

Neighbourhood Pharmacy Gazette

SUMMER 2025

 **INSIGHTS. ADVOCACY. HEALTHIER CANADIANS.**

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MESSAGE FROM THE CEO

3 The transformative impact of central fill

COVER STORY

4 Building Bridges

Why central fill is essential to mobilize the future of pharmacy



CONFERENCE: PHARMACY EXPO

14 Entering an era of "extraordinary" change



ADVOCACY: POLICY ROUNDTABLE

16 Making the connection to economic growth



STUDENT VOICE



17 Rules should guide, not delay, progress

INSIGHTS: DRUGS FOR RARE DISEASES

18 Jury still out on plan for rare-disease drugs



POLITICS: 2025 FEDERAL ELECTION

19 A turning point for healthcare?

MEMBER PROFILE: WHOLEHEALTH PHARMACY PARTNERS

20 Using AI to power preventative care

PHARMACY LANDSCAPE: SCOPES OF PRACTICE

22 Canada blazing trails



THE LAST WORD

23 Stepping back to move forward



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The transformative impact of central fill

Before I joined Neighbourhood Pharmacies full time as CEO, I worked as a pharmacist in a community pharmacy that I continue to own today.

More than 10 years ago, I was part of a pilot project for one of Canada's first central-fill pharmacies, to which independent pharmacies like mine could outsource our growing volume of blister packs for chronic medications.

To this day I still give an internal sigh of relief when I think about how central fill eased the busyness of our pharmacy and elevated patient care. It eventually handled close to half of our dispensing volume. I was able to refocus my energy on growing the business and providing much-needed clinical services, knowing that dispensing services were organized and under control.

Central fill does much more than fill medications faster. It goes hand in hand with medication synchronization; that is, it synchronizes prescription refills to be ready at the same time for pick-up or delivery. As a result, pharmacists are able to speak much more holistically with patients about their health—discussing and making recommendations not only for medication management, but also for preventative care, screenings and chronic disease management.

Expansions to scope of practice set the stage for pharmacists and pharmacy teams to deliver so much more community care, and technologies such as central fill free up the time and the energy to do so. However, as explored in

this issue's [cover story](#), pharmacy operators are running up against barriers that prevent them from unlocking the full potential of central fill.

Updated regulations are necessary to overcome those barriers, but too often they are themselves blocked by outdated provincial legislation. As noted by Jean Charest, keynote speaker at our Pharmacy EXPO this year ([page 14](#)), the primary role of legislation is to enable, not block, innovation that serves the best interests of Canadians.

We also need to look to the future of brick-and-mortar community pharmacies. Their capacity to serve as community health hubs and their long-term viability are balanced on a knife's edge. An enabling regulatory environment provides much-needed stability to pursue efficiencies and confidently provide the services that matter most to the public, to the health system, and to pharmacists' own professional identity and satisfaction.

Innovations in pharmacy and throughout healthcare will only continue to accelerate. Scopes of practice will continue to expand. The demands on governments and regulators to keep pace will continue to escalate. Neighbourhood Pharmacies' pan-Canadian role uniquely positions us to help communicate and coordinate next steps between all parties, at national, provincial and community levels—with all eyes firmly fixed on the transformation that awaits. 🌈



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Association of Canada

“
**Pharmacists
are able
to speak
much more
holistically
with patients
about their
health.**
”

COVER

By Karen Welds



Building Bridges

Why central fill is essential to mobilize the future of pharmacy

What struck me most during my tour of McKesson's 18,000-square-foot central-fill pharmacy in Mississauga, Ontario?

The people.

Yes, the automated dispensing machines are impressive. Very much so. At this site, they currently operate 24 hours a day, five days

a week, filling tens of thousands of prescriptions for hundreds of pharmacies daily.

But I didn't expect so many people—pharmacists, technicians and assistants—to be working alongside the machines. And at separate computer terminals before and after the machines do their work. And in the final packing area where the tote-boxes are prepped for shipping.

Their singular mission: to verify the accuracy of the prescription, from the moment the order is received to when it's delivered to the pharmacy.

They review all possible anomalies identified by the software and by the cameras built into the machines. Nothing is left undocumented or unresolved.

"We're proud to give pharmacy teams peace of mind when it comes to the technical side of dispensing. Our goal is to transform pharmacy operations," says Paulina Humphrey, pharmacy technician and Supervisor, Pharmacy Management, Central Pharmacy Services at McKesson Canada.

The average rate of dispensing errors in community pharmacy is 1.6 per cent, according to an [2023 international meta-analysis](#) of research studies. Whereas "central fill is 99.99 per cent accurate. That's an error rate of 0.01 per cent," says Trent Lane, a pharmacist who operated central-fill facilities across the country before becoming an independent consultant in pharmacy operations in 2024. He is currently also Pharmacy Manager of the outpatient pharmacy at Peter Lougheed Centre in Calgary, Alberta.

These numbers are even more meaningful when you consider the differences in volume. For example, pharmacy staff at a community pharmacy can typically fill three or four blister cards an hour. "Central fill can do 90 or 100 cards per hour with

a third of the labor cost," says Lane, adding that when fully adopted, central fill can take over more than two-thirds of a pharmacy's refills for chronic medications and free as much as half of the community pharmacy team's time.

"Central fill can absolutely change the way pharmacists practice.

One hundred per cent," stresses Lane.

The timing could not be better. The past decade has seen rapid and continuous expansions to pharmacists' scope of practice as part of

healthcare-system reform. "The challenge then became how to find the capacity to deliver on those new services. You just can't manufacture pharmacists overnight, especially in today's labour environment,"

says Richard Noronha, Senior Director of Central-Fill Solutions at McKesson.

"Robotics and automation are key so pharmacists can spend more time with patients."

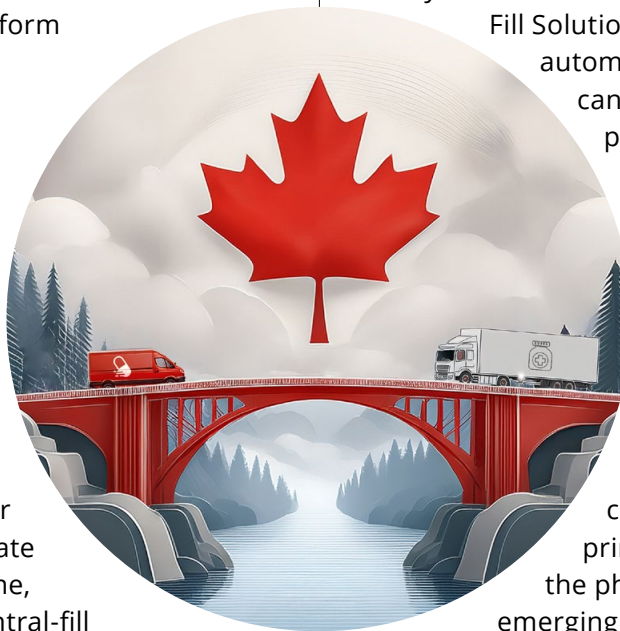
John Ly, Director, Pharmacy Innovation and Central Fill at Sobeys, agrees. "The efficiency gained from central fill enables pharmacy's traditional workflow model to split into drug distribution and clinical services.

