ASSOCIATION OF COMMUNITY PHARMACISTS OF NIGERIA

NATIONAL Newsletter

VOL. 1 2026

From the office of THE NATIONAL CHAIRMAN

Dear Distinguished Fellows, Esteemed Colleagues, and Members of the Association of Community Pharmacists of Nigeria (ACPN),

It is with profound gratitude to Almighty God and a deep sense of responsibility that I present this Annual Newsletter, reflecting on our collective journey and the remarkable progress we have made in advancing our Strategic Plan.

Our administration was founded on a clear vision: to build a stronger, more united, innovative, and globally competitive Association. Today, I am pleased to report that, through your unwavering support and commitment, we have made significant strides across the four strategic pillars of our administration—Advocacy, Capacity Building, Welfare, and Digitalization.

Advocacy

We have continued to amplify the voice of community pharmacists through sustained engagement with government institutions, regulatory agencies, policymakers, and development partners. Our advocacy efforts have strengthened the visibility and relevance of community pharmacy practice in Nigeria.

We have maintained constructive engagements with the Federal Ministry of Health, NAFDAC, the Pharmacy Council of Nigeria, NHIA, the National Assembly, and other key stakeholders on issues affecting community pharmacy practice, medicine security, access to quality healthcare, and the fight against substandard and falsified medicines.

EDITOR'S REMARKS

Welcome to this special edition of the ACPN National Newsletter, published to commemorate the 45th Annual International Scientific Conference – UNITY 2026, Abuja.

This year's theme, "From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems," reminds us that community pharmacists have a vital role in shaping healthcare through leadership, advocacy, innovation, and collaboration.

On behalf of the Editorial Team, I sincerely commend our National Executive Officers, State Branches, and all members for their remarkable achievements and unwavering commitment to advancing community pharmacy practice across Nigeria. Your dedication and team spirit continue to elevate our profession and strengthen our Association.

As we gather in unity, let us remain inspired to embrace excellence, influence positive change, and transform local practice into global impact.

I wish all delegates a successful and rewarding conference.

Pharm. Samira Abubakar Umar, FPCPharm, MAW, DCPHARM
National Editor-in-Chief

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Our Association has remained at the forefront of policy discussions, ensuring that the interests of community pharmacists are represented in national healthcare reforms and pharmaceutical sector development.

Capacity Building
Recognizing that knowledge remains our greatest asset, we have significantly expanded professional development opportunities for our members.
Through conferences, scientific workshops, monthly webinars, leadership development programmes, and continuous professional education, we have equipped our members with contemporary knowledge and practical skills required to thrive in an evolving healthcare landscape.
Our focus has remained on innovation, clinical excellence, entrepreneurship, regulatory compliance, digital health, and leadership, ensuring that Nigerian community pharmacists remain globally competitive.

Welfare
The welfare of our members continues to receive priority attention.
We have strengthened support systems within the Association, encouraged greater inclusiveness in our programmes, and continued to pursue initiatives that improve professional and economic opportunities for community pharmacists.

Our administration remains committed to creating an environment where every member feels valued, protected, and empowered to succeed professionally and personally.

Digitalization
One of the defining achievements of this administration has been our commitment to digital transformation.
We have accelerated the adoption of digital technologies in the administration of the Association, improving communication, operational efficiency, documentation, and member engagement.
Our digitalization agenda is laying the foundation for a modern ACPN that embraces technology in governance, learning, networking, and service delivery. This transformation will continue to position our Association for greater effectiveness and global relevance.

Looking Ahead
While we celebrate these achievements, we recognize that there is still much work ahead. Our commitment remains unwavering as we continue implementing our Strategic Plan with renewed energy and determination.

The theme of our Annual International Scientific Conference, "From Local Pharmacy Practice to Global Impact: Managing Complex Political Systems," reflects our aspiration to reposition community pharmacy as a strategic driver of national health and global healthcare excellence.

Together, we shall continue to advocate boldly, build capacity consistently, improve member welfare deliberately, and embrace digital innovation wholeheartedly.

Appreciation
I sincerely thank every member of our National Executive Committee, National Executive Council, Board of Fellows, State Chairmen, Past National Chairmen, partners, sponsors, Board Chairman and members of CPACPI, all Chairmen of our various National Committees and every ACPN member whose dedication has made these accomplishments possible.
Your commitment, loyalty, and belief in our shared vision continue to inspire our leadership.

As we move into another year of service, let us remain united, focused, and committed to excellence. Together, we will build an Association that not only serves its members effectively but also contributes meaningfully to national development and global pharmacy practice.

May God continue to bless the Association of Community Pharmacists of Nigeria, bless our members, and bless the Federal Republic of Nigeria.

ACPN... EMPOWERING COMMUNITY PHARMACISTS...PROTECTING THE PEOPLE.

Thank you.

Pharm. Ambrose Ezeh MAW DCPHARM
National Chairman
Association of Community Pharmacists of Nigeria (ACPN)

MEDIA CHAT WITH THE NATIONAL CHAIRMAN

Pharm. Ambrose Igwekamma Ezeh, MAW, DCPharm, is the power-packed incumbent National Chairman of the Association of Community Pharmacists of Nigeria (ACPN)

In the last two years, he has embarked on a pace-setting advocacy and reform agenda to improve the fortunes of practitioners of Community Pharmacy in Nigeria.

The National Chairman spoke to our correspondent on key positions of ACPN on health and pharmacy matters in this pre-national conference interview.

Excerpts

What is the challenge with establishing a National Health Facility Regulatory Agency (NHFRA) Act in Nigeria?

