## Service, Insight, and Advocacy: A Vision for Pharmacy Governance and Innovation

If I were putting my name forward to serve on the RxA Board today, my candidacy would be grounded in high-level governance systems-level leadership experience and the reality of frontline practice. My path into pharmacy wasn't perfectly linear. Before the PharmD program, I completed an MSc in Oncology. While this instilled a rigorous, evidence-based approach, my time as an inpatient "friendly visitor" volunteer at the Cross Cancer Institute shaped my core philosophy of **servant leadership**. I learned that true excellence is rooted in **service to others**, ensuring pharmacy remains highly clinical and highly human.

My approach to governance is defined by this ethic of service. A board member must bridge the gap between policy intent and practice reality. As APSA President, I identified a critical gap: the profession needs more pharmacists in rural Alberta, but students are unlikely to launch a career in a community they have never experienced. Recognizing financial barriers prevented students from accessing these pivotal experiences, I worked with the Faculty to secure funding supports for experiential placements. The impact was immediate: rural sites, historically last to fill, were selected early in the matching process, opening the door for students to genuinely consider rural practice after graduation.

However, to be an effective advocate, I could not simply discuss rural barriers from a distance in Edmonton; I had to experience the context myself. I built my fourth-year schedule around this conviction, securing a placement in Vegreville as my first rotation to ground my final year. This gave me a firsthand understanding of the unique pressures of the rural environment, from logistical barriers to the high degree of clinical independence required when access to other providers is limited. I saw how scope of practice is not just a regulatory privilege but a necessity for patient survival. As a Board member, I would bring this dual perspective: understanding the policy levers required to support pharmacists, while truly respecting the nuances of rural practice.

Furthermore, my background is steeped in the profession's regulatory scaffolding. I have already contributed the student perspective as a Student Member on the RxA Board, supporting work within the Membership, Governance, and Facility-Based Care committees. This, combined with my regulatory work with NAPRA and the Alberta College of Pharmacy on international licensure pathways, allows me to engage in high-level strategic discussions immediately. Currently, I am supporting research on Professional Identity Formation to understand how students engage with the profession. I believe the future of RxA lies in this intersection: asking not only "what policy change do we need," but "how do we bring future pharmacists into the profession in a way that builds confidence and long-term engagement?"

**The Future of AI in Pharmacy Practice**

Looking forward, the sustainability of our professional identity is inextricably linked to how we integrate technology. I view the future of Artificial Intelligence (AI) in pharmacy with a sense of hopeful pragmatism. We must move past the fear of replacement and toward a model of "intelligence augmentation."

I see AI primarily as a tool for workflow optimization and administrative liberation. The cognitive load required for inventory management, scheduling, and logistics often detracts from patient care. AI has the potential to triage routine messages and identify workflow bottlenecks using operational data. If we can leverage AI to handle these necessary tasks, we free up the pharmacist to practice to their full scope.

In terms of optimizing patient care, AI has the potential to be a powerful clinical decision support tool. Imagine systems that surface guideline-based suggestions or flag subtle drug-disease interactions before a human pharmacist even reviews the file. This does not remove the pharmacist; it elevates us. It allows us to focus our energy on complex clinical reasoning and the human element, shared decision-making and nuanced risk-benefit discussions, that an algorithm cannot replicate.

However, pharmacy cannot outsource judgment. As we integrate these tools, we must ensure they operate within robust regulatory frameworks where the pharmacist remains the final validator. The "human in the loop" is non-negotiable. My vision is for a profession that uses data for process improvement and clinical support, but relies on the pharmacist for ethics and care. By embracing this technology responsibly, we can ensure that the evolution of pharmacy practice is one of increased capacity and deepened patient connection, **ultimately allowing us to be of even greater service to those who need us most.**