Pharmacists can shift to a clinical model to address gaps in primary care—for example with the pharmacist-led clinics that are emerging across Canada."

Sobeys was an early adopter of central fill in Canada. One of its pharmacies has been on board for more than 12 years. The new Saskatchewan operation brings its total count to six facilities. Today, almost 90 per cent of its network pharmacies have at least started to use central fill, says Ly, and use is steadily growing.

Since Federated Co-operatives Limited opened its central-fill facility in Regina almost a year ago, participating pharmacies are reporting steady

“Robotics and automation are key so pharmacists can spend more time with patients.”



growth in services, such as medication reviews. “A review can take up to an hour with each patient in some cases, and our pharmacy teams just didn’t have the time. They do now,” says Joe Carroll, Director of Pharmacy at Federated Co-operatives Limited.

He cites another pharmacy that was able to expand its services in mental healthcare. “They couldn’t have done it without central fill taking that backend dispensing workload off of them,” says Carroll.

The benefits of central fill are indisputable. All major pharmacy operators in Canada have built at least one central-fill facility, and a growing number of small to medium operators are making the investment. On the surface, the future looks bright.

However,

Pharmacy regulations in almost all provinces and territories prevent central fill from realizing its full potential. “This is an example of where community pharmacy has tried to advance the profession quicker than the regulators are able to sort through and figure out the changes required at their end,” says Lane.

For example, interprovincial operations are a logical step in central fill’s progression given its scalability, capital costs (at least \$200,000 for each piece of automation, plus construction and other start-up costs, notes Lane), and Canada’s dispersed population. In the U.S., it’s not unusual for a single facility to serve multiple states and “the volume that they put through in eight hours dwarfs what a big central fill in Canada currently does in a week,” says Lane.

However, pharmacy regulatory bodies in only three provinces—Nova Scotia, New Brunswick and Newfoundland & Labrador—have policies that allow for cross-border central fill. Even more disconcerting, a reciprocal agreement for cross-border operations between Alberta and Saskatchewan, in place



for years, was discontinued in April 2025 after the provinces’ regulatory bodies took a closer look at their respective legislations governing pharmacy practice. As well, a scan of all provinces reveals inconsistencies, omissions or prohibitions in the dispensing of controlled substances and direct-to-patient delivery.

“Regulations are absolutely necessary for public safety and to keep out bad actors,” says Shelita Dattani, Senior Vice-President of Pharmacy Affairs and Strategic Engagement, Neighbourhood Pharmacies. “We’re keen to work with the regulatory bodies to bring more clarity to central fill’s vital role in medication distribution, so patients can spend more time talking about their health with their community pharmacists.”

Governments may need to get involved as well, if legislative change is required before new regulations can be put in place. The timing is opportune given today’s political and economic environments, and

the federal government’s mandate to break down interprovincial trade barriers.

“Governments across Canada are working together to remove or update regulations to

create a stronger national economy. The same reasoning needs to be applied to central fill to create a stronger healthcare system,” says Dattani.

“We’re keen to work with the regulatory bodies to bring more clarity to central fill’s vital role in medication distribution.”

Progress in the east

In 2023, the Nova Scotia College of Pharmacists (NSCP) received updated regulations in the province’s Pharmacy Act that enabled cross-jurisdictional central fill. The NSCP correspondingly amended its Standards of Practice: Centralized Prescription Processing, acknowledging that “an overburdened healthcare system, the pharmacy profession’s expanded scope of practice and increased pressures to manage the costs associated with drug distribution have created a demand for pharmacies to enhance their efficiency.”

The Standards of Practice require that before a single prescription can be processed collaboratively with a pharmacy in another province, a memorandum of understanding

(MOU) must be in place between the NSCP and the other jurisdiction's pharmacy regulatory body.

"This safeguard establishes the collaboration required between both regulatory bodies for ensuring that the standard of care in each province is maintained when pharmacies collaborate to process prescriptions across provincial borders," says Beverley Zwicker, CEO and Registrar of the NSCP.

So far, a single MOU is in place: between NSCP and the New Brunswick College of Pharmacists. New Brunswick subsequently updated its own

“ This safeguard establishes the collaboration required between both regulatory bodies for ensuring that the standard of care in each province is maintained when pharmacies collaborate to process prescriptions across provincial borders. ”

central-fill policy in September 2023 to accommodate MOUs with regulatory bodies in other jurisdictions.

Newfoundland and Labrador also recently set the stage: the College of Pharmacy of Newfoundland and Labrador's updated policy, dated

September 2024, states that participating pharmacies may be "licensed in a Canadian jurisdiction which has an agreement or formal undertaking" with the College.

PARTNER SPOTLIGHT

A Unified Front to Expedite Drug Access and Remove Lags in Reimbursement

By John Snowden, Executive Director, Value, Access & Policy, Amgen Canada Inc.

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The average time from regulatory approval of innovative therapies to listing on public formularies in Canada is 736 days. That's 25 months—over two years! After an initial pan-Canadian Pharmaceutical Alliance (pCPA) listing, another 90 days pass

before drugs are listed on half of the public drug plans, totaling 825 days on average from Health Canada approval to patient availability. Delays following pCPA negotiations vary by province, from 44 days in Quebec to 662 in PEI.

Canadians wait twice as long as patients in comparable OECD countries. Canada ranks last in time-to-access among the G7 countries. For rare-disease medications, access can take six years longer than in the U.S. or Europe.¹

Delayed access not only undermines patient health outcomes, it also impedes economic growth. Such delays make Canada less attractive for healthcare investment.¹

Evolved pathways can only be achieved through meaningful collaboration. Governments, manufacturers and healthcare professionals must work in partnership to streamline drug review, listing and reimbursement. While Canada's Drug Agency hopes to expedite access using the time-limited recommendation (TLR) pathway, current eligibility criteria are so restrictive that too few drugs will qualify.²

As the final healthcare professionals to connect with patients before they receive medications, pharmacists play an increasingly important role in primary care. But delays to access undermine their ability to provide the best medications and the best care.

Amgen is proud to collaborate with Neighbourhood Pharmacies. Our partnership reflects a shared commitment to improve and transform patient outcomes and contribute towards a more resilient healthcare system.

References: 1. *Access and Time to Patient: Prescription Drugs in Canada*. The Conference Board of Canada. January 2024. 2. Wills, A. *Expanding the eligibility criteria for drugs in Canada's time-limited health technology assessment and temporary drug access processes will further accelerate access to new medicines*. J pharm pharm sci. October 2024;27.

McKesson's central-fill operation in New Brunswick recently began serving independent pharmacies in Nova Scotia. The central fill is co-located with McKesson's distribution centre in New Brunswick, which also services both provinces. "We have seen significant growth over just the last few months," says Rania Gerges, McKesson's Director of Pharmacy Strategy and Operations.

Medications flow in the opposite direction for Sobeys, from its central fill in Nova Scotia to pharmacies in New Brunswick. "It is great to be able to service our New Brunswick stores with the new facility in Nova Scotia," says Ly.

