Neighbourhood Pharmacy Association of Canada

Association canadienne des pharmacies de quartier

Office of the Chief Executive Officer

1205-3230 Yonge Street
Toronto, ON M4N 3P6

T: 416.226.9100
F: 416.226.9185
info@neighbourhoodpharmacies.ca
neighbourhoodpharmacies.ca

B.C. Ministry of Health

Public Consultation on Scope of Practice of Regulated Health Professions; Pharmacists

Neighbourhood Pharmacy Association of Canada

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Submitted to

Executive Director
Professional Regulation and Oversight

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) represents leading pharmacy organizations across the country, including chain pharmacies, grocery and/or mass merchandizers with pharmacies, banners and independent pharmacies, and pharmacies providing specialty medicines and services. In British Columbia (B.C)., we advance the delivery of care through more than 1600 pharmacies of all models, that serve as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods.

As the only Canadian association mandated to represent the voice of pharmacy operators, we act in B.C. and across the country to support policy makers with the development of innovative solutions that allow pharmacies to support public health and primary care needs in their communities while advocating for a thriving and sustainable pharmacy sector.

We are pleased to provide comments on the proposed changes to the **Scope of Practice (SoP) of Pharmacists;** understanding that proposed changes will require amendments to pharmacists' regulations under the Health Professions and Occupations Act

In addition to our feedback on the proposed SoP changes, we have also provided a series of **recommendations for operational enablers to ensure optimal uptake and service delivery resulting from these scope enhancements.**

Our recommendations are grouped as follows:

1. **Enhance Pharmacy Minor Ailments Assessment, Prescribing and Treatment Pathways**
    - Further expand Minor Ailments conditions.
    - Move from the use of 'list-based' expansions for conditions, tests or drugs.
    - Integrate testing services into Minor Ailments pathways.
    - Ensure sustainable funding for POCT-enabled Minor Ailments services

2. **Authorize Pharmacists to Assess and Prescribe for Identified Public Health Priorities**
    - Suggested initial diseases
    - Key operational considerations

3. **Expand Immunization Uptake and Vaccine Access Through Community Pharmac**y
    - Enable pharmacists to prescribe all routinely recommended vaccines.
    - Authorize pharmacy technicians to administer vaccines.
    - Ensure pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors.
    - Continue to progress on integrating centralized vaccination records:

4. **Other Scope Expansions to Support Public Health and Primary Care**
    - Enable therapeutic substitution of narcotics and controlled substances.
    - Enable pharmacist prescribing of Epinephrine auto-injectors for anaphylaxis prevention and management

1. Enhance pharmacy Minor Ailments assessment, prescribing and treatment pathways

Scope of Practice Changes:

a) Further expand Minor Ailments conditions.

B.C. pharmacists can currently assess and prescribe medications for 21 minor ailments under the Minor Ailments and Contraception Service (MACS) program. The Government has proposed increasing pharmacists' ability to assess patients and prescribe Schedule 1 medications for the 8 additional common ailments:

- Erectile dysfunction
- Folliculitis
- Genital herpes (recurrent episode only)
- Migraine
- Nausea and vomiting in pregnancy
- Perinatal vitamins
- Sinus infection
- Vasomotor rhinitis

We support the province's decision to add these eight new conditions and encourage further expanding the range of conditions covered. Across Canada, pharmacists are authorized under minor ailments frameworks to assess and prescribe for more than 40 conditions, reflecting extensive review and validation by regulatory bodies. Greater alignment with other provinces would help ensure that B.C. citizens are not disadvantaged in accessing timely care.

In B.C., pharmacists completed over 963,800 minor ailments assessments in the first two years of the MACS program, clearly demonstrating strong public uptake, trust in pharmacy-based care, and readiness for further scope expansion. Several conditions already enabled in other jurisdictions are delivering significant value and should be considered for inclusion in B.C.'s MACS program. These include Pharyngitis (including Strep Throat), general nausea (beyond pregnancy-related cases), non-infectious diarrhea, dry eye, warts (excluding facial and genital warts), dandruff, corns and calluses, and sleep disorders. Expanding to include these conditions would further enhance access to care and build on established, evidence-based practices from across Canada.

