

# THE Tablet

WINTER 2025 | ADVOCATING FOR BRITISH COLUMBIA

## Pharmacy technicians as vaccine providers

Four Canadian provinces and 47 U.S. states authorize pharmacy technicians to inject, so why shouldn't B.C. do the same? PAGE 14

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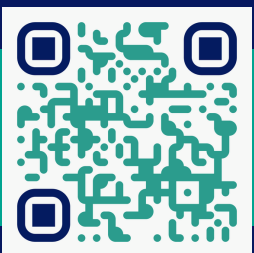


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Shelley Sidhu (centre) and her team members at Pharmasave Cloverdale.





Colleen Hogg

## More resources and tools for pharmacists is a top priority

Just before and during the holiday break, my community of Quadra Island was suddenly left with a single physician. That this left our island of 2,400 people in a lurch is an understatement.

Without a single walk-in clinic anywhere nearby, our community's only alternative was the hospital that was a ferry ride away in Campbell River, and us, the community pharmacy on the island. We quickly became a triage centre, assessing patients to determine if we needed to send them to the emergency room in Campbell River, checking if the patient had a minor ailment condition that we could look at, or if this was something that we could try to fit into our only doctor's already overloaded schedule.

During those three weeks, many of our patients would have gone without medications or care if we did not have the ability to renew their prescriptions or see them for minor conditions. I can't imagine what would have happened just a few short years ago, and how we would have taken care of those patients had this occurred back then.

This experience, and the similar experiences that I know are shared by pharmacists across the province, confirms that pharmacy needs to be provided with sufficient tools and resources to continue to provide much-needed care, especially in areas where there are few prescribers.

Our profession is bearing more responsibilities than in the past and are increasingly seen as a solution to aid the health human resources crisis.

As we head into 2025, the Association is focused on working with the government to increase compensation for pharmacists. We are working on achieving a long-needed dispensing fee increase, providing financial support for pharmacies in rural communities, advocating for more minor ailment conditions to be within our scope, receiving fair compensation for new services such as lab test ordering, and more.

I am optimistic that, working with the newly re-elected NDP government and Health Minister Josie Osborne, that we will see further advancements and support for the profession. I know we have already had some conversations with Minister Osborne, and that one of the returning government's promises during the October election was to allow pharmacists to prescribe for more common conditions, as well as testing for routine conditions such as strep throat.

This means that there are likely more changes ahead. We need to be ready to embrace them. **■**



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Geraldine Vance

## We will be resilient and resourceful

If I think about the two things Canadians are going to need in 2025, it's resilience and resourcefulness. Without getting into what's happening with our neighbour to the south, it is clear we are all being called upon to see things through a different lens, and to find new ways of doing things.

I can think of no health profession better suited than community pharmacists to make it through the uncertain times we are in, and will continue to be in for some time.

Our new Board Chair, Colleen Hogg, shares a fine example of how the profession's resilience and resourcefulness is leading the way in her community to ensure patients get the care they need.

When I cast my mind back to the early days of COVID, pharmacists showed up, hung shower curtains to create physical barriers, and met the challenge to get some 17,000 COVID vaccine shots, that were about to expire, into the arms of British Columbians. If anyone knows how to pivot, it is pharmacists and pharmacy owners.

This was going to be a challenging year regardless of who was elected in the U.S. The affordability crisis continues to be an overriding concern for all of us. The Federal and Provincial governments are facing many demands to turn around the declines in our health care systems. And the needs can't be fixed overnight, no matter how much money there may be to spend.

Important steps are being taken to restore a primary and acute care system that truly meets the needs of patients, no matter where they live. And in community pharmacy, scope expansion to include diagnosing and prescribing for minor ailments and contraception is delivering access and cost savings. All signs are that offering patients a wider array of care in a pharmacy clinic setting is an important part of the primary care access solution.

And as the article in this issue of *The Tablet* demonstrates, we need to grant pharmacy technicians permanent authority to do immunizations.

Further expanded scope to include prescribing for stable chronic diseases by pharmacists in B.C. could make a meaningful impact on reducing the strain on family physicians. As with immunizations and minor ailments, there are important cost savings when pharmacists take on some of these clinical services.

As Colleen rightly notes, while pharmacists are resourceful and ready to go the distance for their patients, they can't do this for fees that haven't been adjusted in nearly 14 years. The foundational dispensing fee simply must be increased.

If pharmacy owners are to be able to provide more pharmacists to do more services, they cannot do so at 2011 compensation rates. Getting a dispensing fee increase, even in these most challenging financial times, is our priority. **T**

## *The Tablet* asks our contributors: What excites you the most about the pharmacy profession in 2025?



**Aki Shah** is the founder of the Tablet Pharmacy locations on Vancouver Island. "What excites me most about pharmacy

in 2025 is our solidarity during these challenging times. With physician shortages, pharmacists are stepping up, embracing change, and expanding roles. We are enhancing patient care, bridging gaps, and ensuring accessible health care — reinforcing our indispensable role in the health care system."



**Pourya Eslami** is the owner of YNP Dunbar Pharmacy in Vancouver. "In 2025, I'm excited to see more pharmacists

recognizing the difference we make. As our role expands, so do our opportunities to support patients, advocate for our profession, and shape the future of health care. Let's keep pushing forward, embracing change, and making an impact!"



**Christina Kolios** is a pharmacist at Aaronson's Pharmacy in Victoria. "The evolution of

pharmacy excites me most in 2025, especially the expanding role of pharmacists in patient-centered care. With increasing prescribing authority and advancements in contraception and women's health, pharmacists are becoming more accessible health care providers. I hope these advancements come with fair compensation and sustainable fee structures that reflect pharmacists' contributions, ensuring we can continue to educate, support, and improve patient outcomes."





**Cory Sydorenko** is Pharmacy Director, Western Canada, at Neighbourly Pharmacy. His role includes overseeing 134 community pharmacies in British Columbia, Alberta and the Northwest Territories. He holds a Doctor of Pharmacy from the University of Waterloo and is a registered pharmacist in both Ontario and British Columbia.

## Caring for 134 pharmacies in two provinces and a territory

### How did your journey in pharmacy begin?

When I was a teenager, I always thought that I was going to go into medicine and be a doctor. My parents really supported that. They never had the opportunity to attend post-secondary education, and they were quite proud of me.

Back then, my father owned a retail golf shop and managed a private golf and country club, where I would help out and learn about customer service and business fundamentals. And as I was going through university, I realized that I also had a drive for entrepreneurship. I loved the aspect of owning a small business and pharmacy allowed me to tie that to my love of helping people through health care.

I decided to pursue pharmacy and graduated from the University of Waterloo with a PharmD in 2016. One of my first jobs was at a small, independent, community-focused pharmacy group called Lovell Drugs in Ontario. Lovell Drugs was special. It was one of the oldest family-owned private health chains in the country still in existence, at over 115 years old.

With Lovell, I started first as a pharmacy manager. Three years later, in 2019, our company was acquired by Neighbourly Pharmacy. This is when I started taking on more progressive leadership roles. I worked as a regional director in Ontario, and in 2023 I was asked to move to Vancouver to look after our British Columbia operations, in the Lower Mainland and northern B.C.

After a year, I was asked if I wanted to be the Pharmacy Director for Western Canada, looking after 134 locations in B.C., Alberta, and the Northwest Territories.

### Can you describe your current role?

I currently work as Pharmacy Director for Western Canada at Neighbourly Pharmacy. Neighbourly Pharmacy is the third largest operator of pharmacies in this country and the largest operator of independent pharmacies in the country, with just under 300 stores coast to coast.

We operate 68 stores in B.C., 65 in Alberta, and one in the Northwest Territories. Within the Western Canada region, we have seven district directors, and I support those district directors from the pharmacy side. This includes growing external pharmacy business, such as developing relationships with nursing homes or long-term care group homes. I support pharmacy teams with workflow and technology enhancements by making sure that our teams are using best practices, and I also help our teams practice to their full scope allowed by the provincial governments.

### What does your day to day look like?

It's a busy job with a lot of travel. About half of my time is spent in an office, looking at trends, business data, analyzing things, making future decisions, and helping to coach the district directors on their pharmacies. The other half of the time I'm on the road, connecting with our teams.

In our Burnaby head office, I might be interfacing with our cross-functional partners. This could be finance; looking at results and forward views and forecasting, and helping with business planning. In people management; coaching pharmacy managers, district directors, and employees at all levels of our organization.



On the road, I spend my time connecting with our stores and ensuring that we're executing our company's initiatives. This could be anything from digital enhancement of our stores to ensure proper workflows, implementing the latest technology to help drive efficiencies in our stores, and helping unlock more time for our pharmacists to focus on patients.

My favourite part of my job is solving issues and helping others. That's what drives me, because I know all the support I provide to our pharmacy leaders, our pharmacists, our district directors, eventually flows down to better patient care.