National Chairman: The NHFRA is unconstitutional and violates standing rules of the National Assembly in plain terms.

The rules of the National Assembly prohibit approbation through bills when an existing Act of Parliament has given such approbation it also forbids legislative action in areas where there are pending court matters.

Section 1 (13) of the NHFRA bill expressly implies that in perfecting its functions and exercising its powers, the primary objective of the NHFRA shall be to set up necessary standards in primary and secondary healthcare in both public and private health constitutions.

This violates section 1 (1) of the NH2014 Act, which already approbates that responsibility to the National Health System.

Section 1 (1) declares inter alia that the National Health System shall define and provide a framework for standards and regulations of health services without prejudice to existing professional regulatory laws.

Section 2 of the NH2014 Act further clarifies that the National Health System includes the Federal Ministry of Health, State Ministries of Health, parastatals of the Federal Ministry of Health and the States, Local Government Areas, etc, which is why this Act is the most supreme piece of legislation in the Health Sector.

All the functions and powers of the NHFRA spelt out in sections 7, 8 and 9 amongst others, inspect, register and accredit health facilities, create a committee to advise the Hon. Minister on inspection/ accreditation and issue certificates of standard, for Health facilities are an unnecessary duplication because they are expressly covered in sections 1, 5 and 13 of the NH2014 Act.

The attempt to create a central NHFRA to accredit facilities in the 36 States and the FCT usurps the responsibilities of State Houses of Assembly which have created the equivalent agencies at the State level.

This is grounded in the belief that health matters, even when expressly listed as being on the exclusive, concurrent or residual list, is presumed to be on the concurrent list based on the precedence of being listed on the concurrent list in the 1979 Constitution.

On the basis of the above, the National Assembly must halt further legislative action on this infamous SB861 that seeks to create the NHFRA.

Just related to the NHFRA Establishment Bill, there are attempts to amend the PCN ACT 2022 and 13 other professional regulatory council Acts at the NASS. How do we rationalize this?

National Chairman: The Imperative of having an effective and efficient Governing Board for the Pharmacy Council of Nigeria (PCN) is non-negotiable because of patient safety.

The Governing Boards of Government Agencies (Parastatals) in Nigeria are established to provide strategic direction, oversight, policy formulation and act as a bridge between the Government (supervisory Ministry) and the Management of the Agency. The Board ensures objective regulation and professional discipline.

The mandate of the Pharmacy Council of Nigeria covers the regulation and control of Pharmacy education, training, practice and business in all aspects and ramifications. The Council also regulates the other cadres, including Pharmacy Technicians, Patent Medicine Vendors, etc.

To effectively implement these mandates, PCN undertakes accreditation of training (academic) Institutions; inspection of pharmaceutical premises across the value chain; enforcement; crafting of a sound code of ethics for the professionals; professional discipline, amongst others.
In taking fundamental decisions related to the appointment of governing council members for a professional regulatory agency/council like the PCN, we must reckon with the statutory mandate of such professional councils.

For the PCN, there are 3 major core mandates, which are:-
a. Practice matters in Pharmacy
b. Training of Pharmacists, Pharmacy technicians and other support staff.
c. Disciplinary matters.

The PCN is the only professional council in the Health Sector which, in addition to regulating the practitioner, also directly regulates and controls the practice of the requisite professionals, whether they are pharmacies, patent medicine shops, satellite pharmacies, etc.

From the outlook of the core statutory mandate listed above, it is obvious that community health interests are not solicited in Pharmacy practice and regulation, contrary to the PCN Amendment Bill at NASS. Pharmacy regulation is undertaken by Pharmaceutical Inspection Officers by virtue of Sections 30 & 31 of the PCN Act 2022

This is the same for training of Pharmacists and Pharmacy Technicians and other support staff as provided for in sections 4 ©, (f), (h), (j), (k), and (1).

Section 47 is unambiguous about the condition precedent to enforce the disciplinary process for all cadres in Pharmacy practice.

Generally speaking, a strong need arises to immediately suspend and do away with the recommendations to have representatives of "community interest" on the PCN, which is connected to the Exclusive List for the reflected reasons, which includes:-

i. Pharmacy practice is the only profession listed on the Exclusive List in the health sector for legislation in Nigeria because drug matters are on the Exclusive List by virtue of being reflected as item 21 in part 1 of the 2nd schedule in the 1999 Federal Constitution.
This is in alignment with what responsible Federal or Central governments do globally because of the ultra-sensitivity involved with drug administration, regulation and control.

Under the leadership of the late Olikoye Ransom Kuti at the FMOH, the issuance of PPMVL was delegated to LGAs, which implied Nigeria had 774 licensing authorities for the issuance of PPMVL in that era.
This remains the foundation for the explosion of unregistered Pharmaceutical premises in Nigeria (now estimated to be over 3 million, with less than 50,000 registered premises in Nigeria, inclusive of manufacturers, importers, distributors, retailers and PPMVL holders).