So far, it appears that current cross-jurisdictional central-fill activities are proceeding without incident.

"The NSCP is monitoring the standards of practice," says Zwicker. "Current signals indicate that enabling pharmacies to collaborate across provincial borders in processing prescriptions, within a regulatory framework that provides safeguards for quality and accountability, continues to be in the public interest."

Different story in the west

Atlantic Canada's progress makes the recent actions in Alberta and Saskatchewan all the more unexpected. In mid 2024, the regulatory bodies for both provinces announced that cross-border central-fill activities between the two provinces—mutually permitted by formal agreement since 2017—would have to cease on or before April 1, 2025.

In its July 2024 [Service Standards for Central Fill](#) document, the Saskatchewan College of Pharmacy Professionals states "there is no legislative framework to support central fill services between pharmacies located/licensed in different provinces."

A [November 2024 article](#) on the website of the Alberta College of Pharmacy (ACP) similarly states that the province's Pharmacy and Drug Act "was not structured to support C&R [compounding and repackaging] pharmacy services for pharmacies located in other jurisdictions." (A "C&R" or "compounding and repackaging pharmacy" is the pharmacy licence issued to central-fill pharmacies in Alberta.)

"The crux of central fill"

The pharmacy that receives the original prescription takes full responsibility for the filling of the prescription. Licensed pharmacists and pharmacy technicians are legally required to do a final check to ensure the accurate filling of a prescription.

Which begs the question: must the final check occur in the pharmacy that received the prescription?

"That is the crux of central fill," says Trent Lane, a pharmacist and pharmacy operations consultant.

It's a question posed by regulatory bodies and pharmacy teams alike. "Pharmacy owners tell me that the [regulatory body's] inspector comes in, says that the pharmacy can't transfer accountability for a prescription, and asks how they know that a central fill's blister card is correct," explains Lane. "They put that seed of doubt in the pharmacy team and some, for their own peace of mind, recheck the order again."

Updated regulations are required to guide both

pharmacy teams and inspectors. Meanwhile, real-life results eventually remove any seeds of doubt and give pharmacy teams the confidence they need to fully delegate the final check to the pharmacists and technicians working in the central fill.

"Some pharmacies start slow, with a handful of patients, but as they see the value of the service and how seamless and accurate it is, they grow their counts by 100 per cent, 200 per cent over the course of three to six months," says Rania Gerges, Director of Pharmacy Strategy and Operations at McKesson. "They come to accept that the sole role of our central-fill pharmacists and technicians is to do that final check."

"We really see the benefits of how a central fill complements the work we do as pharmacists in a clinic or dispensing environment," adds John Ly, Director, Pharmacy Innovation and Central Fill at Sobeys. "Central fill automation isn't just fast, but also trusted technology."

"The Pharmacy and Drug Act is restricted to Alberta, to licenced Alberta pharmacies, pharmacists and pharmacy technicians. That's what prompted changing our policy to say that if you're providing these services, you have to provide or receive them from within Alberta's borders," explains Brad Willsey, Registrar of the ACP.

But why now? "It came to our attention that there was increased activity across provincial and territorial borders. We decided to have a look at our regulatory framework to make sure it's consistent with that," says Willsey.



While the review led ACP to terminate its policy permitting cross-border central fill, it also led to an exemption for the Northwest Territories. "At present there are no compounding and repackaging pharmacies in the Northwest Territories. Access to drug therapy is a potential patient safety issue so we created an exception that allows an Alberta C&R pharmacy to have a contract with the Northwest Territories," says Willsey.

Otherwise, regulations for central-fill services outside of Alberta "would need a legislative change and we can't do that ourselves. We need our government to do that," says Willsey.

Impetus for such a change could come from ACP, "if the need is there and if there's a way to maintain protection of the public and patient safety," Willsey continues. "Or the government could decide that they would like to make a change."

Raising awareness of the benefits of central fill and creating a sense of urgency among both regulators and governments across jurisdictions is a priority for Neighbourhood Pharmacies.

Part of the challenge is that external stakeholders don't yet fully understand the "watershed impact" central fill can have on pharmacies' ability to practice to the top of their scope and deliver safe, efficient patient care, says Dattani. "Our role is to advocate for policy reform at the pan-Canadian level to enable central fill to fully integrate into the medication distribution system and ensure equitable access for all pharmacies and the communities they serve, regardless of location."

For its part, Federated Co-operatives was months away from opening its first central-fill pharmacy in Saskatchewan, intended to serve its 47 pharmacies in Alberta and Saskatchewan, when ACP announced the discontinuation of cross-border operations. The facility is now limited to serving the 27 Co-op pharmacies in Saskatchewan.

"It has been a big rethink for us," says Carroll. "If we're forced to open a facility in each province, it just doesn't work from a business standpoint."

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The capital outlay is a big challenge, as are the logistics and costs of the so-called “last mile”—that is, delivering the medication from the central fill to the patient’s pharmacy. “Regina made sense for us because that’s where our distributor is located. Our central fill is pretty much next door so we’re able to tap into their logistics,” explains Carroll.

While ACP’s decision is a setback, Carroll and Nathan Longeau, Senior Manager of Business Development at Federated Co-operatives, are confident that it’s not the end of the story.

“Everyone has the same goals and desires for pharmacy as a practice,” says Longeau. “We want to address the concerns of ACP so that we can provide this service to our Co-op pharmacies in Alberta and help ensure that they’re able to grow and provide the professional services they want to provide.”

Ly said Sobeys too was affected by the ACP’s decision. “Our pharmacies in Saskatchewan used our

central fill in Alberta, so we invested in a new facility to ensure there was no disruption to our patients,” he says.

Question of authority

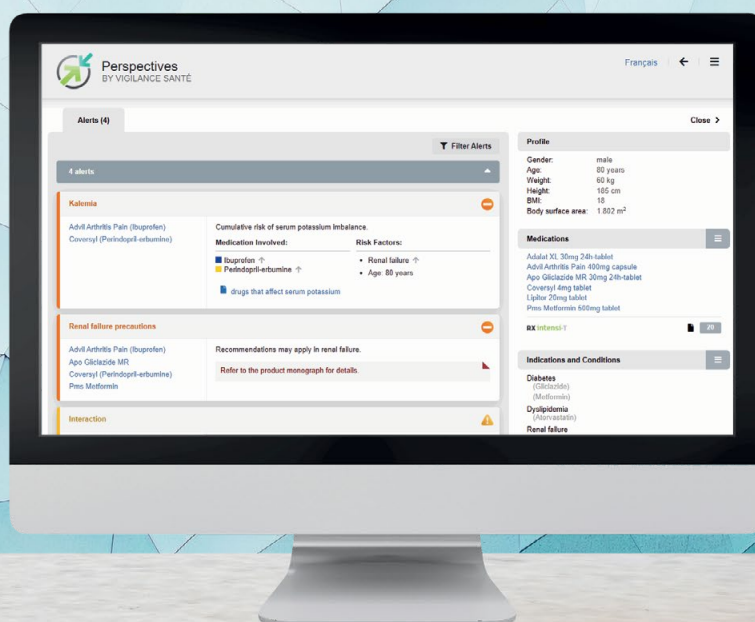
Jurisdictional authority is a common concern raised by regulatory bodies. “In the event there is an issue, we have no jurisdiction to cross borders and review a complaint or an incident involving a pharmacist or pharmacy in Saskatchewan. We have no regulatory ability to respond,” explains Willsey.