Example: Consider the addition of Pharyngitis/Step Throat to the Minor Ailments Program. B.C.'s MACS program has already shown that pharmacists can safely and effectively manage common, protocol-driven conditions such as uncomplicated UTIs, conjunctivitis, and dermatitis. Pharyngitis, including suspected Strep Throat, aligns closely with these existing indications. It is one of the most frequent reasons for primary care visits yet can be assessed using well-established clinical criteria (e.g., Centor/McIsaac) with clear thresholds for treatment versus referral. Most cases are self-limiting, while those requiring antibiotics can be appropriately identified using standardized algorithms, supporting more consistent and judicious prescribing. Expanding MACS to include Pharyngitis/Strep Throat would therefore shift a substantial volume of low-acuity visits out of clinics and emergency departments, improve timely access to care for patients, and build directly on the structured, evidence-based approach that has already proven successful in B.C.

b) Move away from the use of 'list-based' expansions for conditions, tests or drugs.

We have made recommendations above for the inclusion of specific conditions within authorized pharmacist assessment and prescribing pathways. However, explicitly listing conditions, or drugs or tests, are written into Acts and/or Regulations. Any changes to expand pharmacists' ability to address more minor conditions require considerable time and administrative effort by policy makers and the sector. Instead, we encourage the approach taken in other jurisdictions such as Alberta, which has developed a service funding framework where pharmacists are authorized to provide any Schedule 1 drug they deem appropriate for the patient's condition rather than limiting pharmacists' authority to a particular list of conditions or drugs. Pharmacists are the health systems' medication experts. We encourage the Government and regulatory authority to rely on pharmacists' competencies and skills in applying clinical guidelines and professional judgment to assessing patients' medication therapy needs without adding any additional administrative burden to either the system or other healthcare providers.

Operational Enablers:

c) Integrate testing services into Minor Ailments pathways.

B.C. has already established the foundational elements needed for pharmacists to incorporate laboratory and point-of-care testing into Minor Ailments care, but greater clarity and formal integration are needed to support consistent uptake. Pharmacists are not explicitly constrained from using point-of-care tests within their scope and competency, and since 2024 have been authorized to order and interpret certain laboratory tests for medication management under the Laboratory Services Regulation. They are recognized as practitioners within the system, can access results through platforms such as CareConnect, and may administer point-of-care tests where appropriate.

However, this authority is not clearly embedded within Minor Ailments assessment and prescribing pathways. Clarifying and formally integrating pharmacists' ability to order, administer, and interpret relevant tests as part of these pathways would align existing authorities, remove ambiguity, and enable more consistent, efficient patient care.

Example: Consider incorporating POCT usage into assessment and management of acute Pharyngitis and suspected Group A streptococcal infection. Pharmacist-supported assessment of sore throat is a natural extension of the MACS program, and incorporating testing would allow pharmacists to more confidently identify patients who may benefit from treatment while reinforcing appropriate prescribing practices.

Evidence from other jurisdictions demonstrates the impact of this approach: in Nova Scotia's Community Pharmacy Primary Care Clinic program, pharmacists assessed approximately 35,000 patients for Strep Throat symptoms during an outbreak, preventing these patients from presenting to emergency departments. Strep Throat assessments became the most common expanded service during the evaluation phase, and following the program's success, assessment and prescribing for Group A strep were incorporated into routine pharmacist scope of practice in 2023. This illustrates both the demand for, and the system-level value of, pharmacist-led assessment supported by testing.

d) Ensure sustainable funding for POCT-enabled Minor Ailments services

The Government of B.C. should ensure that pharmacies are appropriately funded to deliver assessment services that incorporate point-of-care tests (POCTs) as part of Minor Ailments assessment and prescribing, recognizing that sustainable reimbursement for both the clinical service and the cost of testing is essential to support uptake and long-term viability. A strong example of this approach can be seen in Saskatchewan, where the Government is piloting a pharmacist-led Strep Throat assessment and prescribing protocol that integrates POCT use. Early results are promising, demonstrating reduced overall antibiotic prescribing alongside improved prescribing accuracy, supporting antimicrobial stewardship. Importantly, Saskatchewan funds both the pharmacist assessment and the cost of the test, reflecting a clear commitment to enabling pharmacies to deliver these services effectively and at scale.