Involvement of the so-called community stakeholders, which is even overwhelmingly higher than that of professionals who have the expertise and legitimacy to modulate professional responsibilities, exposes and makes Nigerians both susceptible and vulnerable to values that comprise Good Pharmacy Practice (GPP), a global benchmark that defines Pharmaceutical excellence.

ii. An undue interference and disruption of the autonomy of professionalism in Pharmacy practice is counterproductive.
Pharmacy practice is grounded in substantial antiquity when it comes to legislation.
The laws regulating and controlling Pharmacy practice and drugs date back to 1878 when the Lagos pilotage and Harbour Ordinance was established for control and suspension of medicines and healthcare on board the ships docked in Lagos Harbour at that time. Later, the Hospital Ordinance of 1881 and the Ereko Dispensary Rules of 1889 were enacted.
In the dispensations that followed, we have had,

1. The Pharmacy Ordinance No 8 of 1902 for Lagos and other parts of the Nigerian protectorates as declared by the Governor-in -Council.
2. The poisons and Pharmacy ordinance of 1923
3. The poisons and Pharmacy ordinance of 1927
4. The poisons and Pharmacy ordinance of 1936
5. The poisons and Pharmacy ordinance of 1958.
6. The Pharmacists Act No 26 of 1964 for regulation and control of the Pharmacy profession in all ramifications.

This Act of Parliament laid the enabling foundation for professional autonomy of Pharmacy practice in Nigeria for over 60 years now.
Flowing from the above, it is appropriate that membership of PCN Governing Council should have an experienced Chairman with members drawn from the Pharmaceutical Society of Nigeria (which membership include all registered Pharmacist), Academia, Directors of Pharmaceutical Services(who serves as Chairmen Pharmaceutical Inspection Committees and Chairmen Patent and Proprietary Medicine Vendors Licence Committees in their various States) as this block apart from the expertise they bring sustains the PCN financially with huge payments for varying cadres of licence fees, representative of the Federal Ministry of Health and Social Welfare, Registrar/CEO, National

Institute for Pharmaceutical Research and Development (NIPRD) and Pharmacy Technicians.

What is the ACPN position on the FG's ban on the importation of drugs that can be locally manufactured?

National Chairman: The ACPN commends the Federal Government on the release on update schedule of prohibited trade items, which is geared towards protecting the local manufacturing industry and managing scarce forex.

This extensive list of prohibited drugs under HS Codes 3003.10.00.00 through 3004.90.00 brings hope to genuine investors in our sector. Specifically, the banning of the importation of drugs like paracetamol tablets and syrups, metronidazole, clotrimazole and chloroquine, multivitamin caps, aspirin, folic acid as well as ointments like penicillin and gentamycin is certainly a step in the right direction.
Critically, this development puts the mandate for the nation's Primary Healthcare drug needs on the local pharmaceutical industry, which is in the national interest.

This development is significant because the Pharmaceutical Society of Nigeria (PSN) and major stakeholders recently enjoined the Federal Government to do more to boost an increase in local manufacture of drugs. Local production in drugs currently stands at slightly over 38%, with waivers in import duty on raw materials and equipment to scale up.

The ACPN enjoins the Federal Government to note that boosting local drug manufacturing is a big deal for the Nigerian economy for the following reasons: -

1. Drops Reliance on Imports and Saves Forex:
At about 65% imports of drugs from China and India in particular, we continue to fail in our bid to meet the target of 70% local production of our essential drugs as prescribed in the National Drug Policy 2021.
Local manufacture will ease forex demands due to the 200% rise in imported drug cost. This is made worse by importation of drugs the local industry has installed the capacity to manufacture.

2. Medicine Security:
Local manufacturers of drugs will shorten the supply chains and prevent out-of-stock syndrome if well-nourished.
Quality assurance will be guaranteed by PCN and NAFDAC as efforts will be concentrated on local manufacturing facilities.
Local manufacture of drugs also reduces our vulnerability to global supply disruptions as we witnessed at the peak of the Covid' 19 pandemic in Nigeria.

3. With about 120 registered local drug manufacturers in Nigeria, a steady pool of local expertise of industrial pharmacists in particular and a large population that creates a huge market segment, expanding local activity creates employment and increases the chances of attaining 70% local production earlier than contemplated at the moment.

A sustainable local production through capacity utilisation of installed capacity in our over 120 local manufacturing industries will pave way for the reduction of prices.

4. A county that dominates pharma manufacturing like Nigeria in the West Africa sub-region (60% of local drug manufacturers in the ECOWAS region are Nigerian companies) ultimately becomes a hub that predominantly determines production control pricing, access and innovation.

The ACPN calls on the Federal Government that the time to actualise this vision is now.

We call on the Federal Government to set up a Presidential Committee on the Pharma Sector which will push through laws that compel a boost in local manufacture of drugs, fully implement the Federal Government approved National Dug Distribution Guidelines (NDDG), champion an amendment of the Fake Drug Act to make penalties stiffer and develop a reform agenda for National Post-graduate College of Pharmacist that produces a pool of Pharma experts.

There have been some recent court judgments as a fall-out of the enforcement activities of the PCN. Do these judgments have any effect on pharmacy practice and patients in Nigeria?

National Chairman: The ACPN finds it extremely important to applaud recent impressive judicial pronouncements which enhance pharmacy jurisprudence by the Federal High Court, Ibadan, which sentenced an unregistered operator of a patent medicine shop on the 26th of May, 2026.

In yet another landmark ruling, in suit no FHC/CA/76C/2025, the Federal High Court, Calabar, jailed the operator of an unregistered pharmacy and 3 others for operating an unlicensed pharmaceutical premises and engaging the services of personnel not registered for that endeavour to dispense drugs in the facility.

Our clime is one where several operators claim they have studied any of the healthcare professions under unlawful circumstances, including training in private hospitals, pharmacies and indeed other healthcare facilities under unscrupulous as well as unethical healthcare professionals or other quacks.

This practice outrightly violates a plethora of pharmacy and drug laws in Nigeria with attendant consequences because of prescribed and existing prohibition clauses.

