” for Shoppers Drug Mart, the company said, and the openings are part of its latest pharmacy clinic expansion. Across Canada, Shoppers Drug Mart launched 78 clinics in 2024, and expects to have opened more than 250 by the end of this year. All new Shoppers Drug Mart locations being built in the future will be equipped with such a clinic, the company said.

The clinic rooms are adjacent to the traditional pharmacy dispensary counters in Shoppers Drug Mart stores. The clinics are staffed with dedicated employees, typically at least one pharmacist, who serves as the health practitioner who will see the patient, and a pharmacy care concierge, who provides reception and administrative services for the clinic. Often, the clinics are

located close to, but not sharing the same space, as the traditional dispensary counter.

The strategy for these clinics was born in 2022, during the COVID-19 pandemic. The company said it observed how physicians became strained by the demand for health care during the pandemic, as the population got older and more people lived with health conditions such as diabetes and hypertension. This was a strong signal that more primary care services were needed, and the signal came at a time when multiple provinces were beginning to enable — or in some cases, had enabled for years — pharmacists to prescribe for routine health conditions, a prerequisite authorization that had previously been the domain of other health professions, such as medical doctors.

British Columbia itself authorized pharmacists to see patients to diagnose and prescribe for minor ailments in June 2023. With the success of the clinics in other provinces, this scope expansion, along with the province enabling pharmacists to order labs, adapt more medications and offer more vaccines in community pharmacies, encouraged the company’s Pharmacy Care Clinic expansion on the West Coast.

British Columbia’s first Shoppers Drug Mart Pharmacy Care Clinic is in Kelowna’s Upper Mission neighbourhood, on the city’s southeast face to the Okanagan Lake. It’s an area that the store’s Associate Owner Holly Sumner described as a health-care desert — mostly residential with few commercial buildings, and very little health-care presence. It seemed the perfect place for a pharmacy to fill the need.

Sumner was also an ideal pharmacist to oversee B.C.’s first

clinic. She is a University of Alberta graduate with nearly 30 years of experience, and Alberta is where she spent her first years practicing. Alberta has for years been seen as the Canadian province where pharmacists have the greatest scope of practice, and the profession there has long been able to provide clinical services such as diagnosing conditions and writing prescriptions. Unsurprisingly, Alberta is also the province with more Shoppers Drug Mart Pharmacy Care Clinics, at 110 locations, than the rest of the country combined.

“When the Pharmacy Care Clinic idea came up for B.C., I was thrilled. I had already heard that our company’s first Pharmacy Care Clinic, in Lethbridge, Alta., was super successful and took a huge weight off the health-care system there,” Sumner said.

“The general consensus among health-care workers right now is that everybody is overworked. There are physician shortages and long wait-times at clinics. As pharmacists, we’re here to help by taking care of the simple cases, the cold sores, the UTIs, birth control prescriptions, and I’ve talked to quite a few health-care workers in the community who are quite happy our clinic is now here.”

The Lethbridge store has been held as a success story. The Shoppers Drug Mart clinic there sees anywhere between 14,000 and 22,000 patients per year, and since its opening in 2022, the company said low acuity emergency department visits at the city’s Chinook Regional Hospital declined by 40 per cent, a positive trend that the clinic’s operations supported alongside other initiatives.

Being such a new store, the numbers aren’t quite that impressive in Kelowna, just yet. Sumner’s clinic has three private consultation rooms and is open every weekday from 10 a.m. to 6 p.m. There’s a dedicated phone line for the pharmacy clinic. And during its operation hours, there is a full-time pharmacist, and the reception

desk is staffed by a former pharmacy assistant, Vanessa Hutchinson, who now works under her new title of Pharmacy Care Concierge.

An average day might have 10 pre-booked appointments, Hutchinson said, and walk-ins are often patients of opportunity — a customer browsing for eyedrops in the retail shelves might approach the counter for advice, up to that point unaware that a pharmacist is immediately available to see them for a health consult.

“There is usually no waiting,” said Hutchinson. “I would let the pharmacist know what the patient is here for, and it only takes a couple of moments before they are sitting down.”