2. Authorize Pharmacists to Assess and Prescribe for Identified Public Health Priorities

Scope of Practice Changes:

a) Suggested Initial Diseases

We strongly support the Government's proposal to enable pharmacists in B.C. to assess, diagnose, and prescribe Schedule I medications for priority public health diseases, disorders, or conditions under Ministry-approved protocols.

From a public health perspective, this model enables earlier identification and management of communicable diseases, helping to reduce transmission and improve outcomes. The COVID-19 pandemic demonstrated this clearly. Pharmacists expanded vaccination capacity and, in some jurisdictions, assessed and prescribed antiviral therapies which reduced pressure on primary care and improved timely access. Embedding these authorities into a standing framework will better prepare the system for future emergencies, seasonal surges, and localized outbreaks.

Expanding pharmacist scope will also increase system capacity. Many infectious conditions are time-sensitive and protocol-driven, making them well suited to pharmacist-led care. Enabling pharmacists to manage these conditions can reduce delays, improve outcomes, and allow physicians and nurse practitioners to focus on more complex needs, particularly in rural and underserved communities where pharmacists are often the most accessible providers

We recommend the following given their public health impact and the feasibility of protocol-based management.

- **Sexually transmitted infections**, including chlamydia, gonorrhea, and trichomoniasis, are strong candidates, along with HIV prevention services such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). There are Canadian precedents supporting this approach; for example, Nova Scotia has implemented pharmacist-led assessment and prescribing for HIV PrEP.

- **Respiratory infections** should also be considered, such as RSV and influenza. Building on experiences with COVID-19, where pharmacists in many jurisdictions were authorized to assessed patients and prescribed antiviral therapies. Other similar precedents exist in Ontario, where pharmacists are authorized to prescribe influenza antivirals, and in Nova Scotia, where pharmacists can prescribe therapies for COVID-19 induced cough symptoms.

- Additional conditions that may be appropriate include **streptococcal Pharyngitis/Strep Throat** (with point-of-care testing) if the Government feels this condition does not align with its definition of a Minor Ailment. **Lyme disease prophylaxis** following tick exposure (as seen in Ontario, New Brunswick, and Nova Scotia), and vaccine-preventable diseases at risk for outbreaks such as measles are other examples where pharmacists already play a key role in immunization and could support outbreak response through expanded authority.

Operational Enablers:

To support successful uptake and implementation of pharmacist-led assessment and prescribing for public health priorities, several key operational enablers must be in place. Ministry-approved protocols should be clear, consistent, and easily accessible at the point of care, with standardized clinical pathways (including inclusion and exclusion criteria and referral thresholds) to support safe and confident decision-making. Integration with laboratory services and public health reporting systems must be streamlined to enable continuity of care, effective surveillance, and timely follow-up. In addition, regulatory frameworks should be clear and aligned to allow pharmacists to operationalize these services without ambiguity or unnecessary administrative burden. Finally, as with Minor Ailments and vaccination services, appropriate and sustainable funding for both assessment and prescribing activities is essential to ensure feasibility, uptake, and long-term success.

Expanding the ability of pharmacies to provide vaccination services will be a critical enabler of this broader public health model. Vaccination remains one of the most effective tools for preventing infectious disease transmission and controlling outbreaks. Enhancing pharmacy-based immunization capacity for both routinely recommended vaccines as well as additional vaccines will complement expanded diagnostic and prescribing authority and further strengthen the province's public health infrastructure.

Recommendations to support this objective are outlined in the following section.