A possible solution, notes Lane, could be for the central-fill pharmacy to obtain licences from each jurisdiction in which it plans to operate, similar to how individual pharmacists can hold licences from multiple jurisdictions. That would require governments to change pharmacy legislation since pharmacy regulatory bodies currently can issue pharmacy licences only to pharmacies within their jurisdiction.

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Alternatively, Lane and others suggest a clearer interpretation of existing policy for central fill. Specifically, current policies consistently state that the originator pharmacy owns the prescription and cannot transfer ownership to the central fill. “That basically means the home pharmacy has total accountability and it shouldn’t really matter if the central fill is in another province or not. The regulatory body has all the authority it needs with the home pharmacy,” says Lane.

The irony, he adds, is that the likelihood of problems originating from the central fill is extremely low, given its singular focus on dispensing and an accuracy rate that is just shy of 100 per cent.

In the event of a product recall or issues to do with product stability, a central fill’s reporting capabilities, communication channels and seamless interactions with distributors make it extremely well-equipped to respond quickly and reliably to the needs of its pharmacy customers—and again, the home pharmacy is ultimately responsible for ensuring patients’ safety, adds Lane.

Whatever the solution, regulatory bodies across Canada “absolutely need the right tools in their regulatory toolbox to know they are legally fulfilling their mandate to protect patient safety,” says Dattani. “Pharmacy operators are ready to help move this forward and work with regulators and governments to achieve clarity on jurisdictional authority, and all other matters of concern.”

Solving for narcotics

The dispensing of narcotics and controlled substances is another important matter that requires clarity in the regulations.

When pharmacy regulatory bodies grant a licence to community pharmacy, that license includes

the ability for the pharmacy to package and dispense narcotics and controlled substances in accordance with the regulations of Health Canada’s Controlled Drugs and Substances Act (CDSA). The pharmacy regulator is responsible for inspection and enforcement at the pharmacy level.

“We need to simplify the process for pharmacies to provide central-fill solutions for narcotics.”

The situation is very different for central-fill pharmacies. Most pharmacy regulators require central fill to obtain a controlled substances dealer’s licence from Health

Canada’s Office of Controlled Substances. Others prohibit central fill from dispensing controlled substances or provide no direction at all.

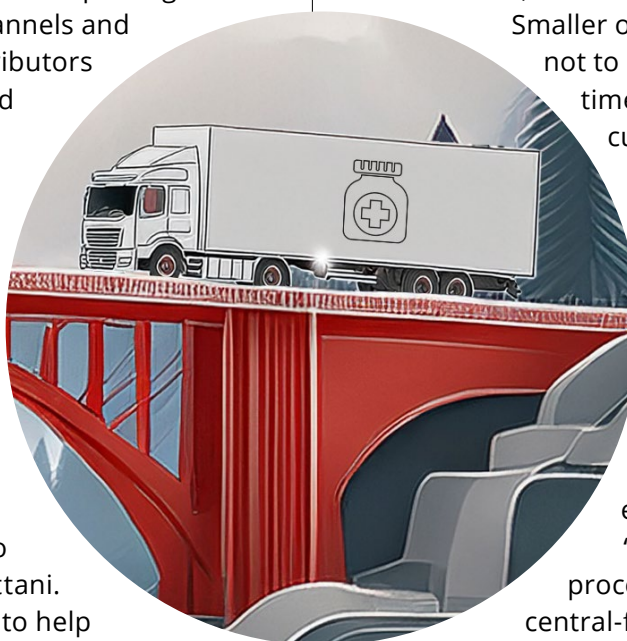
Health Canada requires six months to review an application and the entire process can take up to 18 months, notes Lane.

Smaller operations may delay or decide not to pursue the licence due to the time and effort required, which curtails their potential given the percentage of central-fill patients who use blister packaging and require controlled substances. “Narcotics are in many blister cards. These patients have complex drug regimens for multiple conditions, often including chronic pain,” explains Lane.

“We need to simplify the process for pharmacies to provide central-fill solutions for narcotics,”

says Dattani.

Coincidentally, Health Canada has already communicated a commitment to change. In June 2024, it held a consultation to modernize regulations under the CDSA. One of the stated objectives is to “support pharmacy innovation in Canada.” Even more to the point, Health Canada’s proposed new regulations “would allow a pharmacist to sell or provide a controlled substance to another pharmacist.... This authorization would provide



additional flexibility with respect to how prescriptions are filled and would enable models such as central fill services for controlled substances.”

“This is a positive development from Health Canada. We will be part of future consultations and will work with individual jurisdictions to do what we can to expedite adoption of the new regulations,” says Dattani.

To the patient's doorstep

When it comes to the delivery of medications directly to patients, only the central-fill policies in Nova Scotia, New Brunswick and Newfoundland & Labrador indicate that the originating pharmacy may delegate this function to the central fill “in the event of a needed prescription.” Others state that the medications must return to the originator pharmacy or give no direction on the delivery to patients.

The result is a preventable duplication of effort at the pharmacy level and an inconvenience to patients who would like their local community pharmacy to deliver their medications—a preference that has grown significantly since the start of the pandemic.

“We can package it, we can even stamp it, but we have to send it back to the originating pharmacy, and then they arrange for secure delivery by mail or with a driver. Or the patient has to go to the pharmacy, which may be difficult for them,” says Carroll. “There is so much movement in this area of the delivery of medications, the regulations need to catch up.”

“We’re always looking to evolve as long as the regulations allow for it,” agrees Rania Gerges, Director of Pharmacy Strategy & Operations at McKesson. “If the regulations did allow for it, we would definitely have the scale and the logistics to deliver to patients quickly, reliably and cost-effectively on behalf of the originating pharmacy.”


Seeing is believing

The one action that regulators and governments can take to kickstart progress on an appropriate regulatory environment for central-fill pharmacy services? Take a tour.




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"When pharmacy owners come in and see in person how we operate, it makes a huge difference," says Humphrey. "It turns their thinking around—they not only see our accuracy, but they also start to really see the possibilities of what more they can do back at the pharmacy."


Humphrey also believes meeting the people who work in central fill reassures pharmacy owners—as it would regulators and policy-makers—that this evolution in pharmacy operations is not about the machines.

"People assume that central fill is impersonal, dominated by the machines. That's not the case. We know the patients by name. They're our patients, too," says Humphrey. "The machines serve us so

we can all better serve patients."

Legislation and regulations are an essential bridge between innovation and patient

care, concludes Dattani. "The pace of innovation makes that bridge more challenging, which is why collaboration is more important than ever. The pharmacy sector is ready to do

its part to help guide the full integration of central-fill pharmacy into the healthcare landscape." 

