

**To:**  
**Executive Director, Professional Regulation and Oversight**  
**Ministry of Health**  
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**Email: [PROREGADMIN@gov.bc.ca](mailto:PROREGADMIN@gov.bc.ca)**

**Re: Proposed Scope of Practice Changes**

Dear Mr Bennett,

The BC Pharmacy Association (BCPhA) appreciates the opportunity to provide feedback on the Ministry's proposed Scope of Practice Changes for Pharmacists.

We fully support the Ministry's leadership in continuing to expand the scope of practice for pharmacists to improve patient access to primary care health services. British Columbians continue to struggle, even more so than other Canadians, with regular and timely access to primary care for non-urgent matters.<sup>1,2</sup> Coupled with growing cost pressures and demands for primary care access - the Province must continue to increase system capacity and pharmacist scope expansion has proven to be effective and highly impactful for clients.

Scope expansion is also a cost-effective strategy. For example, Minor Ailments and Contraception Services (MACS), that is having pharmacists diagnose and prescribe for select conditions costs \$20 versus \$35.83 for a non-LFP\* clinic visit, \$57.50 for a 15 minute LFP clinic visit, \$182.50 for a UPCC visit or \$304 for an emergency department visit.<sup>3,4</sup> That's a potential savings of between \$15.83 – \$284 per MACS and based on clients surveyed indeed the majority of clients if not for MACS would have gone to a family doctor or nurse practitioner (31%), virtual

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<sup>1</sup> CIHI, Canadians With a Regular Health Provider. October 2025. <https://www.cihi.ca/en/indicators/canadians-with-a-regular-health-provider>.

<sup>2</sup> CIHI, Canadians With Same Day or Next Day Access to a Health Provider. January 2026. <https://www.cihi.ca/en/indicators/canadians-with-same-day-or-next-day-access-to-a-health-provider>.

<sup>3</sup> Health Data BC, Urgent and Primary Care Centres Overall Performance FY2023-2024. Accessed March 20 2026. <https://healthdatabc.ca/primarycare/upcc.html>

<sup>4</sup> CIHI, Hospital spending. October 2020. <https://www.cihi.ca/sites/default/files/document/hospital-spending-highlights-2020-en.pdf>

\*LFP = Longitudinal Family Practice

clinic (12%), walk-in clinic or Urgent and Primary Care Centre (20%), or emergency department (7%).<sup>5</sup>

Pharmacists have resoundingly responded to recent scope changes: they have become the most convenient and accessible provider of adult immunizations in the community, they have significantly increased the number of prescription adaptations and renewals following removal of restrictions in 2022 and they have delivered close to a million MACS to nearly six hundred thousand British Columbians in the first two years of the program's launch.<sup>6,7</sup> Pharmacists also believe that there is more they can do to help their patients.

In this response, we propose additional expansion of scope under the MACS framework as well as chronic disease management by pharmacists. The services and scope explored here, are not new ground and have shown through studies and real world application elsewhere in Canada to have even greater clinical and practical impact than some of the existing proposed scope expansion currently being contemplated.

### **Further Expansion of Minor Ailments and Contraception**

The first two years of MACS have been a resounding success, uptake from the public has been considerable and over 90% of pharmacies have participated. Furthermore, the patient experience has been extremely positive, with the vast majority of clients having their issue resolved or improved following the service, feeling safe and respected during the service and willing to see a pharmacist again for a similar service in the future.

Surveys of MACS recipients have also shown that clients are still having challenges in booking appointments with their doctor and would prefer to get faster access to care at the pharmacy than wait at a doctor's office or UPCC for what they determine as not warranting that level of care.