I'm still a pharmacist even though I'm no longer working behind the dispensary counter. While I miss working directly with patients, I realize that in my role I'm able to help many more people across our region's 134 stores, which together serve more than 200,000 patients.

### What would you say are the skills needed in this type of role?

Being a really good communicator is probably the number one skill set that you need to have in any kind of role where you're leading large teams or leading multiple locations.

You need to rally teams. You need to bring people together. You need to be a good coach and a good mentor and be an overall supportive person.

When we look at elevating younger pharmacists that are looking to get into leadership roles or seeking to take on bigger roles within their companies, we're looking for them to have the ability to think outside the box and have more global thinking. A good skill set to have is to be able to identify best practices, strengths and weaknesses, and to be able to share those between teams, to help everybody collaborate.

Having curiosity and being eager to ask questions is also important. Someone who is aspiring towards a leadership role should educate themselves on the business of pharmacy, understand the ins and outs of drug plans, reimbursements, the commerce of pharmacy and how community pharmacy businesses operate.

It's one thing to be a great pharmacist and a great clinical thinker. To develop business level thinking, that can be a result of your curiosity. For me, I learned a lot through other leaders in my organization. I had some great mentors who were able to teach me those things and kind of pass on the torch of the lessons they learned throughout their careers.

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Cory Sydorenko poses with team members at one of the stores in his group: Pharmasave Howe Street in Vancouver.

“ *My favourite part of my job is solving issues and helping somebody. That's what drives me, because I know all the support I provide to our pharmacy leaders, our pharmacists, our district managers, eventually flows down to better patient care.* ”

### What areas of growth are you most excited for in British Columbia?

I'm extremely excited about pharmacists prescribing. I think there is potential in increasing B.C.'s minor ailments program, perhaps unlocking the ability of pharmacists to do what we can do in Alberta and actually be prescribers.

We want to unlock the pharmacists' ability to connect with our patients more, take some of the burden off doctors and the health care system overall, and continue growing our scope. I'm very excited about the ability for pharmacists to requisition lab tests. It's still early and we don't have a reimbursement framework for lab tests in B.C., but I'm excited to see how pharmacists will be able to order lab tests, and initiate therapy or make changes to therapy.

### What did you think being a pharmacist would be like when you first stepped out of those doors at school, versus what you know now?

When I first came out of school, I had a good general idea of pharmacy. At that time, I thought pharmacy was filling prescriptions, standing at a counter, maybe doing a medication review or a flu shot. I was used to that, and I was prepared for that out of school, but slowly, over the last 10 years the scope of practice has just increased so much to the point where my view of pharmacy is completely different.

I now see the pharmacist as the most accessible health care provider. I see pharmacies as health care hubs in communities. They're not only places where people go just to get prescriptions. They're places where people go to get medical advice, where they go to be treated for minor ailments.

Sometimes, people are struggling and they just can't get any kind of assistance. They go into a pharmacy looking for help, and they do that because a pharmacist is somebody who's accessible and even if the pharmacist can't help you, they can likely connect you to the right place or get you on the right path. I really see that pharmacist as that central, patient-focused person in that health care hub of the community.

Filling prescriptions is a technical aspect that will always be a component of pharmacy. But the role of the pharmacist today is really to perform clinical services, to prescribe and to connect with patients, and to utilize all of our extensive knowledge. It's changed a lot. **T**



# 2024 Highlights: A YEAR IN REVIEW



## Developing a plan for the new year

In the fall of 2024, the BC Pharmacy Association's Board of Directors reviewed the organization's mission and vision and developed a strategic plan to guide the organization through 2025.

In November, the Association's Board of Directors approved the Association's 2025 operating plan, which will focus on four strategic directions:

1. Advocate for paid pharmacy services that support the sustainability of pharmacies across the province.
2. Support the transition of pharmacy services in B.C. to provide enhanced professional satisfaction and best patient care.
3. Provide value and excellence in Association services that meet the needs of pharmacists and pharmacy members.
4. Support pharmacists to meet appropriate standards of Indigenous Cultural Safety and Humility.



## Selecting the 2025 Board of Directors

In October, BC Pharmacy Association members took to the polls to elect three pharmacists, Kylee Power, Bless Morales, and Livia Chan to the Association Board of Directors. The Board of Directors also appointed Julie Ford to serve as a Director.



## Working with the government after a new provincial election

In fall 2024, the Association approached B.C.'s newly appointed Health Minister Josie Osborne as the first step in continuing the Association's collaborative relationship with the provincial Ministry of Health. While under new leadership following the provincial election, the Ministry of Health has worked closely with the Association for years, and the Association is ready to continue growing this relationship. The Association is also engaging with the 56 newly elected Members of the Legislative Assembly, many of whom are entering politics for the first time.



## Engaging our membership: survey results

From May 15 to June 2, members were surveyed through Ipsos about scope expansions. From July 29 to Aug. 31, the Association conducted an all-member survey to provide feedback on the Association's performance and services. Results are now available. [Read more on page 10.](#)



## Implementing ongoing improvements to the fall immunization program

The BC Pharmacy Association continued to advocate for and support further improvements to the administration of the fall immunization program. During the past season, the Association confirmed the fall program start date earlier, advocated for an increased supply of vaccines, and continued to work closely with health authorities with planning appointment capacity to support community pharmacies. As a result of your hard work and these improvements to the program, pharmacies provided more than 80 per cent of all vaccinations this fall.



## Delivering a successful in-person annual conference

Following three years of successful virtual conferences with record attendances, the Association pivoted back to an in-person event on May 31, 2024. The 2024 Annual Conference was accredited with attendees eligible to earn up to 6.0 CEUs. Members could choose to attend the in-person conference at the Hyatt Regency Hotel for a fee, or attend virtually for free — the cost of the virtual portion of the conference was included with membership.



## Supporting the business of rural pharmacies

In 2024, the Association connected with Members of the Legislative Assembly in the government's rural caucus to help bring attention to our proposal to support rural pharmacists. A list of recommendations was developed through a Rural Pharmacy Working Group that identified critical challenges pharmacists in rural communities are facing.



## Seeking public support for expansion of scope

To help determine the public's reception to expanded pharmacy services such as prescribing for minor ailments and contraception, and its appetite for a further increase to the pharmacists' scope, the Association polled the public in April 2024. The survey found that nearly 90 per cent of respondents said they support community pharmacists being able to offer more patient care services. [1](#)

## Update on Telus Health Retail Markup and Dispensing Fee Policy

On Feb. 3, 2025, Telus Health provided notification of revisions to its retail markups and dispensing fee cap policy that were initially announced on Nov. 4, 2024.

The BC Pharmacy Association is very pleased to advise members that after meetings with Telus Health officials, Telus Health has agreed to BCPHA's changes to its initial plans. These include:

- › Retail Markup Allowance of
  - › 10 per cent retail markup for brand (instead of 6 per cent)
  - › 14 per cent retail markup for generic (instead of 10 per cent)
  - › 9 per cent retail markup for diabetic supplies (instead of 4 per cent) and
  - › 6 per cent retail markup for high-cost drugs (unchanged).
- › Confirming that pharmacists can continue to pass on the difference between Telus' Maximum Accepted dispensing fee of \$11.99 and their Usual and Customary dispensing fee.
- › A delayed implementation date from Jan. 1, 2025, to April 1, 2025.

Since early November, BCPHA staff have been working with Telus Health to address community pharmacists' concerns about how the initially proposed changes would negatively affect the sector. The Association met with Telus Health senior leaders, and through these discussions, we have set the foundation for a good working relationship in the future.

As part of this process, Telus Health has committed to engaging with the Association and has agreed that any future pricing recommendations will be shared at least six months in advance for feedback and discussion.

We thank Telus CEO Darren Entwistle for being responsive to the issues the Association raised, and for enabling the Telus Health senior team to meet with BCPHA staff to arrive at a resolution that addresses the key concerns of pharmacists and pharmacy owners in the province. **1**



## Engaging our membership: SURVEY RESULTS

From May 15 to June 2, 2024, the BCPHA conducted a survey through Ipsos to understand how the Association membership has engaged with existing scope expansions, such as minor ailments and contraception assessments, and to learn about members' thoughts on the next steps of expanding prescribing, lab tests, and point of care testing.

A total of 640 members participated in the survey. Key findings include:

- › Nine-in-ten (88%) members have completed an assessment/prescribed for a minor ailment
- › Most (90%) members have had positive experiences prescribing for minor ailments (4% negative experiences)
- › Three-in-four (74%) members have completed an assessment/prescribed for contraception.
- › Most (86%) members have had positive experiences prescribing for contraception (4% negative experiences)
- › Seven-in-ten members say they would like to permit pharmacists to initiate a prescription for previously diagnosed chronic conditions (69%) and to increase the number of minor ailments that pharmacists can prescribe for (67%)
- › One-third (33%) would like to permit pharmacists to initiate a prescription for conditions without a prior diagnosis, and one-quarter (25%) would like to adjust and restart OAT treatment

During the summer of 2024, the Association conducted a one-month-long survey, inviting all members to take part. From July 29 to Aug. 31, one-quarter of all BCPHA members (1,000 people) took part in the survey.