3. Expand Immunization Uptake and Vaccine Access Through Community Pharmacy

Scope of Practice Changes:

a) Enable pharmacists to prescribe all routinely recommended vaccines

The current framework for vaccine access in B.C. is unnecessarily fragmented from the patient's perspective. While pharmacists are authorized to assess patients and administer a wide range of vaccines, **they are not generally authorized to prescribe vaccines**. This

creates inconsistencies as some vaccines can be administered directly, while others may require a prescription to access insurance coverage or to be dispensed. Patients may need to seek a prescription from another provider for a vaccine that a pharmacist is already fully competent to assess and administer.

Pharmacists already conduct comprehensive assessments prior to immunization, including evaluating eligibility, contraindications, and appropriateness in accordance with College of Pharmacy of BC (CPBC) standards and the BC Immunization Manual. The inability to prescribe introduces unnecessary steps, delays, and added pressure on other parts of the healthcare system.

Enabling pharmacists to prescribe all routinely recommended vaccines they are already authorized to administer would streamline the patient journey. Patients could be assessed, prescribed, and immunized in a single visit at their community pharmacy, improving convenience, reducing barriers, and supporting timely vaccination, particularly for adult and travel vaccines.

b) Authorize pharmacy technicians to administer vaccines.

B.C. has taken a strong and enabling approach to pharmacist vaccine administration through a flexible framework grounded in the Drug Schedules Regulation, CPBC standards, and the BC Immunization Manual. This allows pharmacists to administer a broad range of recommended vaccines (both publicly funded or private) based on training and clinical judgment. As a result, community pharmacies are well positioned as accessible, trusted vaccination sites and key contributors to public health delivery.

However, B.C. is currently the only province in Canada that does not authorize pharmacy technicians to administer vaccines, even for high-volume programs such as influenza. This limitation constrains pharmacy capacity at a time when demand for immunization services continues to grow.

Authorizing pharmacy technicians to administer vaccines would significantly improve access and system efficiency. It would increase appointment availability, reduce wait times, and enhance surge capacity during peak periods and public health emergencies. It would also enable pharmacists to focus on clinical assessment, prescribing, and complex care, while trained technicians safely support delivery. With 71% of Canadians comfortable receiving vaccines at pharmacies and one-third already doing so annually, pharmacies are a proven and trusted access point.[1]

<u>Operational Enablers:</u>

c) Ensure pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors.

The Government should consider modernizing the distribution of publicly funded vaccines by enabling pharmacies to access a broader range of vaccines through existing pharmaceutical wholesale distributors. Currently, the distribution landscape in B.C. is fragmented, with some

[1] Neighbourhood Pharmacy Association of Canada. Role of Pharmacies in Primary Care and Public Health. Public Opinion Poll. November 2025.

vaccines (e.g., influenza and COVID-19) supplied through pharmacy distributors, while others are accessed through public health units. This creates confusion, inconsistent stock availability, and ultimately limits timely patient access. These challenges are reflected in national assessments such as the CanAge report card, where B.C. received a grade of D+ for adult vaccine access, with gaps noted in pharmacy availability.[2]

Improving distribution is critical to expanding vaccination capacity. When vaccines are not readily available within pharmacy inventory systems, opportunities for timely immunization are often missed, particularly for adult and catch-up vaccinations where convenience is a key driver of uptake. Patients may face delays or be required to navigate multiple access points, reducing overall coverage. Additionally, the lack of predictable supply contributes to pharmacies opting out of certain immunization programs due to operational burden.