We would like to see the expansion of MACS have as much success as the program's initial launch, which is why we are strongly advocating for this expansion to include additional conditions such acute pharyngitis and otitis media. Based on the experience of pharmacies in other jurisdictions, we know that these are the services that are being used far more frequently

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<sup>5</sup> BC Stats, 2024 Minor Ailments and Contraception Services (MACS) Client Survey. July 2025. [https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/drug-data/2024\\_macs\\_survey\\_report.pdf](https://www2.gov.bc.ca/assets/gov/health/health-drug-coverage/pharmacare/drug-data/2024_macs_survey_report.pdf)

<sup>6</sup> Government of BC, Adaptation and drug administration – data. July 24, 2025. <https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/initiatives/sop/monitoring-evaluation-adaptation>.

<sup>7</sup> Government of BC, Pharmacists prescribing for minor ailments and contraception – data. September 2, 2025.

<https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/initiatives/sop/monitoring-evaluation-ppmac>

than the existing additional conditions being considered and resonate with busy families. Public surveys have also demonstrated strong support for addition of these services in community pharmacies.<sup>8</sup> We are also recommending inclusion of additional scope for prescribing vaccines and basic travel medicine prescriptions, both services that pharmacists are already in essence providing, but don't have authority to issue prescriptions for. This lack of authority creates administrative burden for pharmacists and prescribers and ultimately results in both delays and lack of treatment for clients.

### **Acute Pharyngitis or Strep Throat Testing and Prescribing**

Acute pharyngitis (sore throat) is one of the most common reasons for primary care and emergency department (ED) visits that do not need to be seen in the ED.<sup>9</sup> It affects both children and adults but is far more prevalent in children. It is most commonly a self-limiting condition caused by a viral infection that can be managed without antibiotic treatment. Streptococcal pharyngitis (strep throat), is a form of acute pharyngitis caused by Group A streptococcus (GAS), and is the cause for sore throat visits in 5-15% in adults and 20-30% in children occurring most often during winter and spring months each year.<sup>10</sup> GAS is also typically self-limiting, resolving in about a week, however, leaving it untreated increases the risk of rare but serious complications and prolongs contagiousness. Because the signs and symptoms of viral and bacterial pharyngitis largely overlap, antibiotic overprescribing is common for this condition based on standard care. Pharmacist managed strep throat testing and treatment is a solution to addressing the several of the challenges presented by this condition.

We believe that it is an ongoing missed opportunity to continue to delay enabling a publicly funded strep throat testing and treatment program in community pharmacies - a high impact program that can improve and streamline patient access to care, reduce unnecessary antibiotic use, and avoid unnecessary visits to physician offices, acute care departments as well as

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<sup>8</sup> Stratcom for the BC Pharmacy Association, BC Syndicated Omnibus Polling For BC Pharmacy Association. May 13, 2024. [https://www.bcpharmacy.ca/system/files/assets/paragraphs/file/file/BC%20omni%20polling%202024\\_BC%20Pharmacy\\_topline%202024\\_05\\_15\\_web.pdf](https://www.bcpharmacy.ca/system/files/assets/paragraphs/file/file/BC%20omni%20polling%202024_BC%20Pharmacy_topline%202024_05_15_web.pdf)

<sup>9</sup> CIHI, Sources of Potentially Avoidable Emergency Department Visits. November 2014. <https://www.cihi.ca/sites/default/files/document/sources-potentially-avoidable-emergency-department-visits-en.pdf>

<sup>10</sup> Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. *Clin Infect Dis* 2012;55(10):e86-102.

labs.<sup>11,12</sup> Extended hours at many pharmacies also can provide relief to busy caregivers by having the opportunity to have their children diagnosed and treated without having to wait in emergency departments or take time off work to have their children seen during the next business day. Where pharmacists are authorized to prescribe for GAS it allows for immediate treatment, which can end transmissibility within 24 hours of starting appropriate antibiotic treatment and have children safely return to school or childcare quicker. Furthermore, prescribing based on test results have been shown to reduce antibiotic prescribing rates up to 25%.<sup>13</sup>

A pharmacist led strep throat management program includes a pharmacist assessment to determine whether testing is required, strep throat testing via a validated Health Canada approved point of care testing (POCT) device which allows for rapid testing and results and prescribing authority for pharmacists to issue a prescription immediately if required. Nova Scotia, Alberta, and Saskatchewan pharmacists are already providing assessment, testing and prescribing for strep throat and Ontario is also in the process of granting pharmacist prescribing authority for this condition through its minor ailment program.