The survey sought to identify what members perceived as the current biggest challenges for the profession, the most important issues that the Association should address, members' feedback on how the Association is performing, members' thoughts on the value of a BCPHA membership, how members would like to be communicated to, feedback on the [bcpharmacy.ca](http://bcpharmacy.ca) website, members' thoughts on becoming involved with Association activities, and more.

The results of the survey were published in December 2024. Members can access the results by visiting [bcpharmacy.ca/membership-surveys](http://bcpharmacy.ca/membership-surveys). **1**





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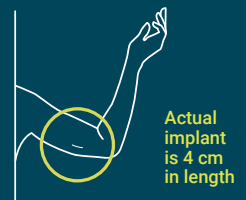


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1. NEXPLANON<sup>®</sup> Product Monograph. Organon Canada Inc. October 12, 2022.
2. Data on file. Organon Canada Inc.

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# LARCs in Focus: Empowering Pharmacists to Support Contraceptive Choices

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

This article was funded by Organon Canada which had the opportunity to review and comment

Can Pharmacists in British Columbia Prescribe Long-Acting Reversible Contraceptives (LARCs)? Absolutely! Pharmacists in British Columbia are permitted to prescribe Long-Acting Reversible Contraception (LARC) such as intrauterine devices (IUD) according to the *Health Professions Act – Pharmacists Regulation*.

While pharmacists are authorized to prescribe LARCs, we acknowledge that there are still notable challenges along the patient journey, particularly because pharmacists currently cannot perform insertions for IUDs or implants. Such limitations pose significant obstacles for community pharmacies in delivering comprehensive contraceptive care, especially to patients suited for LARCs.

Before exploring these challenges and potential solutions, let’s review the available LARCs in Canada and some key counselling points for patient interactions.

## Overview of LARCs

Unintended pregnancy is a common issue in Canada. Nearly 50% of all pregnancies in Canada are unplanned. This can be a difficult experience for women of all ages, from adolescence to near menopause. IUDs and contraceptive implants, collectively known as LARCs, are over 99% effective in preventing unwanted pregnancies. Despite their efficacy, LARC methods have not been regularly presented or discussed with women regarding contraception due to barriers such as limited knowledge and cost. However, with all contraceptive methods now covered

under BC Pharmacare, the cost barrier has been significantly reduced, allowing women greater autonomy in selecting these options.

Society of Obstetricians and Gynaecologists of Canada (SOGC) suggests that one way to approach the conversations when discussing the different types of contraceptive methods is to inquire about the desire for pregnancy. This will help focus the discussion on either LARC or Short-Acting Reversible Contraceptives (SARC). SOGC has adapted Dr. Rupinder Toor’s decision tree:

1. When do you want to be pregnant, if ever?
2. How important is it for you NOT to be pregnant until then?

If the patient indicates that avoiding pregnancy is very important for at least one year or indefinitely, LARC options should be discussed. LARCs are available in both hormonal and non-hormonal options.

For hormonal options, there is a subdermal implant, etonogestrel 68 mg, which is placed just under the skin on the inner side of the non-dominant upper arm. Additionally, there are intra-uterine devices (IUDs) containing either 52 mg or 19.5 mg of levonorgestrel, designed for vaginal insertion. All are indicated for conception control.

For those seeking non-hormonal LARC options, copper IUDs come in various concentrations, allowing for customization based on desired duration of protection (5-10 years) and suitability based on uterine size and/or parity. (Please see table 1 for hormonal LARC options in Canada)

Table 1: Hormonal LARCs in Canada

Hormonal Brand name	Active ingredient	Strength	Maximum duration of use (manufacturer)	Manufacturer
Kyleena IUS	Levonorgestrel	19.5 mg/IUS (9mcg/day)	5 years	Bayer
Mirena IUS	Levonorgestrel	52 mg/IUS (15mcg/day)	8 years	Bayer
Nexplanon (subdermal implant)	Etonogestrel	68 mg/implant (35mcg/day)	3 years	Organon

Consult the product monographs for complete information.



## Prescribing LARCs and Community Pharmacy Practice

Community pharmacy practice faces several general limitations, such as space, time, and language barriers. When it comes to LARC prescribing, one of the biggest challenges is that we cannot provide the insertion service ourselves. Furthermore, we are often not connected to a physician clinic that can offer this service promptly. Worse yet, there is a concern that the prescribed LARC may not be accepted by the health care provider performing the insertion, leading to wasted system resources and patient time.

So, how can we better serve patients who are ideal candidates for LARCs, even though we cannot currently provide the insertion service at the pharmacy? Here are some ideas and suggestions to help streamline the process of providing LARC services at the pharmacy.

### Build Local Relationships Before Prescribing:

Establishing a strong network is essential for pharmacists providing LARCs, as we cannot perform insertions ourselves. Whether working in an independent pharmacy or a large corporate chain, pharmacists must take the lead in guiding patients on where to go, what to expect, and how to access services to ensure a seamless patient journey. Partnering with trained professionals, such as physicians, nurse practitioners, midwives, or naturopathic doctors for LARC insertions is crucial for creating a clear pathway for patients. Especially with wait times for appointments, you may need to troubleshoot and consider providing a SARC until the patient is able to secure a LARC insertion appointment. Building a network of key providers enhances the patient experience by offering valuable insights into the process.

To ensure accurate and up-to-date information regarding the insertion of LARCs by different health professionals before establishing a partnership, consider consulting the regulatory college of the profession in the applicable province/territory.

## Leverage Corporate Support for Streamlined Setup

If you work in a corporate pharmacy and prescribing LARCs aligns with your pharmacy's goals, consider leveraging corporate support to streamline the setup process and enhance the patient experience. Head offices can help establish a clear pathway for patients, which may include hiring a nurse practitioner for clinic days to insert IUDs or implants at locations with suitable space or private consultation rooms. Additionally, established connections with pharmaceutical representatives can provide resources regarding insertions and offer details on wait times. This centralized approach helps create a smoother experience for patients while improving access to essential services.

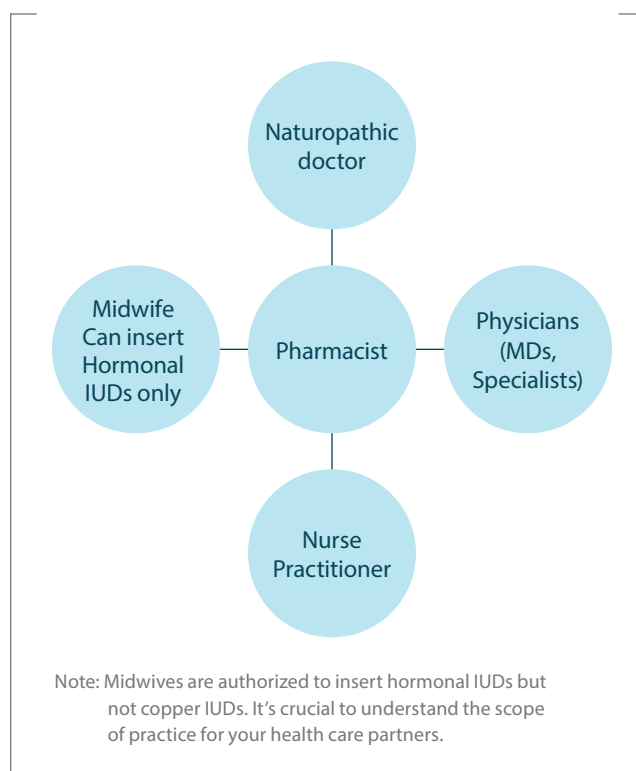
### Train Staff to Enhance Patient Experience

No matter which pharmacy you work for, it is essential to train pharmacy staff to understand the patient journey. This ensures that when a patient asks questions, staff are well-informed and not left unsure of how to respond. Staff should be able to clearly articulate the process or provide a general but reassuring response, demonstrating that the pharmacy is equipped to offer all contraceptive options by prescription. For LARCs, they should convey that patients can expect a straightforward and seamless experience.

While there are still challenges in providing LARCs in community pharmacies, pharmacists can take proactive steps to improve patient care.

By building local relationships, leveraging corporate support, and training staff, pharmacists can enhance the patient journey related to LARCs options. By working collaboratively with health care providers, pharmacists can help empower patients to make informed choices and access contraceptive care. **T**

*Note: IUS is used interchangeably with IUD in this article. References can be found on the online version of the article at [bcpharmacy.ca/tablet/LARCS](http://bcpharmacy.ca/tablet/LARCS)*





The team at Pharmasave Cloverdale. From left to right: Sim Kalar (pharmacy assistant), Christine Cheng (RPh), Shelley Sidhu (RPhT), Michael Nguyen (RPh/pharmacy manager), Lyle Sunada (RPh-Vet Specialist/NAMS Certified Menopause Practitioner), Martin Leonard (General Manager) and Josephine Leonard (Marketing Manager).