“People assume that central fill is impersonal, dominated by the machines. That’s not the case. We know the patients by name. They’re our patients, too.”



Karen Welds is a healthcare journalist and has written about community pharmacy for more than 30 years.

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Entering an era of “extraordinary” change



“The re-election of Trump has really changed the world. The significance of this is going to be extraordinary,” said Jean

Charest, closing keynote speaker at Neighbourhood Pharmacies 2025 Pharmacy Expo in Ottawa in May. Charest’s career in public service has spanned almost 30 years, including federal cabinet postings, three terms as Premier of Quebec, and he is currently a member of the Prime Minister’s Council on Canada-U.S. Relations.

Charest noted that the recent election of economist Mark Carney is also significant. A key attribute of Carney is he understands “the sense of urgency, which is gold in politics. It’s gold in business. It allows you to vanquish inertia,” emphasized Charest. “If things are done the way I think they’re going to be done, we will get a lot accomplished.”

While healthcare is not upfront in discussions, it will benefit from actions to strengthen the economy. For example, Carney’s commitment to lower interprovin-



Pharmacy EXPO concluded with a thought-provoking political analysis by Jean Charest, pictured here with Marie-Claude Vézina (left), Chair of the Board of Neighbourhood Pharmacies, and Sandra Hanna, CEO of Neighbourhood Pharmacies.

cial trade barriers will likely include the recognition of professional qualifications across Canada. “That’s the low-hanging fruit. A pipefitter in Alberta should be a pipefitter in Quebec [and it’s] the same with doctors, nurses and pharmacists. I’m optimistic that can happen,” said Charest.

Honouring two pharmacy champions

Janet Cooper and Ryan Norman are the recipients of Neighbourhood Pharmacies’ two annual awards recognizing outstanding contributions to the advancement of pharmacy in Canada. They were honoured at the Chair’s Dinner at Pharmacy EXPO in Ottawa in May.



Len Marks Pharmacy Advancement Award

From her early days as a practicing pharmacist to her many leadership roles advocating for the profession—both in practice and academia—Janet Cooper,

recently retired as Executive Director of the Association of Faculties of Pharmacies of Canada, has left a lasting mark on the evolution of pharmacy.

Distinguished Partner of the Year

Ryan Norman, General Manager, Supplier Relations & Health Industry Information Services at IQVIA, has played a pivotal role in advancing community pharmacy by harnessing data-driven insights and enabling pharmacy businesses to thrive in a competitive and evolving environment.



Ryan Norman

To achieve his economic agenda, Carney will have to “do a lot of reaching out”—to provinces most of all. “We’ve had more federal-provincial meetings in the last six months than there have been for the last 20 years,” said Charest. “You’re going to see federal-provincial relations take on a whole new dynamic.”

Advocacy groups like Neighbourhood Pharmacies will need to insert themselves into that dynamic, he continued. “I would turn to [Premier Doug] Ford as chair of the Council of the Federation to lead and make sure [healthcare] is on the agenda...for example, by modernizing the [Canada] Health Act to make it an enabling legislation as opposed to legislation that stops [provinces] from doing things.”

Charest is hopeful that Carney’s outreach will include the private sector. “He’ll need to listen to folks in the whole healthcare and pharmaceutical sector to help design policies that are going to make us more effective,” said Charest. “There’s a role for all of you to play, and my hope is that the federal government and the provinces seize that opportunity.”

A secure drug supply chain is a prime example, given the hard lessons of the COVID pandemic. “We’re not going to ever be in a position to supply ourselves domestically with all the drugs we need. But we can certainly do a number of things that would allow us to have inventory stock and security of supply that would avoid what we experienced in the past,” said Charest. 🌈

Celebrating 30 years!

Neighbourhood Pharmacies proudly marks 30 years of driving growth, advancing pharmacy as a cornerstone of healthcare, and advocating for accessible, community-based care. Founded in 1995 as the Canadian Association of Chain Drug Stores (CACDS), the Association has evolved into a leading national voice—championing pharmacies as trusted healthcare hubs in every community.

Originally established to represent chain pharmacies, the Association’s vision has broadened to champion all models of community pharmacy as essential partners in supporting population health across Canada. In the past year, the Association welcomed eight new Members, four Premium Partners and 13 Associate Partners, noted Marie-Claude Vézina, Chair of the Board and Senior Vice President and Chief Network Officer, Pharmacy Division, METRO, at Neighbourhood Pharmacies’ 2025 Pharmacy EXPO in Ottawa in May. The annual event also broke attendance records and attracted 23 first-time vendors.

“We come from different regions and different business models but when we are here together, we are collaborators within a culture of inclusivity, with a shared vision,” said Sandra Hanna, CEO of Neighbourhood Pharmacies, at EXPO.

Also at Pharmacy EXPO, Neighbourhood Pharmacies celebrated 30 years with special awards to honour Members and Partners whose long-standing support



The Heart of Pharmacy Award



The Pharmacy Leaders Award

has been essential to the Association’s growth. The Heart of Pharmacy Award, recognizing more than 20 years of commitment and leadership, was awarded to: Amgen, Apotex, AstraZeneca, BD, London Drugs Limited, McKesson Canada, Neighbourly Pharmacy Inc., Pfizer, Pharmascience, Rexall, Save-On- Foods, Sobeys National Pharmacy Group, and Viatrix.

The Pharmacy Leaders Award recognized 15 or more years of dedication to the Association and the profession and was awarded to: Calgary Co-Operative Association Limited, Costco Wholesale Canada, JAMP Pharma Group, Mint Pharmaceuticals Inc., and Sandoz.

Making the connection to economic growth

A stronger economy and investments in health-care are not mutually exclusive, emphasized the 30 participants at Neighbourhood Pharmacies' policy roundtable discussion in May in Ottawa, Ontario, during its annual Pharmacy EXPO.

"With today's new government, we need to tie in the role that the pharmacy sector and all other stakeholders in the drug supply chain play to drive a healthy economy," said Sandra Hanna, CEO of Neighbourhood Pharmacies.

"Healthcare is the economy," one participant simply stated.

"For progress in healthcare, everything will need to tie back to the economy," agreed Katie Heelis, Senior Vice President and EnterpriseHealth Lead at Enterprise Canada, who co-hosted the roundtable with Shelita Dattani, Senior Vice President of Pharmacy Affairs and Stakeholder Relations at Neighbourhood Pharmacies.

Roundtable participants represented all channels of community pharmacy, including specialty pharmacy, as well as pharmaceutical manufacturers and distributors. All are Members or Partners of Neighbourhood Pharmacies.

The Carney government's commitment to work with the provinces to remove interprovincial trade barriers is a prime example of synergy between the economy and healthcare. Governments are already aware of the need to improve workforce mobility—and can be made aware of other mutually beneficial actions, such as cross-border centralized prescription-fulfillment (see cover story). The roundtable's concluding calls to action focused on four main areas:

Securing Canada's **drug supply**, which includes the pharmacy sector taking a strong stand against tariffs and retaliatory tariffs. Should tariffs come into play, a remission process needs to be in place to ensure higher supply-chain costs are absorbed upstream, before reaching manufacturers and pharmacies. "We cannot pass higher costs on to patients, but we also



Sherif Guorgui (left), OnPharm-United, and Steve Hogue, Pfizer, were among the 30 participants at Neighbourhood Pharmacies' policy roundtable discussion.

cannot absorb the costs ourselves without putting service levels at risk," said Dattani.

