



British Columbia  
**Pharmacy Association**

# Presentation to House of Commons

Standing Committee on Health (HESA)  
Canada's Health Workforce

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Thank you. I want to acknowledge that today I'm speaking to you from the traditional territories of the Squamish, the Tseil-Waututh and the Musqueam First Nations.

The COVID 19 pandemic has shown both the weaknesses in our health care system and the resilience of the health care providers who have worked for the last two years to meet the unprecedented demands the pandemic has placed on them. It is clear that the Federal and provincial governments must renew their commitment to providing the support needed to ensure Canada has the physicians, nurses and other health care providers ready to face another health crisis of similar magnitude should it come.

The BC Pharmacy Association applauds the work of this Committee in pursuing much needed opportunities to recruit and retain a diverse team of health care providers across Canada.

Today, I want to share the perspective from my province, British Columbia, on the resilience community pharmacists have demonstrated since a public health emergency was declared in March 2020 and what that could mean for the long-term stability of the health care system.

As Committee members will know, B.C. has been particularly hard hit since the COVID 19 pandemic was declared. This health emergency was layered on top of B.C.'s other public health emergency: the opioid crisis. And, added to that, our province faced a once in a lifetime set of wildfires, heat domes and catastrophic flooding that has all added to the stress on the province's health care system.

It is a testament to every health care worker in our province that has worked to ensure that, despite the cascade of obstacles, that people in communities big and small received the care they needed. We know all health care workers have paid the price. They are spent and need to know their governments will put plans in place to make them better able to meet the next crisis. And a key part of the preparation is the work of this Committee: recruitment and retention of health care professionals.

When B.C. went into a public state of emergency in March 2020, which included a lockdown on all but essential services, pharmacies were the only community care settings that patients were able to access in person. Pharmacists quickly pivoted to ensure they could meet the need of their patients.

B.C. has more than 1,400 community pharmacies in 158 communities across the province – both big and small. Nearly every community has a pharmacy within a 30-minute drive.

Pharmacies have long served as an important first point of contact for patients seeking medical care. A 2018 review shows that community pharmacists see their patients anywhere between 1.5 and 10 times more frequently than they see their primary care physicians. And we know that this number sky-rocketed over the past two years.

This has meant more and more patients are calling on their pharmacists to answer questions and fill in the gaps of in-person care.

Polling regularly shows that Canadians support pharmacists in increasing the health care they provide. In a 2021 national survey, 90% of Canadians said that pharmacy professionals and pharmacies were essential during the COVID-19 pandemic. Three in four Canadians said pharmacists played a larger role in providing health care services than before the pandemic. And that same survey showed that 93% of Canadians would trust pharmacists to be a first point of contact for the healthcare system.

While community pharmacists fill a number of critical roles, there is much more that pharmacists can and should be doing.

But unfortunately, pharmacists' scope of practice varies greatly from province to province, leaving a patchwork of coverage and patients in different jurisdictions unable to receive the same access to care.

In six provinces and one territory, pharmacists have the ability to prescribe for self-limiting conditions like cold sores and acne. These self-limiting ailments are easy to treat and self-identifiable by the patient.

In our view, a National Scope of Practice for pharmacists should be adopted that ensures all pharmacists are able to deliver care to their maximum level of expertise. This would include prescribing rights.

This is particularly important in rural and remote communities that continue to have difficulties attracting physicians and other healthcare providers. Allowing pharmacists to practice at their full scope will help patients and those providers already struggling under the pressure of providing care.

Governments have long struggled with how to harness the expertise of community pharmacists and to leverage the expansive network of community pharmacies. The pandemic has provided opportunities for pharmacists to show the potential that exists. In B.C., pharmacists have been essential in delivering COVID-19 vaccines.

In B.C., pharmacies were enabled to bring nurses and other immunizers on to their teams to help administer COVID booster shots. This model should be extended beyond the pandemic.

We believe the federal government should target funding to provinces that would be used to improve and harmonize a standard scope of practice for pharmacists across the country.

We recommend that this Committee create a forum of engagement with the Canadian Pharmacists Association and other provincial pharmacy associations to develop a strategy to fully employ the expertise of community pharmacists.

Thank you very much.



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