## Making the Case: PHARMACY TECHNICIANS AS VACCINE PROVIDERS

BY MICHAEL MUI, COMMUNICATIONS MANAGER, BCPHA

Registered pharmacy technician Shelley Sidhu recalled the moment she received an email that said members of her profession would be empowered to administer COVID-19 vaccine injections in British Columbia. Her first thought was, “Finally!”

It was January 2022, when the world was still in the second year of its war against the COVID-19 pandemic. In this month, B.C.’s provincial health officer Dr. Bonnie Henry issued an order authorizing pharmacy technicians, among professionals including dentists, midwives, podiatrists and more, to administer COVID-19 vaccines. Later that year, the order was expanded to permit those same professionals to administer influenza vaccines.

Thrilled at the news, Sidhu immediately told her employer that she was eager to be trained to provide immunizations. Her employer supported the idea and even paid for the course.

“I was pretty keen. I knew it was going to be very rewarding to be contributing to pharmacy practice in a different way, while helping people in the community,” she said. “This was something I could personally do to better myself, so patients can have greater access to care.”

Over the next few years, Sidhu administered hundreds of vaccines. On some days, she would immunize a patient every 10 minutes. She was confident in performing this new

scope of practice, to the point where she was soon relied on as the primary COVID and influenza vaccine provider at her workplace.

“Unless I wasn’t on duty, I was doing the bulk of them,” said Sidhu, who works at Pharmasave Cloverdale in Surrey.

But that all changed in July 2024, when pandemic restrictions and public health orders were lifted to signal the end of the COVID-19 public health emergency, effectively ending the authorization that permitted Sidhu and her registered pharmacy technician colleagues to administer injections.

“That was really disheartening,” said Sidhu. “I felt that they took away valuable registered pharmacy technician expanded scope of practice in regards to the knowledge and skillset that we were utilizing to better support our pharmacists.”

She began writing letters: to the Ministry of Health, to the provincial health officer, to the College of Pharmacists, and to local politicians.

“I’m trained to do it, right? If somebody is capable of doing the work independently, confidently, and they want to take on the responsibility, then why not? We keep hearing about how the health care system needs more resources, that there are too many patients and not enough health providers, but they’ve taken this away even though pharmacy technicians work alongside the pharmacist, inside the pharmacy where patients are going to for vaccines,” Sidhu said.



Pharmacy technicians as a profession first became regulated in British Columbia in 2011. These professionals are an intermediate role, with a greater scope of practice than pharmacy assistants — the most junior role in a pharmacy — and a lesser scope than pharmacists, the leaders in the dispensary. Technicians' responsibilities include administrative tasks such as documentation, preparing medications, managing inventory, providing instructions for medical devices, checking prescriptions, compounding medications, claims adjudication and more.

In B.C., there are more than 1,800 registered pharmacy technicians. The bulk of them work in hospitals, while about 400 work in community pharmacies.

That pharmacy technicians should continue to be authorized to administer vaccines by injection is an idea that has substantial precedence.

In four Canadian provinces, technicians are permitted to administer injections: Ontario, New Brunswick, Nova Scotia and Prince Edward Island.

In the United States, prior to the pandemic, only three states — Idaho, Rhode Island and Utah — had immunization authority for pharmacy technicians. That changed in 2020, when a federal *Public Readiness and Emergency Preparedness Act* declaration effectively permitted pharmacy technicians in the remaining 47 states to provide immunizations of authorized vaccines, if the immunization is ordered by a supervising pharmacist and the technician is trained to inject through an accredited course. This declaration was initially set to expire in 2024, but has since been extended to 2029.

Recognizing the significant benefits of pharmacy technicians being employed as vaccine providers, the BC Pharmacy Association (BCPhA), the Pharmacy Technician Society of BC (PTSBC), and the Canadian Association of Pharmacy Technicians (CAPT), are calling for this authority to be implemented on a permanent basis in British Columbia.

Specifically, the BCPhA is making the following recommendations to support technicians:

- › Amend *Health Professions Act* regulations to allow pharmacy technicians to administer immunizations
- › Develop a financial support program for those wanting to study to become a pharmacy technician
- › Develop a loan forgiveness program tied to years of service in community pharmacy settings

In B.C., there are more than 1,800 registered pharmacy technicians.

The bulk of them work in hospitals, while about 400 work in community pharmacies.



*With proper training, pharmacy technicians are well-equipped to safely administer injections, alleviating workload pressures on pharmacists and improving access to timely, efficient care.*

— **Bal Dhillon** Director of Education, PTSBC

The PTSBC, an organization advocating for pharmacy technicians and assistants in B.C., issued a position statement in January 2025 to support the call for pharmacy technicians to administer injections.

In its statement, PTSBC said that pharmacy technicians possess the technical expertise to provide injections, and pointed to how enabling technicians to inject could free up already overworked pharmacists to focus on patient counseling and other responsibilities. This is especially important during times of increased demand for immunizations, such as the annual respiratory illness season, it said.

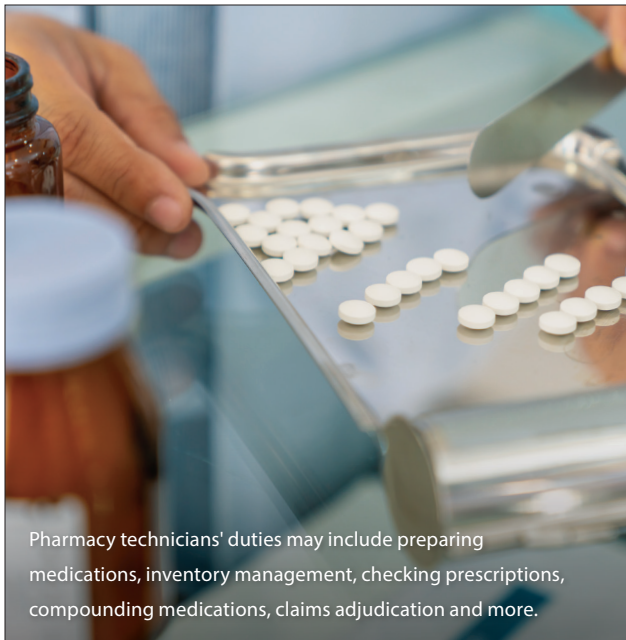
The PTSBC statement also pointed to how the landscape of health care in B.C. is quickly changing, with an emphasis on maximizing the capabilities of all health professionals. Enabling technicians to do more, it said, is a logical step.

"The Pharmacy Technician Society of British Columbia (PTSBC) firmly supports granting injection authority to pharmacy technicians, recognizing this as a critical step in enhancing patient care, optimizing health care resources, and addressing growing demands on the health care system," said Bal Dhillon, Director of Education with PTSBC.

"With proper training, pharmacy technicians are well-equipped to safely administer injections, alleviating workload pressures on pharmacists and improving access to timely, efficient care."

Dhillon said that expanding injection authority for pharmacy technicians improves access to care by reducing barriers to timely vaccination, particularly in rural and underserved areas. She said pharmacy technicians have specialized training in medication preparation, storage, and handling, which ensures safe and effective vaccine administration.

"Strengthening the health care workforce in this way enables more patients to receive vaccinations from qualified professionals, preventing delays or missed doses. Additionally, it allows pharmacies to take on a greater role in disease prevention, ultimately reducing hospital visits and easing the strain on the health care system," she said. "As regulated professionals under the College of Pharmacists of BC, pharmacy technicians are held to strict practice standards and accountability measures, ensuring patient safety and quality care."



Pharmacy technicians' duties may include preparing medications, inventory management, checking prescriptions, compounding medications, claims adjudication and more.



*The shift has happened. Our coworkers now see the value of pharmacy technicians, we just need the legislation to keep up.*

— Sheena Deane President, CAPT

Sheena Deane, President of CAPT, the Canadian national organization advocating for pharmacy technicians, said that she believes all pharmacy technicians across the country should be given the opportunity to become vaccine providers.

“I think it should be the same across Canada. I understand each province oversees their own health care, but for something as important as allowing injection authority, it should be legislated across the country,” said Deane, who works as Operations Manager at Kristen’s Pharmacy in Southamptton, Ontario.

“We’re quite capable. We carry our own liability insurance, we are licensed, and we are just as careful as pharmacists when it comes to making sure that the process is being followed.”

Deane said there is growing acceptance of pharmacy technicians taking on a greater technical role in the dispensary, to free up pharmacists for consultative and clinical work with patients. Some pharmacies are already doing it, she said, through one of two models.