Participants also called on the federal government to reopen drug-pricing policies—namely, the new guidelines of the Patented Medicine Prices Review Board—and work with all stakeholders to ensure Canada remains an attractive investment within a global pharmaceutical market.

Pharmacy must also remain steadfast in its position that a fill-the-gaps approach to national pharmacare will better serve Canadians—and the economy—than a single-payor model. "We will bring in our learnings from the two provinces that have implemented national pharmacare. We are talking to patient groups about the difficulties they are experiencing," said Dattani.

Expanding and capitalizing on pharmacy's role in **primary care**, which includes educating policymakers on why that role is important, as well as showcasing evidence of pharmacy's economic value in primary care.

Implementing sustainable **funding models** that ensure the viability of pharmacy, which includes demonstrating the savings and freeing of resources in other sectors of healthcare.

Workforce mobility, which includes removing interprovincial and other regulatory barriers to innovation in pharmacy practice. 🌈

Rules should guide, not delay, progress

As a pharmacy student in Canada, I'm excited about the expanding role pharmacists are playing in healthcare, while also dismayed that outdated regulations hold us back from providing the best possible care.

Our education focuses on clinical expertise, patient-centred care, preventative health and interprofessional collaboration, but the rules in many provinces haven't fully caught up to what we are being trained to do.

Regulatory updates could have a transformative impact in many areas. Point-of-care testing is a clear opportunity. We are taught how to perform screenings for conditions like COVID-19, influenza, and to monitor chronic diseases like diabetes and hypertension. However, in many provinces, pharmacists still face restrictions on interpreting test results or initiating therapy based on the results. Allowing pharmacists to fully utilize their training would mean faster diagnoses, quicker access to medications, and reduced burdens on emergency departments and family physicians.

Another important area for growth is in prescribing for minor ailments and preventative care. Provinces like Alberta, Saskatchewan and more recently Ontario have led the way by expanding pharmacists' scope to assess and prescribe for common conditions such as urinary tract infections, eczema and cold sores. Through my pharmacy education in Saskatchewan, I've been fortunate to receive hands-on training in assessing a wide range of minor ailments, systematically identifying red flags and ensuring patients receive safe and appropriate treatment or referrals.

When I speak with students from other provinces, I often notice the significant differences in the training and scope. It's clear to me that expanding these services nationally, and reducing the regulatory barriers across Canada, would not only improve access to care, particularly in rural and remote communities, but also provide patients with faster treatment for everyday health concerns, easing pressure on family doctors and walk-in clinics.



Additionally, pharmacists are increasingly being trained to manage chronic conditions such as hypertension, diabetes and asthma through medication adjustments and patient education. Despite this, regulations still vary widely across provinces regarding what pharmacists can do independently. Streamlining and modernizing these rules would empower pharmacists to play a more active role in preventative care and chronic disease management, which would lead to better long-term outcomes for patients and a more efficient healthcare system.

Today's pharmacy graduates are highly trained and adaptable, and ready to take on expanded clinical roles. We have the knowledge and tools to manage medication therapy, prevent disease and contribute meaningfully to multidisciplinary healthcare teams. The removal of outdated regulations is not just about giving pharmacists more responsibilities, it's also about achieving a more patient-focused system where healthcare is faster, safer, more accessible and equitable.

The future of pharmacy practice in Canada is incredibly bright, and with the appropriate regulatory enablers, pharmacists can help lead a new era of patient care. 🌈



Meagan Wenzel is Vice President of Professional Affairs, Canadian Association for Pharmacy Students and Interns, and a PharmD 2025 candidate, University of Saskatchewan College of Pharmacy and Nutrition.

Jury still out on plan for rare-disease drugs

A national plan to provide Canadians with drugs to treat rare diseases is finally underway.

However, it's not yet clear that patients are getting improved access to medicines, which was the focus of the plan in the first place.

The federal government first committed in 2019 to spending \$1.5 billion over three years to pay for drugs to treat rare diseases. Unfortunately, nothing happened for four years.

Then in March 2023, the federal government unveiled a rare-disease drug strategy that entailed the negotiation of bilateral agreements with each province and territory. The first was signed 16 months later, with British Columbia in July 2024.

The federal government signed the last of the 13 bilateral agreements, with Prince Edward Island, Nova Scotia and Quebec, in March 2025—literally days before the end of the government's fiscal year (failing which unsigned jurisdictions would have forfeited a year's worth of funding) and the dissolution of Parliament ahead of the April 28 federal election.

Twelve of the 13 jurisdictions agreed to use the federal funds to cover at least one of the 12 drugs on a "common list" that they had negotiated with Ottawa. They selected between one and six of the 12 drugs, of which six have been named to date.¹ The remaining six will be identified when reimbursement terms have been negotiated through the pan-Canadian Pharmaceutical Alliance.

The 13th jurisdiction, Quebec, made no commitments to cover any specific drugs, in accordance with its traditional policy to accept federal health funding only without conditions. Instead, Quebec has committed that the money will help pay for unspecified public drug plan expenses and support the province's rare disease action plan (Quebec is alone among the provinces to have such a plan).

The net result, succinctly stated by the Canadian



Organization for Rare Disorders (CORD), is that "not one patient has seen better access to diagnosis or treatment" in the six years since federal funding was first announced.²

And Canada has yet to put forward a true national strategy. "Provinces and territories may have signed bilateral agreements, but that hasn't translated into the improvements patients so desperately need," states CORD.

Canada must still strive toward a model that improves access to *all* new rare-disease treatments. Without it, the one in 12 Canadians with a rare disease (most of them children) will continue to wait two years or more following regulatory approval for a treatment that may dramatically improve their quality of life—and remove significant burdens from the healthcare system. In contrast, many European jurisdictions automatically reimburse drugs for rare diseases immediately following approval (detailed in my [summer 2024 article](#) for the *Gazette*).

As CORD makes clear, Canadians with rare diseases have been waiting a long time. With the federal funding now available, they are now looking to the provinces and territories to ensure patients start to benefit and that these initial agreements become a foundation for broader action and services. 🌈



William (Bill) Dempster is President of 3Sixty Public Affairs, based in Ottawa.

References: 1. Health Canada, *Drugs for rare diseases: Common list of drugs*, March 21, 2025, <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/shared-health-priorities/drugs-for-rare-diseases-bilateral-agreements/common-list-drugs.html>; 2. Canadian Organization for Rare Disorders (CORD), *Real Action for Rare – 2025 Federal Elections*, <https://win.newmode.net/canadianorganizationforrareorders/rarediseasepatientsdeservemore2025federalectioncampaign>

A turning point for healthcare?