The drug laws, especially the Fake Drug Act, make it an offence to be in possession of fake drugs in Section 1, with grave consequences including jail terms. Section 2.1 and Section 2.2 of the same Act prohibit the sale of drugs in markets, kiosks, ferries, motor parks, buses and other forms of transportation and indeed any premises/location not approved by the appropriate licensing authority in Nigeria.

Section 2.2 of the Fake Drug Act is very unambiguous that the appropriate licensing authority is the Pharmacy Council of Nigeria.

Whilst the Fake Drug Act has been tested a few times, which attracted jail terms which are far and in-between, which makes it a not too wholesome impactful sanction, the pharmacy law has not been seriously tested to attract jail terms as we have just witnessed by both the Federal High Court, Calabar and Federal High Court, Ibadan.

This is striking in jurisprudence because it is the first time, most probably, anybody in Nigeria has been sentenced to jail for the criminality of unlawful dispensing of medicines in Nigeria.

Your leadership has been globally recognized at the International Pharmaceutical Federation (FIP) level for consolidating the Community Pharmacists Assessment and Career Progression Institute (CPACPI), as an international brand. What will CPACPI bring to the table?

National Chairman: The presentation of the CPACPI framework at the International Pharmaceutical Federation (FIP) during the 83rd World Congress in Copenhagen, marking it as a groundbreaking global model for professional development, was significant.
The strategic role of community pharmacists in strengthening primary healthcare delivery and improving access to quality pharmaceutical services in Nigeria remains a cardinal feature of our evolution. The thrust of our efforts revolves around the:

1. Acknowledgement of the absence of a standardized competency framework has historically limited the growth, development and impact of community pharmacists in Nigeria.

2. Recognition of the CPACPI model for its alignment with Nigeria's national health priorities, particularly regarding Universal Health Coverage (UHC) and the strengthening of the National Data Repository (NDR).

3. The role of CPACPI in establishing a structured career progression pathway for community Pharmacists

4. Strengthening capacity and professional development that will reduce attrition and expand human resources for health in the private sector.

5. Enhancing service delivery data reporting from community pharmacies that will feed into the National Health Information System

6. Leveraging partnerships with development partners and private sector organizations for greater public health care provision by community pharmacists and the smooth running of the institute

7. Promoting quality assurance, improvement and regulatory alignment

8. Expanding community pharmacists' role in primary healthcare and public health interventions

It is a glow salient agenda in best practice to acknowledge the increasing relevance of community pharmacists in addressing healthcare access gaps, particularly in underserved communities.

Subsequently, we have structured the CPACPI Career Pathway/Progression Model to follow the reflected dynamics through a five-level career progression framework for community pharmacists:

- Community Pharmacist
- Senior Community Pharmacist
- Community Pharmacy Specialist
- Community Pharmacy Senior Specialist
- Community Pharmacy Consultant

This framework ensures that professional advancement aligns with measurable clinical outcomes, structured appraisal, and mandatory mentorship.

Finally, the National Conference with the theme "from local Pharmacy Practice to global impact - managing complex political system" is scheduled for later this month; what are the expectations?

National Chairman: It is good you are aware that CPACPI has become a cherished international concept note. That is the motivation we need to evolve with more ideas for experts in the age of digital Pharmacy.

Oftentimes in a society like ours, there is a limiting factor that slows down a swift potential to self-actualise.

Our members will be tailored to appreciate this awful gap in order to gain lost ground.
The ACPN has involved a whole range of seasoned politicians at the 45th Annual National Conference to enable our colleagues to interact and engage maximally.

There will be sessions with Governors, members of Federal Executive Councils, National Assembly members and other resourceful political icons to compel today's Community Pharmacists to appreciate inherent as well as in-built social capital as a necessary tool to keep keeping on with today's dynamics in healthcare and other general areas of life.

ADVOCACY CALL TO DG NAFDAC

ENGAGEMENT WITH PCN

ADVOCACY VISIT TO MINISTER FOR HUMANITARIAN AFFAIRS AND POVERTY REDUCTION, DR BERNARD MOHAMMED DORO

ADVOCACY TO CROSS RIVERS STATE BROADCAST CORPORATION

ADVOCACY VISIT TO PERMANENT SECRETARY FMOH

ADVOCACY VIST TO NHIA DG, DR MUYI AINA

COURTESY CALL TO SGF

COURTESY CALLS

NEC MEETING

STATE ACTIVITIES

OSUN STATE

On world malaria day, 25th of April 2026 ACPN OSUN where on fresh FM osogbo to discuss issues surrounding Malaria disease

Visitation to Osun State NDLEA administrative office Osogbo

STATE ACTIVITIES

DELTASTATE

World Malaria Day outreach

Courtesy visit to the Delta State Commissioner of Police, CP Yemi Oyeniyi

STATE ACTIVITIES

World Malaria Day outreach

Collaborations with NDLEA

Courtesy visit to the NDLEA Delta State Commander, CN Halilu Hamidu and his team.

Cross Section of Members during ACPN Delta Quarterly meeting in Asaba.

STATE ACTIVITIES

OYO STATE

Pharmacy Based Immunization Delivery services by ACPN Oyo State in collaboration with Population Services International PSI and Oyo State Primary Healthcare Board

4-DAY SUMMIT

Human Papillomavirus Vaccine campaign at Lariken College, Ologuneru, Ibadan, Oyo State.

Mass Deworming Campaign across all registered Community Pharmacies in the State

OUTREACH TO NIGERIA POLICE FORCE, IMO STATE COMMAND

ACPN Imo State members and senior officers of the Nigeria Police Force, Imo State Command, during the sensitization outreach at the Police Officers' Mess, Owerri.