One way is the pharmacist-first model, which places pharmacists as the first point of contact for patients at a pharmacy. When a patient arrives, they are immediately consulted by

a pharmacist, who can review the patient’s file, assess their medications, discuss any ongoing conditions and answer any questions the patient may have; rather than the more common model of a patient dropping off a prescription with an assistant or technician, and only seeing the pharmacist at the end when they pick up their medications.

A second way, called a technician-led dispensary model, has patients interacting initially with a pharmacy assistant or technician, who enter the prescriptions and refills. A pharmacist performs clinical reviews prior to packaging, flagging any prescriptions that require counselling, and connecting with physicians as needed. Pharmacy assistants prepare the prescription itself, while technicians check the technical aspects as the last step. A second pharmacist provides clinical services, such as minor ailment assessments, medication reviews and other appointments.

“These ideas have been proven to improve workflow and improve the pharmacists’ ability to concentrate on their tasks and work to their full scope,” Deane said. “But the only way that happens is if the pharmacist has a team of technicians in the background practicing to their full scope. It’s a total waste of time for a pharmacist to check a blister pack or do an injection when a technician can step in for those roles.”

Deane believes that her pharmacist colleagues are also increasingly accepting of technicians practicing to a greater scope. Encouraging technicians to practice to their full scope, she said, in turn creates opportunities for pharmacists, whether in allowing them time to focus on clinical work, or to explore further areas of scope expansion.

“When I started as a technician in 2010 there were a lot of pharmacists who were very leery of what we could do. But I see that this has changed, and recently two pharmacists told me that they don’t know how health care ever managed without technicians,” she said. “The shift has happened. Our coworkers now see the value of pharmacy technicians, we just need the legislation to keep up.”





*To support the people who want to make this a career, there needs to be room for the profession to grow and take on more responsibilities.*

— **Josie Quick** Chair, Northland Association of Pharmacy Technicians

Josie Quick, a North Dakota pharmacy technician, serves as Chair of the Northland Association of Pharmacy Technicians and member of the Council of Pharmacy Practice in the American Society of Health-System Pharmacists. In this role, she travels to Washington, D.C. at least once a year to advocate on behalf of her profession.

Her state had been in the process of developing regulations for pharmacy technician immunizations when the pandemic hit, and the United States federal declaration enabled her to administer vaccines by injection.

Since then, each year, she immunizes several dozen hospital staff at the Sanford South University Medical Centre where her pharmacy is located.

“I think it’s great that other countries such as Canada are advocating for pharmacy technicians to provide immunizations,” Quick said. “As a pharmacy technician, in my opinion, it’s very rewarding to be able to work to our full scope and be given more responsibilities over time.”

She said it’s important for pharmacy technicians to advocate for themselves, both in their own workplace and for the profession as a whole.

“For myself, I’m always the first one to ask the pharmacist — if you let me train on how to do this, I can take this responsibility and you can have more time for other things,” Quick said.

“Some people see being a pharmacy technician as a steppingstone, but others among us are passionate about being a pharmacy technician as a career choice. To support the people who want to make this a career, there needs to be room for the profession to grow and take on more responsibilities.”

A technician-led dispensary model has patients interacting initially with the pharmacy assistant or technician, who enter the prescriptions and refills.

Sidhu, the Pharmasave technician in Surrey, B.C., remains optimistic that British Columbia would consider reenabling pharmacy technicians to provide immunizations by injection. Months after the temporary authority was withdrawn, Sidhu said her colleagues, including her pharmacy manager and a staff pharmacist, expressed out loud that they wish she could inject again.

For her, the part she misses the most about providing injections is the connection that she built with patients. Sometimes, she still encounters patients whom she had immunized during the pandemic, and they remember her, too.

“They’ll say, with hope, ‘I’m here for the injection. Are you administering it?’ They are comfortable with me as their vaccine provider, but I can’t help them in this area anymore,” Sidhu said.

“Being a certified vaccine provider allowed me to connect with my patients on a different level of providing gratifying pharmacy patient care.” **■**

*Being a certified vaccine provider allowed me to connect with my patients on a different level of providing gratifying pharmacy patient care.*

— **Shelley Sidhu** Registered pharmacy technician, Pharmasave





A chance meeting at the BC Pharmacy Association conference in 2018 led to a lifelong professional relationship between pharmacy leader Pindy Janda (left) and recent pharmacy graduate Pourya Eslami (right).

## The Ripple Effect: HOW ONE CONFERENCE MEETING LED TO A LIFELONG MENTORSHIP

BY ISHIKA JAIN, COMMUNICATIONS COORDINATOR, BCPHA

“So, what do you think?”

Pourya Eslami, then a second-year student at the University of British Columbia’s Faculty of Pharmaceutical Sciences, jumped at the unexpected question.

It was 2018, at the BC Pharmacy Association’s annual conference in Vancouver, and Eslami had been examining research display posters of pharmacy business proposals put together by his fellow students during a lunch break.

For a second-year student like himself, attending the BCPHA conference was a rare experience. Most attendees were third- or fourth-year students nearing graduation, eager to network and explore career opportunities.

“I simply attended out of curiosity,” Eslami said. “I remember paying for the event myself and walking in without any expectations, just a genuine interest in learning more about the profession and the people shaping it.”

Eslami turned toward the voice behind him, and found himself face-to-face with Pindy Janda, Division General Manager

at Imperial Distributors Canada Inc. at the time.

He knew Janda was a leader in pharmaceutical distribution across Western Canada. The two began talking.

“I sensed I would work with her someday,” he said. “She was kind, and I could tell she was genuinely a good person.”

Today, Eslami is the owner of YNP Dunbar Pharmacy in Vancouver. His pharmacy focuses on a wide range of services to the community, everything from dispensing and pharmacist-led prescribing to public and private immunizations, travel vaccinations, compounding, and more.

“Pourya is authentic,” Janda later recalled. “He was really curious and very polite. I was so impressed. He was extremely warm as a pharmacy student. I instantly knew that one day, he would start his own pharmacy and his own journey.”

The conference wouldn’t be the only time they encountered each other.

One of Janda’s other roles was at UBC, where she worked as a guest lecturer and a pharmacist facilitator. She taught



Integrated Activities (IA) — a hands-on, interactive component of the curriculum that bridged clinical knowledge and real-life pharmaceutical care scenarios. It was during these sessions that their paths crossed again.

“She was highly active within the pharmacy faculty,” Eslami recalled. “She joined all sorts of student activities, and was always approachable and encouraging. In my first year, I would often see her around the faculty, and we’d exchange brief greetings.”

It didn’t take long for Janda to recognize that Eslami stood out among his peers.

“As a student, Pourya exhibited traits that made me even more impressed than when I first met him,” Janda added. “His energy was electric. He was sharp and entered university at just 16. When he spoke, you could hear his excitement and passion. I’ve taught many university students before, and there’s always a clear difference between those who become innovators versus those who don’t. Pourya, without question, was one of the former.”

This growing connection led Janda to think of Eslami when an opportunity arose to host two pharmacy students for an internship. And as their bond grew stronger, during one IA session, Eslami confided in her about a deeply personal struggle.

“I was dealing with the grief of losing my grandmother, who I was very close to, and worrying about my results,” Eslami shared. “When she shared the good news about an internship opportunity, it was the first piece of good news I’d received in a long time. I thanked her, telling her how much it meant to me — it felt as though my grandmother had somehow sent her into my life.”

Janda also had very close relationships with her grandparents, especially her maternal grandmother.

“When he lost her, he confided in me and also expressed how much he misses his parents,” she said. “Throughout our conversations, he often spoke about the importance of values and how he aims to incorporate them into his career. This, I believe, is what makes him truly memorable. There are students I continue to hear from, those who make the effort to stay in touch, and I always make sure to respond kindly. Pourya is one of those individuals.”

Their relationship was one of mentorship, one of mutual respect, and one of a more experienced generation of pharmacists passing on the torch to the brightest of the new generation.

“This made all the difference during some of the toughest times in my student journey. I was navigating uncertainties about the profession — questions around prescribing rights, vaccination limitations, and the PharmaCare compensation — but Pindy’s encouragement gave me the confidence to keep going, she created an environment where I felt safe to grow, and that’s stayed with me as a guiding principle in how I approach my work and my team,” Eslami said.

Perhaps by chance, just two years later, and unbeknownst to Janda, Eslami decided to apply for a pharmacy manager position at a community pharmacy on Vancouver Island — a location where Janda had strong professional connections. While speaking with one of those connections for an unrelated business matter, Janda learned about Eslami’s new position.



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Above: Pindy Janda (left) at the Association conference in 2018.  
Below: Pourya Eslami (right) at the conference in 2019.

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*As seasoned pharmacists, we have a responsibility to give back to the profession. Some pharmacists might feel that mentoring isn't their role, but for me, I believe that we should never underestimate the influence you will have on your colleagues and the students who are where I was 10 to 15 years ago. I still remember the pharmacist who made a difference in my life.*

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“He told me that Pourya was working there,” Pindy recalled. “I was so happy to hear this and said to Pourya, ‘You’re going to learn so much.’ He would then periodically send me messages to check in, share career updates, and keep me posted.”