With a new Liberal government under the leadership of former Bank of Canada Governor and international finance executive Mark Carney, Ottawa is poised for a new chapter in federal healthcare policy.

While Carney's campaign leaned heavily into affordability and economic growth, healthcare remained a top ballot-box issue for many Canadians due to growing concerns over access to primary care, wait times, drug affordability and the stability of public funding. The question now is whether a Carney-led Liberal government will build on the healthcare initiatives of his predecessor, or chart a new course altogether.

Mark Carney inherits a complex healthcare landscape. The Trudeau government made progress on dental care, the beginning of national pharmacare, and targeted bilateral deals with provinces. But with provinces continuing to guard jurisdictional autonomy and federal finances under stress, progress was uneven and often politically fraught.

Though widely respected for his economic acumen, Carney has little public track record on healthcare policy. His election campaign pledged to "modernize and stabilize" the health system. Insiders suggest his government will focus on cost-effectiveness, data-driven funding models and innovation in service delivery.

Pharmacare, interrupted

Where does this leave pharmacare? Just months before the election, the Liberal government's passage of Bill C-64 laid the legal foundation for a national pharmacare program, starting with contraceptives and diabetes medications.

Four jurisdictions signed on to national pharmacare before the election. Manitoba and Prince Edward Island recently implemented their programs, and British Columbia and the Yukon territory are scheduled to do so in 2026. Alberta and Quebec remain staunchly opposed.



Now the future of pharmacare hinges on Carney. While he stated during the election campaign that he is "committed absolutely to keeping what is in place," he did not say anything about its expansion. It's reasonable to expect that intergovernmental negotiations on the topic of pharmacare will reset, particularly in the nine jurisdictions that have not received any of the \$1.5 billion set aside by the Trudeau government in 2024.

Data, delivery and dollars

Beyond program specifics, Carney is expected to bring a more metrics-focused approach to federal health spending. His team includes policy advisors with backgrounds in digital health, procurement reform and service integration. Some expect a stronger push for real-time data-sharing between provinces as a condition for funding, especially in the areas of wait times, workforce planning and public health surveillance.

Notably, premiers appear cautiously optimistic about Carney's leadership style. His reputation as a consensus-builder and technocrat may improve federal-provincial relations that grew tense under Trudeau's tenure.

That said, longstanding tensions remain. Premiers continue to push for increases to the Canada Health Transfer with no federal strings attached, a position that directly conflicts with Ottawa's preference for targeted investments. Whether Carney can bridge this divide remains a central question of his mandate.

The new political context offers new opportunities for healthcare stakeholders to influence the future, but also the risk of slowed momentum or fiscal retrenchment. The only certainty? A new chapter has begun. 🌈



Tea Cirovic is a consultant for Enterprise-Health, a national healthcare practice within Enterprise Canada focused on healthcare strategy.

Using AI to power preventative care

Kirk Wong, pharmacist/owner of Wholehealth Pharmacy in Fort Erie, Ontario, is proud of his pharmacy's commitment to provide MedsCheck at Home medication reviews for patients who are unable to go to the pharmacy. And now he and his pharmacy staff are able to do so much more efficiently and effectively, thanks to the banner program's new WholehealthONE software system.

Gone are the days when the pharmacist took notes that would later have to be input into the pharmacy's management system. "Now we are able to bring a laptop to the patient's home and have access to patient data in real time," says Wong. "The fact that it ties into our dispensing software means we don't have to transcribe patient information. The quality of our Medschecks is higher overall, and better documented in case of audit purposes."

At a Wholehealth conference last year, 95 per cent of banner members said they were interested in trying clinical and operational tools using innovative software or artificial intelligence (AI) and leveraging the data to drive practice change. In March this year, Wholehealth launched WholehealthONE.

More than 90 (30 per cent) of the banner's 270 member pharmacies—located in all provinces across Canada except Quebec and Prince Edward Island—

signed on within the first two months, with the rest invited to be onboarded by end of this year.

"What excites me most is that this platform serves as a single, comprehensive tool for all my pharmacy needs—from scheduling to documentation and pharmacy-specific AI tools," says early adopter Poshin Jobanputra, pharmacist/owner of Cook's Pharmacy, with seven locations in southwestern Ontario. "I appreciate how this platform empowers our banner to focus on areas that matter most to us all, enhancing patient care while



New software and artificial intelligence have taken patient consultations to the next level, says Kirk Wong, pharmacist/owner of Wholehealth Pharmacy in Fort Erie, Ontario.

unlocking innovation and untapped opportunities."

WholehealthONE aims to enable pharmacies to streamline business operations and grow their capacity for clinical practice. It also uses AI to provide data insights to head office to guide member programs going forward.

“We have the ability to see at a high level what’s happening at our pharmacies in real time.”

"We have the ability to see at a high level what's happening at our pharmacies in real time," says Molly Yang, Director, Pharmacy Innovation & Professional Affairs. "This allows every-

one in the banner to be more connected and enables us to be more strategic in providing better support."

Wholehealth's vision is for its member pharmacies to become preventative care health hubs in their communities. With that in mind, one of WholehealthONE's first initiatives was to help pharmacy teams identify patients in need of immunizations. The program also includes clinical, workflow and business tools to identify opportunities to optimize patient care and pharmacy growth.

"Pharmacy teams often find it challenging to keep up with updated recommendations or products. WholehealthONE supports our vision for preventative health by helping pharmacies guide patients in selecting the products and services best suited to their individual needs," says Yang.

On top of empowering pharmacy teams with tools to help identify opportunities to grow their practice, Yang says insights gleaned through the platform will enable head office to enhance relationships with its vendor partners. For example, anonymized data collected within WholehealthONE could identify gaps or trends within the patient journey, and collaborative workflow or clinical interventions could be implemented to activate pharmacy teams and patients.

While WholehealthONE's initial focus is to enable clinical practice change in member pharmacies, its data insights will also be useful in advocating for the entire profession. For example, the platform could track diabetes patients on a new medication and help

determine the impact on the patient and potential cost savings. It can also help make the case for additional pharmacy services; for example, by analyzing the impact of pharmacy intervention on minor ailments or chronic conditions to prevent prescribing cascades.