Across B.C., in the year after pharmacists were enabled to write prescriptions, more than 310,000 patients visited a pharmacy for either a minor ailment assessment or a prescription for contraceptives. To date, the vast majority of community pharmacies in the province have not repurposed themselves into walk-in clinic spaces, though there are a few that have, or were purposely constructed to include a clinic, like Sumner’s.

Sumner’s clinic is equipped with a children’s room and a specialized weight scale for infants. There are lipid, A1C and strep testers, so patients can get a health check and receive immediate results. Additionally, the clinic space handles all vaccine and other injection-drug administration work, medication reviews, prescription renewals and other non-dispensing services.

In March 2025, the company opened its second Pharmacy Care Clinic in B.C., this time in Surrey. The opening event for the Surrey clinic was held with fanfare, and included a ribbon cutting attended by Shoppers Drug Mart dignitaries, politicians from City Hall and the provincial Minister of Health.

Shoppers Drug Mart former president Jeff Leger said plans for opening clinics in





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Consultation rooms inside Shoppers Drug Mart's Pharmacy Care Clinics are equipped with supplies to provide clinical services, such as vaccines and immunization supplies, point-of-care tests, an examination bed and more.

Surrey began after the company met with city Mayor Brenda Locke in summer 2024 to discuss health-care system pressures, and how a pharmacy clinic may be a potential solution.

"The Mayor, in her characteristic drive for progress, challenged us — instead of just one clinic, she encouraged us to think bigger, to aim for five clinics if we truly wanted to make a meaningful impact across the city," Leger said.

"Shoppers Drug Mart will be opening seven clinics here in Surrey by the end of 2025 ... Our sincere hope is that these seven locations will be able to relieve some of the pressures that have built up on emergency rooms and family physicians across the region."

In a press release, Locke said, "I look forward to the positive impact these clinics will have on our residents. As we continue to grow and become the first city to reach one million people in British Columbia, health care needs are a priority."

For Health Minister Josie Osborne, who was appointed to her current position in late 2024, the Surrey clinic opening was her first podium announcement inside a community pharmacy. She pointed to how health-care systems in B.C. are strained, and pharmacists are stepping in to help those without a primary care provider.

"The goal here is to improve access for all people to health care, and it has this incredibly valuable benefit, too, of alleviating some of the burden that we're seeing on the emergency rooms in the primary care system here in B.C.," Osborne said.

"I really look forward to learning more about how this new

concept, this clinic, this place, is helping people in Surrey."

So far, working in the Pharmacy Care Clinic has been rewarding for clinic staff such as Hutchinson, the Pharmacy Care Concierge in Kelowna. The opportunity represented a chance to do something new, and innovative.

Before she started her new role, she had practiced as a pharmacy assistant for 10 years. The role reminded her of the type of work medical office assistants would do in a physician's clinic, and the company's experience with clinics in other provinces meant that there were already training modules she could study to prepare for the new position.

"I like it because I'm a friendly person. I get to speak with customers and help them out with whatever they need. When I'm in the dispensary, I'm not really engaging with the public, which I can do in my new position," Hutchinson said. "And people are so excited to hear about the clinic because there is nothing around here that is like this. When I tell them about all the services pharmacists can do, they're so excited when they realize they don't have to wait in walk-ins or emergency rooms for hours on end."

A phrase that is used within the Shoppers Drug Mart company to describe Pharmacy Care Clinics is "the future of pharmacy". While no one can predict with certainty, in many ways, the actions of various provincial governments and pharmacy groups across Canada suggest there is a strong belief in expanding the role of pharmacies in primary care. The Nova Scotia government partnered with the Pharmacy Association of Nova Scotia (PANS) to launch a pilot program of Community Pharmacy Primary Care Clinics, located in areas with the highest number of people without a family doctor. The pilot was deemed a success with the CBC reporting a diversion of more than 10 per cent of patients from emergency departments and more than 25 per cent from walk-in clinics throughout the province. The program directly provided each pharmacy clinic \$7,000 per month to help cover staffing costs, and later expanded its categories of clinical services that are eligible for public funding.

In April 2024, McKesson — at the time, the parent company of retail pharmacy Rexall — announced its first "Pharmacist Care Walk-In Clinic" in Barrie, Ontario, with treatment for minor illnesses, chronic disease management, immunizations and point-of-care tests among the services it offered. Rexall now advertises 11 such clinics in Ontario and six in Alberta.