By this time, Janda had been elected to the BC Pharmacy Association’s Board of Directors, where she served as one of the board members responsible for deciding the strategic direction of the organization. The Association represents more than 3,600 pharmacists across B.C. and is among the strongest voices supporting the community pharmacy profession in Canada.

During this period, Janda also accepted the position of General Manager at UniPHARM, a top wholesaler to independent pharmacies in British Columbia, Alberta, and the Yukon. It was while she was at UniPHARM that Eslami shared that he was ready for the next step of his career — starting his own pharmacy. Eslami shared his vision on how he wanted to create a pharmacy that would make a real impact on patients’ health, and shared with her the type of services that he hoped to offer.

“I outlined what UniPHARM could offer him, especially since we’re entering our 45<sup>th</sup> year next year. He really liked the model,” Janda said. She invited him to meet with other independent pharmacy owners, and soon, he was convinced.

“Once again, we found ourselves working at the same place,” Eslami said. “Through everything, I’ve known she’s someone I can trust and learn from. I value my work with her, not for money or products, but for the people we work with and our shared goals. We complement each other, and I’m increasingly integrating myself into collaborative work with her.”

On March 28, 2024, Pourya had the grand opening of his pharmacy, YNP Dunbar. Reflecting on his own journey, he said that working with Janda helped him realize that he wanted more autonomy than industry or hospital positions could offer, and how community pharmacy provided the independence he valued most.

To this day, Janda and Eslami continue to connect regularly, whether over the phone or coffee.

“As seasoned pharmacists, we have a responsibility to give back to the profession. Some pharmacists might feel that mentoring isn’t their role, but for me, I believe that we should never underestimate the influence you will have on your colleagues and the students who are where I was 10 to 15 years ago. I still remember the pharmacist who made a difference in my life.” Janda said.

“Mentors can make a significant impact even by just having a quick virtual coffee chat, and students should feel encouraged to reach out. A respectful message can go a long way. At a conference, for example, engaging with a curious student and offering support is entirely reasonable. I know meeting this bright, young student probably wouldn’t have happened if I hadn’t been at that conference — it creates the perfect environment for meaningful conversations to unfold.”

Sometimes, Eslami also wonders if he had chosen not to attend the conference in 2018, if his career’s trajectory may have been different. Thinking back, he wouldn’t have planned it any other way.

“Exposure is key. The more you engage with opportunities, the more knowledge and experience you gain, which empowers you,” he said. **T**



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AccessBC Chair and co-founder Teale Phelps Bondaroff poses in front of the Canadian Parliament Building in Ottawa with a giant intrauterine device prop. His group seeks to remove barriers to accessing prescription contraception.







# Contraceptives

## THE TOP CATEGORY OF PRESCRIPTIONS ISSUED BY PHARMACISTS

BY MICHAEL MUI, COMMUNICATIONS MANAGER, BCPHA

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Since the Minor Ailments and Contraception Service (MACS) launched in British Columbia in 2023, the most likely type of patient to come through the doors of a pharmacy seeking this service is a young woman, between the ages of 20 to 34, accessing the service for a contraception prescription.

The insight was revealed in the one-year overview of the program published by the British Columbia Ministry of Health in the November 2024 edition of its PharmaCare newsletter.

The data showed that pharmacists performed 431,100 MACS claims between June 1, 2023 and May 31, 2024, and that one-in-five claims were for contraception. Overall, 73 per cent of patients who use the MACS program are women, with the largest group being those between the ages of 20 to 34.

Christina Kolios, pharmacist at Aaronson's Pharmacy in Victoria, is within this age group herself. She said that even more than a year later, there are still patients who are surprised to learn that pharmacists can prescribe contraception, and that the products are publicly funded in B.C.

"This program has redefined access to care," she said. "I've seen patients who were hesitant or overwhelmed by the process of obtaining contraception now feel relieved because of how straightforward and supportive this model is."

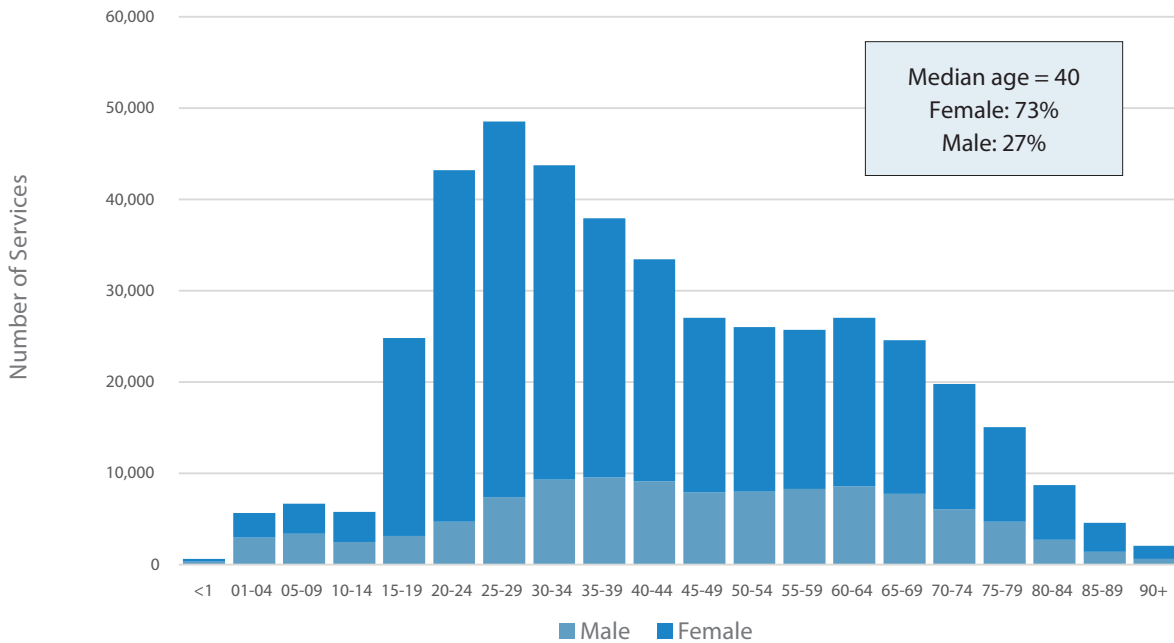
Given her pharmacy's location in downtown Victoria, many of her patients are young women, including some who are from the city's vulnerable, transient population. For many of these patients, being able to access contraception at a place like a pharmacy can also mean an opportunity to talk to a health provider about sexual health in general.

"By having this service in pharmacies, we are creating safe and inclusive spaces where women can access care and feel comfortable asking questions about their options," Kolios said.



### MACS by sex and age

\*Please note that data is collected according to male-female sex binary



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*There are so many barriers that prevent people from accessing prescription contraception, and these barriers compound, making it harder for people to access medicine and to exercise reproductive autonomy.*

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“During their appointments, I ask patients if they have been vaccinated for HPV. When needed, I can prescribe and administer the vaccine during the same appointment. I also discuss routine STI testing and provide guidance on how to use our in-store telemedicine services for same-day requisitions.”

Parmida Nafezi, co-chair of the University of British Columbia’s Pharmacy Women’s Health Club, said most patients she sees for contraception are shocked at how efficient pharmacies can be.

“Some patients cannot even believe this is happening. They’ll come to me and ask if we can really prescribe. And then they’ll ask it again because they’re just so shocked that the health care system is changing that quickly,” she said. “Often, they will have had a friend who received a prescription from a pharmacy and they want to know if it’s true.”

The third-year pharmacy student has been working once a week at a Vancouver pharmacy, where she regularly consults with patients during contraception assessments.

“I had a patient who told me that they were waiting two weeks to see a family doctor. But at a pharmacy they only have to wait half an hour before seeing the pharmacist for a prescription,” she said.

“As a female, I know how frustrating it can be to wait for a refill for birth control. As a pharmacist, it has been really rewarding seeing how happy patients are to be able to access women’s health care when they need it.”



Teale Phelps Bondaroff, chair and co-founder of AccessBC, an advocacy group that seeks to remove barriers to accessing prescription contraception, said that British Columbia has been a leader in reproductive justice.

“There are so many barriers that prevent people from accessing prescription contraception, and these barriers compound, making it harder for people to access medicine and to exercise reproductive autonomy,” he said.

“Our campaign was absolutely delighted when B.C. became the first province in Canada to make prescription contraception free, as this removed a significant barrier, but the province has done even more. We were so happy to see the province allow pharmacists to prescribe many forms of prescription contraception, as not only does this remove additional barriers that individuals face when trying to access life-saving and life-changing medicine, but it also helps remove pressure from our health care system.”

Kolios, the pharmacist in Victoria, said there is still room for the program to grow by providing coverage for additional contraceptive options that currently aren’t funded, and possibly looking at expanded scope for pharmacists to be trained to insert implant devices.