Leveraging existing pharmacy wholesale distributors offers a practical and scalable solution. Pharmacies already operate robust supply chains with established cold chain management and inventory controls. Expanding this model to include all publicly funded vaccines would improve supply visibility, reduce administrative complexity, and minimize wastage. Allocating supply based on expected pharmacy delivery volumes, rather than distributing regionally through public health units, would further enhance efficiency. Aligning vaccine distribution with pharmacy infrastructure will improve access, support greater participation in immunization programs, and strengthen B.C.'s ability to increase vaccination rates and respond to public health needs

d) Continue to progress on integrating centralized vaccination records:

B.C. has been mindful of the need to integrate the processes pharmacies must follow to document publicly funded vaccinations through ImmsBC (the centralized vaccination registry accessible by multiple healthcare providers) while also supporting pharmacies' need to submit claims for service fees through PharmaNet. Pharmacy providers recognize and appreciate the progress made in aligning clinical documentation with billing processes and public health reporting. However, there remains an opportunity to further enhance system integration and usability to better support frontline workflows. Some instances still require dual data entry which can introduce inefficiencies and potential for error. Continued efforts to fully harmonize these systems and eliminate residual duplication would further improve accuracy, reduce administrative workload, and support the sustainability of pharmacy-based immunization services.

4. Other Scope Expansions to Support Public Health and Primary Care

a) Enable therapeutic substitution of narcotics and controlled substances.

Recent amendments to the *Controlled Substances Regulations* under the *Controlled Drugs and Substances Act* explicitly create a federal framework allowing pharmacists to substitute controlled substances, where authorized by provinces. The Government should consider enabling pharmacists in B.C. to perform therapeutic substitution of narcotics and controlled substances, at minimum in defined circumstances such as drug shortages, and potentially more broadly where clinically appropriate.

[2] CanAge. Vaccine Report Card 2025. www.canage.ca/vaccinereport2025

B.C. has already established itself as a national leader in supporting patients using opioids and those with opioid use disorder, with pharmacists playing a central role in opioid agonist treatment, naloxone distribution, continuity of care, and harm reduction. Extending therapeutic substitution authority to controlled substances during shortages or in general would build on this strong foundation, ensuring patients do not experience dangerous interruptions in therapy and further strengthening pharmacists' ability to respond to evolving public health needs. This change would meaningfully round out B.C.'s already advanced framework by aligning clinical authority with the realities of medication access, supply disruptions, and patient safety.

b) Enable pharmacist prescribing of Epinephrine auto-injectors for anaphylaxis prevention and management

The Government should consider formally enabling pharmacists to prescribe epinephrine auto-injectors to improve patient access and reduce unnecessary barriers. While these products are appropriately available without a prescription, they are more commonly reimbursed through private insurance than through PharmaCare, and many insurers still require a valid prescription for coverage. This creates avoidable challenges, including additional physician visits, patient confusion, and delays in accessing life-saving medication, particularly for those unable to afford out-of-pocket costs.

These challenges are compounded by the fact that epinephrine auto-injectors have a limited shelf life of approximately 12–18 months, requiring patients to obtain frequent renewals for an essential therapy, and by Health Canada warnings regarding intermittent EpiPen shortages, which further underscore the importance of timely access. Pharmacists are already fully competent to assess patient needs and supply these products; authorizing them to prescribe epinephrine auto-injectors would align clinical practice with reimbursement requirements.

Conclusion

Neighbourhood Pharmacies strongly supports the Government of B.C.'s efforts to expand pharmacists' scope of practice as a means to improve access to care, strengthen public health response, and optimize the use of healthcare system capacity. The recommendations outlined in this submission reflect practical, evidence-informed opportunities to build on the success of existing pharmacy services while ensuring that new authorities are implemented in a way that is operationally sustainable.

As the national voice of pharmacy operators, our mandate is to support a thriving, accessible, and sustainable pharmacy sector. Achieving this requires that scope expansion be accompanied by the right operational enablers including clear policies, integrated systems, and appropriate funding to support frontline delivery without introducing unnecessary administrative burden or duplicative regulatory requirements.

We encourage the Government to work closely with Neighbourhood Pharmacies and pharmacy regulatory colleges to implement these recommendations in a way that supports safe, efficient, and scalable service delivery. Careful attention to operational design will be critical to ensure seamless integration into pharmacy workflows without adding unnecessary complexity, and we welcome continued collaboration to advance these changes in a manner that benefits patients,

strengthens the healthcare system, and supports the long-term sustainability of community pharmacy in B.C.