Almost exactly a year later, Walmart did the same, announcing its first pharmacy clinic in St. Catharines, Ont., "with additional clinics opening later" in 2025, again offering among its services to treat minor ailments, conduct point-of-care testing, and offering medication management and support.

"I am actually really proud that our company, Shoppers Drug Mart, took that first initial step. Our company devised this concept knowing that this model is the future," said Sumner, the Shoppers Drug Mart Associate Owner in Kelowna.

"The more people come in here, the more comfortable they are with what they've seen. They've experienced it and they want to come back. I tell people all the time, we are set up for the future, and one day, we will operate like a walk-in clinic." ■

Keeping Canada Supplied

A NEW REPORT HIGHLIGHTS THE OFTEN-OVERLOOKED ROLE OF PHARMACEUTICAL DISTRIBUTORS

A message from the Canadian Association for Pharmacy Distribution Management

As medication demand grows and health-care delivery evolves, distributors quietly play an increasingly vital role in making sure Canadians get the treatments they need, when and where they need them.

A new report from the Canadian Association for Pharmacy Distribution Management (CAPDM), based on analysis conducted by IQVIA Canada, puts the spotlight on this essential — but often invisible — supportive infrastructure.

Titled *Pharmaceutical Distribution: The Value and Challenges of Supplying Medications to Canada's Healthcare System*, the report shares insights into what it takes to move millions of medications across a vast and geographically complex country.

"Distributors are the engine behind Canada's medication supply," said Angelique Berg, president and CEO of CAPDM. "Whether it's downtown Vancouver or a remote northern community, they make sure medications arrive safely, securely, and on time."

The Numbers Tell the Story

The report highlights the reach and reliability of Canada's pharmaceutical distribution network:

- » Over 90 per cent of all prescription medications in Canada are delivered by distributors, who process around 240,000 orders every week to pharmacies, hospitals, and clinics.
- » More than 80 per cent of those deliveries arrive within 24 hours, thanks to a well-developed national network.
- » Demand for cold chain medications, including biologics and specialty drugs, is on the rise — bringing added complexity and care to handling and transportation.
- » Despite challenges like extreme weather or global supply chain disruptions, Canadian distributors maintain over 99 per cent delivery accuracy.
- » Operating costs have jumped by 23 per cent in recent years (based on available data for 2021 and 2022), driven by higher fuel and labour costs, increased demand for cold chain management, and new regulatory requirements — yet funding models have not kept pace in over 15 years.



The full report is available at capdm.ca

Rising Trade Tensions

Another emerging challenge comes from south of the border. Recent proposals in the U.S. suggest tariffs as high as 200 per cent on imported pharmaceuticals. While Canada may not be the direct target, the deeply interconnected nature of North American trade means Canadian companies could still feel the ripple effects — potentially placing added strain on Canada's pharmaceutical supply chain infrastructure.

"Canada's pharmaceutical distribution network may not be widely recognized, but it plays a foundational role in ensuring people across the country can access the medications they need," said Berg. "We need to keep it strong, responsive, and protected from external disruptions — whether that's tariffs, regulations, rising operational costs, or global supply chain volatility."

Supporting Pharmacists, Strengthening Health Care

Pharmaceutical distribution is more than moving boxes from point A to point B. It is about ensuring equity, consistency, and responsiveness in our health-care system.

Distributors manage the behind-the-scenes

work, so that front-line health-care professionals, including pharmacists, can focus on care.

For pharmacy professionals across British Columbia, this reliability means being able to count on regular deliveries, respond to patient needs, and navigate evolving medication demands. When pressures on the distribution system increase, pharmacists are often one of the first to feel the impacts — from managing stock issues to answering tough patient questions.

The CAPDM report calls for a fresh look at pharmaceutical distribution as a strategic pillar of healthcare planning, especially as care becomes more patient-focused, specialized, and decentralized.

"Distributors have shown time and again that they can adapt and deliver, even under pressure," Berg noted. "They should be part of the national conversation about improving access, equitable care, building resilience, and planning for future health-care needs."

For more information, visit capdm.ca.

The Hidden Struggle

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