“Additionally, compensation for virtual prescribing when a pharmacist deems it is appropriate, such as a simple continuation of therapy that can be assessed over the phone, can further simplify the process for patients,” she said. **T**

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*By having this service in pharmacies, we are creating safe and inclusive spaces where women can access care and feel comfortable asking questions about their options.*

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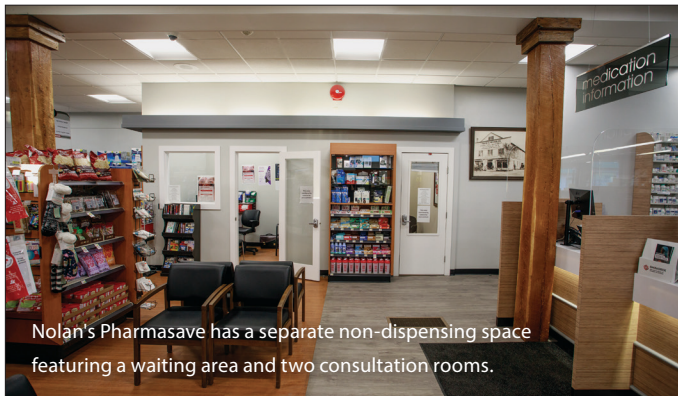


Christina Kolios, a pharmacist in Victoria, said there is still room for the contraception program to grow, such as by providing coverage for additional contraceptive options that currently aren’t funded.

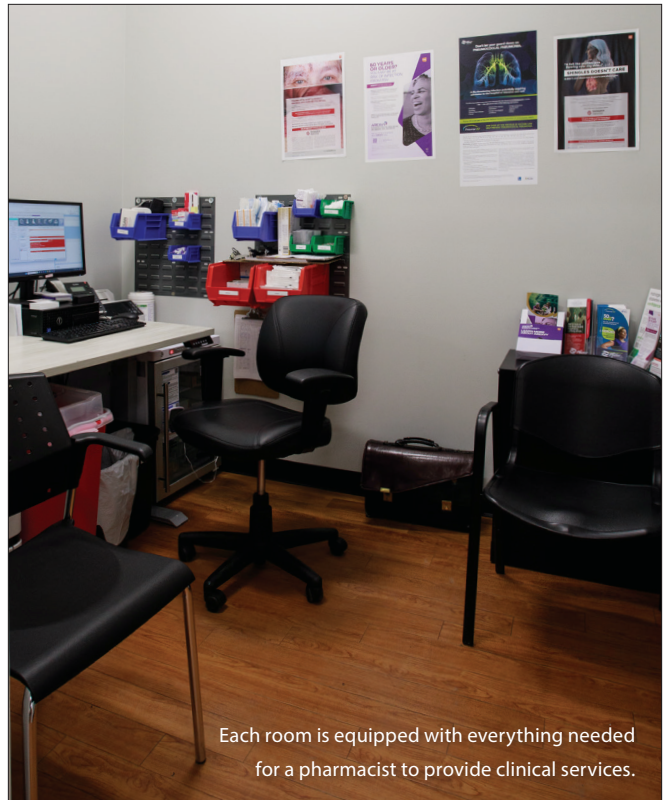




Rod Schafer serves as the full time non-dispensing pharmacist.



Nolan's Pharmasave has a separate non-dispensing space featuring a waiting area and two consultation rooms.



Each room is equipped with everything needed for a pharmacist to provide clinical services.

## Creating a dedicated space for clinical services

BY MICHAEL MUI, COMMUNICATIONS MANAGER, BCPHA

Back in pharmacy school, Sam Nolan had always felt inspired by the University of British Columbia Pharmacists Clinic. Here was a pharmacy space where no dispensing services are performed. Instead, patients are given the opportunity to see a pharmacist — or pharmacy student — for clinical services such as medication management, vaccines, or just a general consultation about a health concern or query.

When it was time for the fourth-generation pharmacist to take over a portion of the family business, he began looking for opportunities to try and create a similar consultative space within the pharmacy, separate from the dispensing area.

The 2014 graduate and his team had a vision and began planning for two consultation rooms in their largest pharmacy, Nolan's Pharmasave in downtown Vernon. This meant private rooms with access to computer records, supplies for clinical services, furniture for the pharmacist and patients, a phone for connecting with physicians and other care providers, and anything else the consulting pharmacist might need.

After careful thought, business modifications and construction, the rooms were ready. At first, the rooms weren't staffed, and the space functioned much like consultative spaces at most pharmacies. They were used whenever the pharmacist and patient

needed a private space, as a location for injections, medication reviews; its use was up to the pharmacist at the dispensary counter, for when they needed to sit down with a patient.

It helped that the regular intake pharmacist at Nolan's had a passion for clinical work.

"Our intake pharmacist, Rod Schafer, took advantage of every opportunity to help patients. His rapport-building was phenomenal. I would go so far as to say, within the scope of practice, that he never turns anyone away," Nolan said. "Even for services where we weren't being reimbursed. For example, to administer someone's first dose of Ozempic, or to guide them on how to use a smartphone that connects with their glucose sensor for patients with diabetes — it's part of the service we do. I believe that this level of kindness and service helps drive business to our pharmacy, and helps spread by word of mouth that patients can come to us for anything."

When the COVID-19 pandemic came, the opportunity for a designated non-dispensing pharmacist presented itself. Suddenly, multiple physicians in his community closed. Some retired. Some moved away. Others decided not to practice for other reasons. Hundreds of patients became unattached. All the walk-in offices shut down. It was a real opportunity to properly



utilize the two consultation rooms. The pharmacy began seeing many more appointments, not just for vaccines, but for all manner of consultations for patients who needed to speak with a health professional. With the development of the provincial framework for pharmacist medication administration and minor ailments prescribing, they were able to provide medical services to any patients in need, relieve pressure on other prescribers in Vernon, and be reimbursed while doing it.

“When we got access to CareConnect, that was a game-changer to have access to medical data that we didn’t have before. We made sure all our pharmacists had access to it, and with CareConnect, we could now do full vaccine profile reviews with patients to identify any gaps in their immunization status,” Nolan recalled, referring to B.C.’s electronic health record system, introduced to pharmacists during the pandemic.

“Patients started noticing we were different. They would tell their friends that we have private rooms, we have a waiting area, and our pharmacists go above and beyond to help patients identify ways to keep them healthy. One person shares their story, and then another, and it just sort of snowballed.”

As of January 2025, Nolan’s Pharmacy often starts its day with more than a dozen clinical appointments already booked for its consultation spaces — enough to afford placing a full-time, non-dispensing pharmacist in the role.

“We never turn away a walk-in. A patient arriving at the dispensary intake seeking a same-day vaccine would be asked to sit in the waiting area for our clinical space. As soon as our pharmacist is free, they would speak with them right away,” he said.

The work has made waves among other health providers in the community, including at the city’s Urgent Primary Care Centre, located about two blocks away from Nolan’s, from where patients frequently show up seeking a minor ailment consult.

“In this instance, they said, ‘Listen, we want a pharmacy to refer to in downtown that’s open late, can we refer people to you who have minor ailments?’ It just worked itself out,” Nolan said.

Nolan’s walk-in service also spawned a relationship with the local mental health team. Through the collaboration, Nolan’s non-dispensing pharmacist now offers finger prick complete blood count testing for patients on clozapine, which is much more patient friendly than chronic intravenous blood draws. They have found these appointments have helped strengthen relationships with their mental health patients.

Eventually, with enough demand, the team at Nolan’s plan to employ a second full-time pharmacist in the clinical service space. Currently, the second of the two consultation rooms is only used during peak demand by pharmacists temporarily staffing the post. And they anticipate that demand will likely come. With recent population growth in the city, Nolan’s has just completed a renovation to double the regular dispensary floor space to keep up with the growing prescription count.

“I would like to one day have a team of three or four non-dispensing pharmacists who rotate their days in our non-dispensing consultation rooms, each booking appointments, doing administrations, reviews, minor ailments, and just providing good medical service for whoever is out there needing it,” Nolan said.

“I hope one day, pharmacy practices like this will become the standard in our business. We now have all these extra skills and frameworks that we can practice within. We have a deficit of prescribers in B.C. It’s a no brainer for someone who has the space and the passion to do this.” **T**



Nolan’s Pharmasave has remained a locally owned independent pharmacy since 1927. Their three locations are currently owned by William Beley (second-generation owner), Susan Carrie (second-generation owner), Dana Fraser, Ian Johnstone, Alex Nolan (fourth-generation owner) and Sam Nolan (fourth-generation owner). Deeply rooted in the Vernon community, the pharmacy has continuously evolved to meet the growing health care needs of its patients. With a commitment to patient-centered care, Nolan’s has expanded beyond traditional dispensing, integrating clinical services to provide a more comprehensive health care experience. One of their most significant advancements has been the creation of dedicated consultation spaces — an initiative that has transformed how they serve their community.