A facilitator addressing police officers during the interactive session on drug misuse, preventive health and the pharmacist's role in public safety.

ACPN Imo State leaders presenting health items to a representative of the Nigeria Police Force as a gesture of partnership and support.

ACPN Imo State Members, facilitators and participants at the Pharmacy Support Staff Training Program.

A cross-section of pharmacy support staff from across Imo State during the interactive training.

A cross-section of pharmacy support staff from across Imo State during the interactive training.

KOGI STATE

Chapter Excos , with Sarikin Noma community leaders during world hypertension day outreach

ACPN Kogi chapter chairman giving a lecture on ' know your blood pressure '.

Acpn Kogi chapter during world malaria day outreach

Chief of Ganaja village being screened for malaria during ACPN Kogi world malaria day.

Group photo of the Ganaja village counsel of Chief and ACPN Kogi state during world malaria day.

ACPN Kogi chapter chairman presenting antimalarial drugs to chief of Ganaja village during world malaria day.

EBONYI STATE

5TH SCIENTIFIC CONFERENCE (IBOM DAY 2026)

ACPN AKWA IBOM STATE CHAIRMAN, PHARM. DONATUS ADIGOM DELIVERING HIS ADDRESS AT THE CONFERENCE

TAX FILING TRAINING 2026

TOWNHALL

ANTI-DRUG ABUSE SCHOOL COMPETITION (ADASC 2026)

VALEDICTORY ADDRESS OF THE OUTGOING NATIONAL SECRETARY OF THE ASSOCIATION OF COMMUNITY PHARMACISTS OF NIGERIA (ACPN)

PHARM. (MRS) OMOKHAFE MARY ASHORE,
FPSN, GPh, DCPharm.

INTRODUCTION

Distinguished National Executive Committee (EXCO), National Executive Council (NEC), Board of Trustees (BOT), Past National Chairmen, Esteemed Colleagues, Partners, and Friends of the Association, I stand before you today with a deep sense of gratitude, humility, and fulfillment as I conclude my tenure as the National Secretary of the Association of Community Pharmacists of Nigeria (ACPN).

Serving in this capacity has been one of the most enriching experiences of my professional life. The office of the National Secretary occupies a strategic position within the Association, serving as the institutional memory, coordinating communications, facilitating governance processes, and ensuring that the decisions of our leadership are effectively documented and implemented.

As I reflect on this journey, I am reminded that leadership is not measured merely by the offices we occupy, but by the impact we make, the people we inspire, and the institutions we strengthen. Today offers an opportunity to share our collective achievements, acknowledge the support received throughout this journey, and express confidence in the future of our beloved Association.

PERSONAL JOURNEY AND TENURE OVERVIEW

My journey into leadership within ACPN was inspired by a commitment to professional service and a desire to contribute meaningfully to the advancement of community pharmacy practice in Nigeria. I accepted the responsibility of National Secretary with a clear understanding that the role demanded diligence, sacrifice, professionalism, and unwavering commitment.

Throughout this tenure, we witnessed remarkable progress in strengthening the structures and systems of the Association. Several initiatives were undertaken to improve administrative efficiency, enhance communication among members, and support the strategic objectives of ACPN.

Like every worthwhile journey, this tenure was not without challenges. Managing the demands of a growing Association, coordinating diverse stakeholders, navigating evolving regulatory environments, and balancing expectations required resilience and adaptability. These challenges, however, became opportunities for learning, innovation, and institutional growth.

CONTRIBUTIONS TO THE ASSOCIATION

Governance and Administration

One of the major priorities during my tenure was strengthening governance processes and administrative efficiency. Efforts were made to improve documentation systems, ensure timely preparation and circulation of meeting notices, maintain accurate records of proceedings, and support compliance with constitutional and regulatory requirements.

The Secretariat worked diligently to ensure that institutional records were preserved, decisions were properly documented, and organizational continuity was maintained. These efforts contributed significantly to improved organizational effectiveness and accountability.

Communication and Transparency

Recognizing that effective communication is the lifeblood of any organization, deliberate efforts were made to improve information dissemination across all levels of the Association.

Meeting minutes, notices, reports, and policy communications were shared promptly. Digital communication platforms were strengthened to improve engagement between the national leadership and state branches. These initiatives enhanced transparency, encouraged participation, and fostered a stronger sense of belonging among members.

Exco members also had oversight functions carried out in State branches shared among them, taking the National activities closer to the states and eventually to our members. .

Membership Development and Capacity Building
Membership remains the strength of ACPN. During this period, emphasis was placed on supporting membership growth, encouraging active participation, and promoting professional development opportunities.

Various educational programs, leadership training initiatives, mentoring activities, and capacity-building interventions were supported to equip members with the knowledge and skills necessary to thrive in an increasingly dynamic healthcare environment.
In the past year, monthly Capacity-building webinars have been held with facilitators sharing valued information from their wealth of experiences.

Policy and Advocacy Support
The Secretariat actively supported the Association's advocacy agenda through the preparation of official correspondence, position papers, memoranda, policy documents, and stakeholder engagement materials.
These efforts contributed to ACPN's visibility and influence in discussions relating to pharmaceutical practice, healthcare policy, professional regulation, and public health initiatives.

Conference and Event Coordination
The successful organization of annual conferences, executive meetings, scientific sessions, workshops, and stakeholder engagements required significant planning and coordination.
Working collaboratively with conference planning committees, state branches, and partners, the Secretariat contributed to the seamless execution of numerous events that promoted learning, networking, and professional excellence.