Molly Yang
WHOLEHEALTH

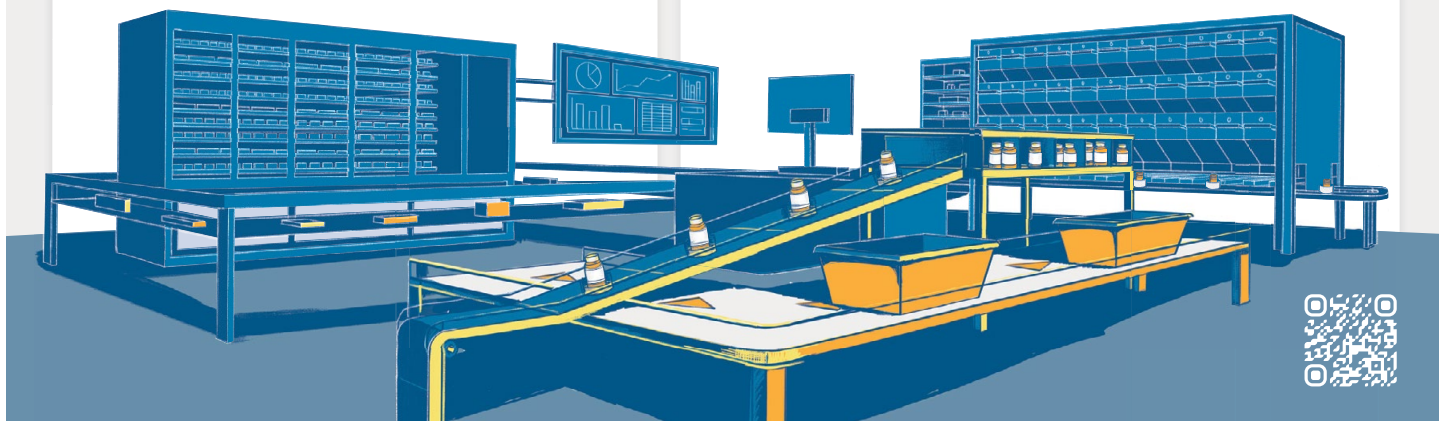
"Over the years we have implemented so many pilot projects and programs, and this is a way of really tracking and quantifying the impact beyond the great feedback we get from pharmacists and patients," says Yang.

Building on that momentum, Yang adds, "We're really excited to enhance practice not only within our own banner, but to push practice change across the board."

Expanding on that vision, Wholehealth President Dean Miller says, "Our intention is to go broader—to impact pharmacy practice across Canada. With WholehealthONE, we are focused on supporting pharmacy transformation, driven by innovation, sustainable growth and exceptional patient care." 🌈

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Canada blazing trails

The World Pharmacy Council's international comparison of scopes of practice reveals Canada is at the forefront

	 AUS	 CAN	 DEN	 GER	 IRE	 NZL	 POR	 ESP	 UK	 USA
INITIATING TREATMENT										
Independently prescribe*	✗	Alberta only*	✗	✗	✗	Limited	✗	✗	Limited	State-variable
Prescribe in a collaborative setting/arrangement	✗	Most provinces	✗	✗	✗	✓	✗	✗	Limited	✓
Initiate treatment for minor ailments/conditions	State-variable	✓	✗	✗	✗	Limited, pilot	✗	OTC meds	✓	State-variable
For smoking cessation	OTC meds	✓	OTC meds	✗	✗	✓	OTC meds	OTC meds	✓	State-variable
For hormonal contraception	State-variable	✓	✗	✗	✓	✓	✗	Emergency only	✓	State-variable
In an emergency	✗	✓	✗	✗	✓	✓	✓	✗	✓	✓
Vaccines (provide without prescription)	✓	✓	Certain patients	Limited	✓	✓	✓	✗	✓	✓
ADAPT/MANAGE PRESCRIPTIONS										
Therapeutic substitution	✗	Most provinces	✗	✗	✗	✓	✗	✗	✗	✓
Change drug dosage, formulation, regimen, etc.	✗	✓	✗	✓	✗	✗	✓	✗	✗	✗
Renew prescription for continuity of care	✗	✓	Limited	✗	Limited	✗	✗	✗	✗	✗
Deprescribe	✗	✓	✗	✗	✗	✗	Trial	✗	Limited	✗
INJECTION AUTHORITY										
Inject drugs	Limited, some states	✓	✗	✗	✓	✓	✓	✗	✓	✓
Influenza vaccine	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
COVID-19 vaccine	✓	✓	✓	✓	✓	✓	✓	✗	✓	Federal authority expiring
Other vaccines	✓	✓	Requires prescription	✗	✓	✓	✓	✗	✓	✓
LAB TESTS										
Order and interpret lab tests	✗	Some provinces	✗	✗	✗	✗	✗	✗	No legal barrier	Majority of states
TECHS										
Regulated pharmacy technicians	✗	✓	✓	✓	✗	Education, not registration	Education, not registration	✓	Exc. Northern Ireland	✓

LEGEND: ■ Full authority ■ Limited ✗ Not authorized

*Prescribing to initiate or manage ongoing therapy, by pharmacists in Alberta with additional prescribing authority.

Source: World Pharmacy Council, Members-Only Sector Analysis Report 2024. Adapted with permission from WPC.

Stepping back to move forward

My career in pharmacy has not followed a traditional path. A pharmacist from Nova Scotia, my passion has always been in community pharmacy. Yet my career trajectory has taken me outside of pharmacy practice, to operations and sales and then to strategy and business development. Along the way, I deliberately chose lateral moves to expand my experience, even taking a job in the pharmacy benefits management/insurance sector for a time to expand my knowledge.

All of this has taught me that there are numerous ways to reach the destination that's right for you, and sometimes you need to step back to move forward into the future.

This thinking can be applied to the pharmacy profession as well. As pharmacists continue to find their way towards fulfilling their full potential as essential healthcare service providers for all Canadians, without doubt they will continue to face challenges and disappointments along the way. But the key lesson that I live by is to leverage disappointment and turn it to your advantage by determining what is needed to successfully reach your goals the next time around.

Right now, we are in an especially pivotal time, when governments and healthcare stakeholders are finally recognizing how important pharmacists can be to the healthcare system. Amidst all the terrible consequences of the

pandemic, community pharmacy shone like a bright light. We would not have emerged from the pandemic as quickly as we did were it not for the 12,000 community pharmacies that stepped up and vaccinated millions of Canadians.

But our mission is ongoing and that's where Neighbourhood Pharmacies fits in. While pharmacy operators are competitors on the business front, as members of Neighbourhood Pharmacies we have a commonality that brings us together in a collegial and critical way. We all have a passion to ensure the profession and the business of pharmacy advance along a path that is sustainable and ultimately meaningful for patients.

I see the progress being made in my home province, where the provincial government is collaborating effectively with pharmacy. Pharmacy-led primary care clinics are markedly improving Nova Scotians' access to healthcare services. Nationally and regionally, I'm confident that as members of Neighbourhood Pharmacies we will make similar headway to advance the profession and improve patients' access to medications and services.

Looking back at my 20-year-and-counting career in pharmacy, I've come to appreciate that progress is not about being able to solve everything. It's about building relationships within and outside of the profession and learning to work together to reach our goals. 🌈



Jeff Boutilier

BOARD MEMBER
*Neighbourhood Pharmacy
Association of Canada*

SENIOR VICE PRESIDENT,
STORE OPERATIONS
& PHARMACY
Rexall

“
The key lesson
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advantage.”



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
des pharmacies
de quartier

The Neighbourhood Pharmacy Association of Canada advocates for the business of community pharmacy and its vital role in sustaining the accessibility, quality and affordability of healthcare for Canadians. Through its Members and Partners, Neighbourhood Pharmacies is driving innovative solutions through advocacy, networking, research and information services.

The benefits of membership include:

- Industry-wide representation with governments
- Exclusive business-building networking events
- Real-time industry and regulatory updates
- Informed and independent information-sharing and analysis

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