The team at Tablet Pharmacy Nanaimo.

## Hiring Strategies for Pharmacy Professionals in 2025

BY AKI SHAH, BSC. PHARM, MBA, MPH, TDFS

I was recently asked to share my thoughts on hiring strategies, and I recognized how vital this topic is — especially post-COVID, with a tighter pharmacist job market and limited room to increase incentives.

Recruitment now goes beyond pay. It's about building a standout workplace culture and offering benefits with out-of-the-box ideas. This article highlights the strategies I've used, from compelling job ads to effective retention practices and lessons learned, and I hope they'll spark fresh ideas for your organization, too.

### 1. Leverage BCPhA's mass mail-out

**Why it works:** The BCPhA recruitment mailing mass mail-out for Corporate Members puts your job directly in front of every registered pharmacist in British Columbia, including those not actively job hunting. One of my earliest hires came through this method and has been with me for four years. It also helped us fill a position at our Qualicum Beach location, a small community where recruitment is typically challenging.

**Key takeaway:** The mass mail-out is invaluable. Don't rely solely on platforms where candidates need to search — let the opportunity come to them.

### 2. Don't discount Indeed.com

**Why it works:** While the BCPhA mail-out can be most effective to reach currently practicing pharmacists and BCPhA members, Indeed.com might be a better tool to reach student pharmacists and international pharmacists who might not be full pharmacists yet.

For example, our Parksville pharmacist found us on Indeed when she was weeks away from being fully licensed.

**Key takeaway:** Casting a wide net ensures you don't miss candidates who rely on general job sites, especially those close to licensure.



### 3. Tap into networking

**Why it works:** Word-of-mouth referrals through current staff can be a game changer. If your current team loves their work environment, they'll naturally speak highly of the position to friends and colleagues. That personal testimony goes further than any ad because it comes from a neutral, trusted source. One past hire at our Qualicum Beach location came solely through staff referrals.

**What I do differently:** If someone commits based on a referral before the ad campaign starts, I offer a higher signing bonus (budgeting it from the hiring campaign). This adds a bit of urgency and rewards quick decisions.

### 4. Retention is part of recruiting

#### Competitive incentives PLUS supportive culture:

In my view, good retention strategies are essentially part of the hiring process, because who wants to keep running the same recruitment campaign over and over?

Giving pharmacists great incentives is helpful and recognizes their hard work. There is also an emotional aspect. Your workplace should feel like home, with the freedom for employees to showcase their strengths while maintaining a sensible level of oversight, which help them feel both independent and supported. When employees see that you're invested in their success, they're more likely to stay. This can include structured mentorship, constructive feedback, and a clear pathway for professional development.

### 5. A peek into my hiring ad strategy (AIDA)

I have an MBA in marketing, so I approach job ads like product packaging. You wouldn't buy a product with a bland, cryptic label, right? When you're creating a job ad, consider using AIDA:

1. **Attention:** Grab them with a strong headline — mention your awards, unique community vibe, or highlight a major selling point (e.g., Monday–Friday work schedule, with weekends off).
2. **Interest:** Share the features that set you apart. Do you provide better extended health than usual? Are you a fun, close-knit team? What makes you different from your recruitment competitors?
3. **Desire:** People want to know how your workplace supports professional growth. Highlight your Registered Retirement Savings Plan (RRSP) match, bonuses, or other benefits you support.
4. **Action:** Make it super easy to apply. Provide a prominent “Email Us” button or direct phone number (BCPhA mass mail out has this feature, make sure to utilize it). Studies from the Kellogg School of Management have shown that if there's no immediate action button, the likelihood of follow-through drops by over 70 per cent.



Aki Shah is an industrial pharmacist from India who began his career at Sun Pharma in research and development, later leading the formulation design team to improve transdermal delivery for drugs like cyclosporine and clascoterone, now marketed as Cequa and Winlevi.

Driven by a desire to lead the R&D department, he earned a Masters in Business Administration from the University of Adelaide in Australia. He was then recruited by Retail One Pharmacy in New Zealand, where he grew the chain to 21 stores before its acquisition.

At the University of Saskatchewan, he pursued a Master's in Public Health. After working as a B.C.-wide relief pharmacist at Rexall, he founded Tablet Pharmacy on Vancouver Island. Within five years, Tablet grew to three locations, earning awards like Best Small Business, Service Excellence, and Young Professionals of the Year.

To maintain his manufacturing expertise, he launched C9 Pain Cream, a NPN product now available on Amazon, Country Grocer, and in over 20 physiotherapy clinics.

You can reach him at aki\_office@tabletpharmacy.ca.

### Final thoughts and lessons learned

#### Invest in your Pharmacists' Financial well-being:

A former pharmacist left due to the lack of a group RRSP, underscoring the importance of tax-saving options for high-income earners. Offering smart financial incentives like matching RRSP contributions or directing bonuses into tax-advantaged savings can often provide better net income than higher wages. It's also easier for smaller pharmacies who are not governed by rigid corporate HR structures to provide better options in this aspect.

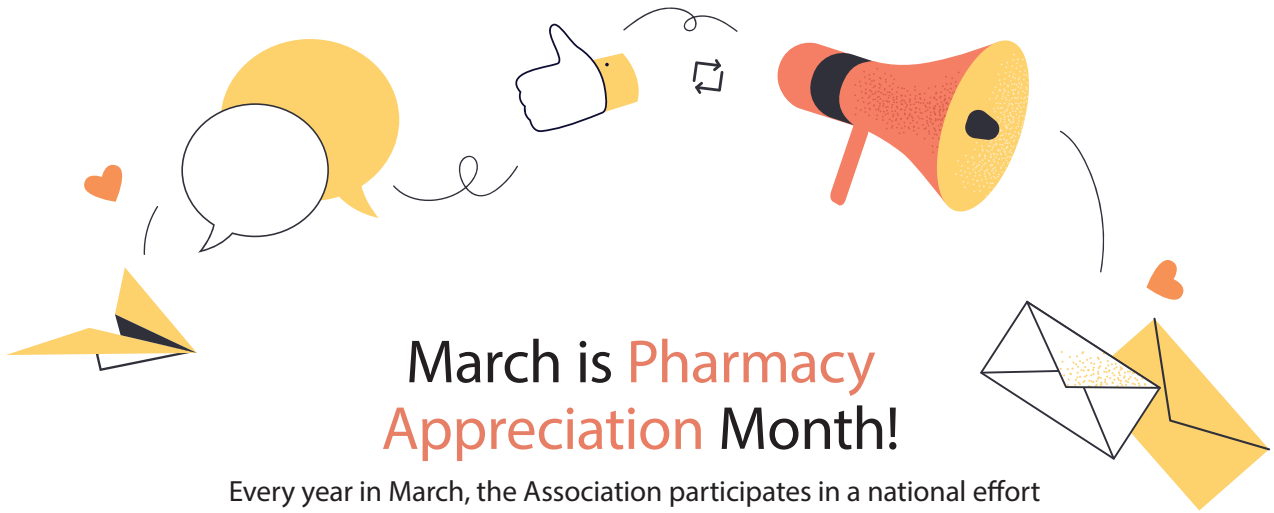
#### Transparency in Job Ads

When speaking with several pharmacy owners, I often hear concerns that listing too many specifics will “reveal their cards” to competitors. This is why many ads still omit details about pay or schedules. But let's be honest: when considering a new job, you want to know if the pay is better or if the role offers a better balance for personal and social time. Once I began including salary specifics, bonuses, work hours, and other details in my ads, I received far more inquiries and created a sense of transparency that naturally correlates with trust.

#### Proactive Staffing

Reactive hiring — waiting until reaching a certain prescription volume to recruit — often leads to burnout and team stress, which made us lose one of our good pharmacists. Hiring takes time, including notice periods, which can overburden existing staff and harm morale. A proactive approach, such as predicting prescription growth and hiring ahead of time, avoids this issue and ensures you have time to find a better fit. Free AI tools can assist with trend prediction and hiring timelines, making it easier to stay ahead of the curve.

Best of luck, and I hope this was helpful. Feel free to reach out with questions or ideas — I would love to hear from you. 📧



## March is Pharmacy Appreciation Month!

Every year in March, the Association participates in a national effort to increase the reputation of pharmacists among the public, decision makers and other health professions. Help us spread the word!

**Photos:** Snap a team photo with your team facing the camera.

**Email** the photos to [communications@bcpharmacy.ca](mailto:communications@bcpharmacy.ca) along with the name of your pharmacy and the names of the people in the photos and we'll share them on our social media, website and publications like this magazine!

**Tell your story:** We're looking for fantastic stories that show the best of the profession to tell during Pharmacy Appreciation Month.

Send a short summary of your story to [communications@bcpharmacy.ca](mailto:communications@bcpharmacy.ca) and we will be in touch!







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