Digital Transformation and Institutional Strengthening
A major focus during this tenure was leveraging technology to improve operational efficiency. Steps were taken to strengthen databases, enhance electronic record keeping, improve digital communications, and support evidence-based decision making.
These efforts laid the foundation for a more modern, responsive, and efficient Association capable of meeting contemporary professional challenges.

IMPACT ON MEMBERS AND STAKEHOLDERS

The initiatives undertaken during this tenure translated into tangible benefits for members and stakeholders.
Members experienced improved access to information, more consistent engagement with national leadership, and greater opportunities for participation in Association activities. State Branches received increased support and coordination, fostering stronger alignment with national objectives.

The Association also strengthened collaborations with the umbrella pharmaceutical body, the Pharmaceutical Society of Nigeria (PSN), technical groups, sister professional organizations, regulatory agencies, educational institutions, healthcare stakeholders, and development partners. These partnerships enhanced ACPN's visibility and expanded opportunities for collective advocacy and professional development.

Ultimately, these efforts contributed to the advancement of community pharmacy practice and reinforced the critical role of community pharmacists in improving healthcare access, medication safety, disease prevention, and public health outcomes across Nigeria.

LEADERSHIP LESSONS AND PHILOSOPHY

This journey has reaffirmed several enduring leadership principles.
First, leadership is fundamentally about service. The privilege of holding office must always be accompanied by a commitment to advancing the collective good.
Second, integrity remains the cornerstone of sustainable leadership. Transparency, accountability, honesty, and professionalism are essential for building trust and maintaining institutional credibility.
Third, teamwork is indispensable. No achievement recorded during this tenure was accomplished in isolation. Progress was only possible because of the dedication, competence, and commitment of countless individuals working together toward shared goals.
Finally, institutions thrive when succession is prioritized. Investing in future leaders, mentoring younger colleagues, and strengthening systems ensure continuity and long-term sustainability.

ACKNOWLEDGEMENT OF MENTORS, COLLEAGUES, AND SUPPORTERS

I express profound gratitude to all National Chairmen under whose leadership I had the privilege to serve.
Pharm. (Dr) Samuel Oluwaoromipin Adekola, FPSN - as National Financial Secretary - 2019 - 2021,

National Treasurer - 2022.
Pharm. (Prince) Adewale Oladigbolu, FPSN
as National Treasurer - 2023
National Secretary - 2024
Pharm. (Chief) Ezeh Ambrose Igwekamma, DCPharm, Mph as National Secretary 2025 - 2026.
I must confess that ACPN has been blessed with visionary, hardworking National Chairmen.
Your guidance, confidence, and support made my work significantly easier and more impactful.

I thank members of the National Executive Committee (EXCO), National Executive Council (NEC), Board of Trustees (BOT), Past National Chairmen, Board Chairman, Board members of the Community Pharmacists Assessment and Career Progression Institute (CPACPI), ACPN National Committee Members, and all ACPN members for their cooperation and encouragement throughout this journey.

Special appreciation goes to the Secretariat staff and volunteers whose dedication behind the scenes ensured that countless activities were successfully executed.
To mentors, senior colleagues, and professional leaders who provided invaluable counsel and inspiration, I remain deeply grateful.

RISKS, CHALLENGES, AND OPPORTUNITIES AHEAD

While significant progress has been made, much work remains ahead. The healthcare landscape continues to evolve rapidly, presenting both challenges and opportunities for community pharmacists.
Issues relating to healthcare financing, medicine accessibility, professional recognition, digital health integration, primary healthcare strengthening, and regulatory reforms will continue to shape the future of pharmacy practice.
The incoming National Secretary and leadership team will inherit an Association with immense potential. Sustaining current initiatives, strengthening institutional systems, expanding advocacy efforts, and embracing innovation should remain key priorities.

HANDOVER

As part of the transition process, all critical records, correspondence, databases, governance documents, reports, calendars, and stakeholder contacts will be formally handed over to ensure continuity of operations.

Comprehensive briefings will be provided to facilitate a smooth transition and preserve institutional memory. It is my hope that these resources will support the incoming National Secretary in building upon existing achievements and pursuing even greater success.

CLOSING REFLECTIONS

As I conclude this chapter of service, I do so with immense gratitude and profound satisfaction. The opportunity to serve as National Secretary has enriched my understanding of leadership, strengthened my commitment to professional excellence, and deepened my appreciation for the ACPN family.
Although I am leaving office, my commitment to the growth and advancement of community pharmacy practice remains unwavering. I shall continue to support the Association and contribute wherever necessary.

I urge all members to remain united, committed, and actively engaged in the affairs of our Association. Let us continue to place the interests of the profession above personal interests and work collectively toward a stronger and more influential ACPN.
In the words of John C. Maxwell: "A leader is one who knows the way, goes the way, and shows the way."

May ACPN continue to flourish, may our profession continue to grow in relevance and impact, and may we all remain worthy ambassadors of pharmaceutical excellence.

The engine-room of our beloved Association, Pharm. (Deacon) Charles Oluwaseyi Oluwole, our R & D Admin Officer, whom the Almighty God has blessed with wisdom and energy, I appreciate you always, including our Secretariat staff, Mr Rotimi, Mr Emeke, Mr Segun, Mr Bola, Mr David and Ms . Glory.

In all these, I must not forget to sincerely appreciate my husband, Hon. (Engr.) Lewis Omokogbe Ashore, my children, grandchildren, my sister, Mrs Afegese Ologun-Animashaun, my father, Pa Nathaniel Ibukun Ologun and my extended family for their cooperation, support and sacrifices during my tenure.

Thank you, God bless you, and God bless the Association of Community Pharmacists of Nigeria.

ACPN .....
Empowering Pharmacists,
Protecting the People!

Pharm. (Mrs) Omokhafe Mary Ashore, FPSN, GPh, DCPharm
(Outgoing National Secretary, 2023 - 2026)

From Willingness to Uptake

Closing the Implementation Gap in a Career Advancement Scheme for Nigeria's Community Pharmacists

Prepared by CPACPI Research and Publication Committee

Prepared for: The Federal Ministry of Health **(FMoH)**, the Pharmacy Council of Nigeria **(PCN)**, the West African Postgraduate College of Pharmacists **(WAPCP)**, the Pharmaceutical Society of Nigeria **(PSN)**, and the Association of Community Pharmacists of Nigeria **(ACPN)**

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KEY MESSAGES

- **Community pharmacists are ready.** 134 of 182 pharmacists surveyed across 24 states and all six geopolitical zones (73.6%) are already willing to enrol in a structured career advancement scheme, and this readiness is unrelated to age, sex, zone, qualification or years of experience.
- **The barriers are structural, not personal.** Time (71.4%), cost (67.0%), workload (52.2%) and regulatory hurdles (47.3%) are cited at statistically indistinguishable rates by adopters and non-adopters alike, meaning they constrain the whole profession rather than the reluctant few.
- **Two levers offer the greatest return.** Access to structured, accredited training is the facilitator most strongly linked to readiness (93.3% vs 81.2% of non-adopters, p=0.024), while a poorly regulated practice environment is the external threat felt most acutely (77.4% agree or strongly agree).
- **Early adopters are ready-made implementation partners.** They are significantly more willing to invest financially in professional development and to open their premises for SIWES, internship and WAPCP residency training, positioning them as natural pilot-phase champions.

1. THE POLICY PROBLEM

A structured career advancement scheme for Community Pharmacists in Nigeria has moved onto the professional and regulatory agenda, promising a formal pathway from routine dispensing toward recognised advanced practice roles. Whether that promise is realised, however, depends less on whether Pharmacists want to take part than on whether the conditions for participation actually exist. This brief reports findings from a cross-sectional survey of 182 Community Pharmacists practising across 24 states and all six geopolitical zones of Nigeria, undertaken to answer three questions a scheme designer, regulator and professional association each need answered before committing resources: **who is ready to enrol now, what is standing in the way of the rest, and what would move them**.

The scale of the gap is instructive. **Readiness is close to universal:** 98.9% of respondents would commit time to additional training and 95.6% would invest financially in their own professional development. Yet only 73.6% currently describe themselves as willing to enrol. The thirteen-to-twenty-five-point gap between stated commitment and stated enrolment is the implementation gap this brief addresses, and it is a gap of conditions, not of will.

2. EVIDENCE

2.1 Who is ready?

Early adopters, defined as respondents willing to enrol at the time of the survey, make up 73.6% of the sample (n=134), against 26.4% (n=48) who are not yet willing. No sociodemographic or professional characteristic distinguishes the two groups: age, sex, geopolitical zone, highest qualification, postgraduate training and years of experience all showed no

statistically significant association with adoption status (all p>0.05). The one practice-level exception is pharmacy ownership type: **independent-pharmacy proprietors and chain pharmacists are more likely to be early adopters than staff in other ownership arrangements** (p=0.014).

182	24	73.6%	98.9%
Pharmacists surveyed	states, all six zones	ready to enrol now	would commit training time

2.2 What is holding participation back?

Barriers cluster around resourcing rather than attitude, and, critically, they are shared. Statistics found **no significant difference between early adopters and non-adopters on any of the five leading barriers, confirming that these are profession-wide constraints rather than markers of reluctance.**

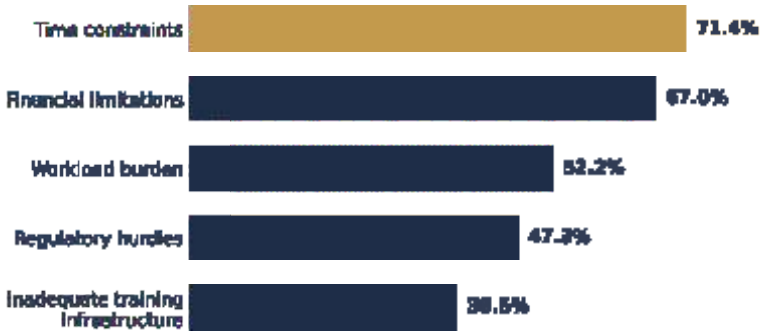

Figure 1. Share of respondents citing each barrier to participation (N=182). NB: Multiple responses were permitted.

2.3 What would help?

Access to structured training programmes is the facilitator that was most often cited overall (90.1%) and the ***only*** facilitator that significantly distinguishes the two groups: 93.3% of early adopters cite it against 81.2% of non-adopters (p=0.024). Ease and simplicity of registration processes (87.4%), regulatory and policy support (79.7%) and low, affordable fees (78.6%) follow closely, though without a significant group difference, indicating they matter broadly rather than marking a specific readiness threshold.

2.4 What threatens the wider practice environment?

Beyond the scheme itself, respondents identify conditions that threaten community pharmacy practice more broadly and that any advancement pathway must be designed against. **A poorly regulated practice environment is the most keenly felt threat** (77.4% agree or strongly agree, mean 4.10 of 5), ahead of the **proliferation of illegal drug outlets** (69.6%) and the **operations of patent medicine vendors in their neighbourhood** (59.1%). Three in four respondents (73.1%) also believe that **weak career progression has already harmed retention and job satisfaction** in the profession, a finding that gives the scheme urgency beyond individual career interest.

2.5 Early adopters as ready-made champions

A companion analysis profiling early adopters against non-adopters identifies a consistent pattern: wherever the survey asked about a concrete commitment rather than a general attitude, early adopters pledged significantly more of themselves. This distinguishes early adopters as more than simply willing; they are positioned to actively carry implementation.

Domain	Distinguishing criterion	Early adopters	Non-adopters	p-value
Financial engagement	Willing to invest financially in professional development	98.5%	87.5%	0.005
Training facilitation	Would accredit pharmacy as a SIWES training centre	89.6%	75.0%	0.005
Training facilitation	Would accredit pharmacy as an internship centre	79.9%	58.3%	0.004

Domain	Distinguishing criterion	Early adopters	Non-adopters	p-value
Training facilitation	Would accredit pharmacy as a WAPCP residency centre	68.7%	39.6%	0.001
Professional advocacy	Would recommend the pathway to colleagues	85.2% agree+		0.005
Implementation readiness	Willing to modify pharmacy space for new services	81.3% agree+		<0.001
Training access	Prioritise access to structured training programmes	93.3%	81.2%	0.024

2.6 Notes on the evidence

These findings come from a single cross-sectional survey of 182 self-selected community pharmacists and describe stated willingness rather than observed enrolment; actual uptake once a scheme launches may differ from intention. The barrier, facilitator and threat items permitted multiple responses, so percentages do not sum to 100%. Associations are reported as statistically significant only where $p<0.05$ on the test stated in each source table. These limits do not weaken the case for action, given how consistent the pattern is across both companion analyses, but they should inform how confidently any single figure is quoted.

3. RECOMMENDATIONS

The following actions are sequenced by what the evidence shows will unblock participation fastest, and each is mapped to the body or bodies best placed to lead it.

#	Recommendation	Lead	Timeframe
1	Embed the scheme within pharmacy practice regulation, with visible enforcement against illegal drug outlets and unregistered patent medicine vendors, directly addressing the most keenly felt external threat (77.4%).	PCN, FMoH	Short term
2	Redesign training delivery as modular, low-fee and flexible, with blended online and in-person options and evening or weekend sessions, to address the two leading barriers of time (71.4%) and cost (67.0%).	WAPCP, ACPN, PCN	Short term
3	Formally accredit willing pharmacies, prioritising early adopters, as SIWES, internship and WAPCP residency training sites, building on the significantly higher willingness already demonstrated (68.7% to 89.6% versus 39.6% to 75.0%).	PCN, WAPCP	Short to medium term
4	Launch with an early-adopter pilot cohort as visible champions ahead of national scale-up, drawing on their strong intent to recommend the pathway to colleagues (85.2%).	ACPN, PSN	Short term
5	Build in equity safeguards, flexible scheduling and fee waivers or instalments, for solo-practitioner, rural and semi-urban premises so participation costs do not fall hardest on the smallest practices.	ACPN, PCN	Medium term
6	Establish routine monitoring of enrolment, barrier resolution and equity of uptake, with progress reported at subsequent PSN and ACPN conferences.	PSN, PCN	Ongoing

4. IMPLEMENTATION, EQUITY AND RISK

4.1 Sequencing delivery

Early adopters offer a practical route to a train-the-trainer model: their significantly greater willingness to accredit their own premises for SIWES, internship and WAPCP residency training means the pilot cohort can double as the first wave of training sites, reducing the need to build delivery capacity from nothing before the scheme can begin.

4.2 Equity

Half of respondents (50.0%) are the sole pharmacist in their premises. A scheme that assumes cover for extended absence, or that charges flat fees regardless of practice size, risks quietly excluding solo practitioners and, through them, the rural and semi-urban populations they serve; location of practice showed no significant association with adoption status, so this is a risk to design against pre-emptively rather than a pattern already visible in who has enrolled.

4.3 Key risks and mitigations

Risk	Likely effect	Mitigation
Regulatory reform stalls before training rollout	Scheme loses credibility and momentum	Launch the training-access strand first; do not wait for full regulatory alignment to begin
Fees deter solo or rural pharmacists	Equity gap widens between practice types	Cap fees and offer waivers or instalments for solo, rural and semi-urban premises
Accredited training capacity remains limited	Bottleneck at the accreditation stage	Start with a small early-adopter cohort; expand capacity in step with demand

5. CONCLUSION AND CALL TO ACTION

The evidence does not describe a profession that needs persuading. It describes **a profession that has already said yes, and is waiting** on the conditions that would let that yes become enrolment. **The task in front of PSN, PCN, ACPN, WAPCP and FMoH is not to build appetite but to remove the shared, structural barriers of time, cost, workload and an unregulated practice environment**, using the early adopters already identified as the pilot cohort and training partners best placed to carry the scheme forward.

We recommend that PSN, PCN, ACPN, WAPCP and FMoH use the Unity 2026 conference to jointly commission a small implementation task team, tasked with acting on Recommendation 2, the redesign of training delivery, as the first practical step, and to report progress at the next annual conference.

SOURCES

Primary evidence

- CPACPI National Study, 2026. The Implementation Gap: Perceived Barriers and External Threats to Community Pharmacists' Participation in a Career Advancement Scheme in Nigeria. Manuscript in preparation.
- CPACPI National Study, 2026. Beyond the Counter: Profiling Early Adopters of a Career Progression Framework among Nigerian Community Pharmacists. Manuscript in preparation.

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