Nova Scotia's "Community Pharmacy Primary Care Clinics" (CPPCC) pilot provides excellent insights into the demand for this program. Launched between Feb 1, 2023, to Oct 31, 2024, with 31 sites in operation, their pilot demonstrated strep throat testing and management was one of the most sought-after of all clinical pharmacy services offered. During the pilot, Nova Scotia pharmacies billed for 218,308 patient services. Strep throat accounted for 20% of all delivered services, double the volume of other common minor ailments (10%), and only slightly behind prescription renewals (24%). Based on reports from a pharmacy group operating clinics in Nova Scotia, demand has continued to increase for strep throat assessments now accounting for more than 20 visits per week per site and continuing to be one of the leading reasons for visits amongst minor ailments, and well ahead of those contemplated by the current expansion of scope.

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<sup>11</sup> Efi Mantzourani, Haroon Ahmed, Jackie Bethel, Samantha Turner, Ashley Akbari, Andrew Evans, Matthew Prettyjohns, Gareth John, Ronny Gunnarsson, Rebecca Cannings-John, Clinical outcomes following acute sore throat assessment at community pharmacy versus general practice: a retrospective, longitudinal, data linkage study, *Journal of Antimicrobial Chemotherapy*, Volume 80, Issue 1, January 2025, Pages 227–237, <https://doi.org/10.1093/jac/dkae400>

<sup>12</sup> Essack, Sabiha, John Bell, Douglas Burgoyne, Wirat Tongrod, Martin Duerden, Aurelio Sessa, Attila Altiner, and Adrian Shephard. 2020. "Point-of-Care Testing for Pharyngitis in the Pharmacy" *Antibiotics* 9, no. 11: 743. <https://doi.org/10.3390/antibiotics9110743>

<sup>13</sup> Cohen JF, Pauchard JY, Hjelm N, Cohen R, Chalumeau M. Efficacy and safety of rapid tests to guide antibiotic prescriptions for sore throat. *Cochrane Database Syst Rev*. 2020 Jun 4;6(6):CD012431. [doi: 10.1002/14651858.CD012431](https://doi.org/10.1002/14651858.CD012431).

In BC there are already a number of community pharmacies offering private-pay strep throat testing services, however, there remain barriers that limit uptake and the potential for Provincial impact:

- Pharmacists do not currently have the authority to prescribe for treatment of GAS. This requires clients to seek a secondary appointment either via telemedicine or in-person with a family physician, walk-in or UPCC to get a prescription based on their pharmacy assessment and test result. This is a source of inconvenience for the client and inefficient use of time and healthcare resources. This also results in some clients not receiving any treatment or having the start of treatment delayed.<sup>14</sup>
- Provincial standards for provision of POCT in pharmacies are required to support a consistent approach towards testing protocols, documentation and reporting in all pharmacies.
- The program is not publicly-funded limiting service availability and accessibility.

Enabling a pharmacist led Strep throat management program through regulatory change and proper funding would be a boon to British Columbian families and would see a rapid adoption from pharmacies. We are confident that uptake from the public would be immediate and the volume would significantly enhance the effect of the current proposed scope expansion.

### **Acute Otitis Media**

Acute Otitis Media (AOM) is a middle ear infection that results in high utilization of primary care clinics and emergency departments, particularly among children.<sup>15</sup> AOM also presents a significant burden to families in terms of time spent waiting at emergency departments or outpatient clinics and missed time from work with the average time taken off work of 15.9 hours.<sup>16</sup>

AOM often presents suddenly and causes significant discomfort and can be distressing to caregivers. Diagnoses and treatment of AOM requires a physical assessment and treatment can

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<sup>14</sup> Papastergiou J, Trieu C, Saltmarche D, Diamantouros A, Community pharmacist-directed point-of-care group A Streptococcus testing: Evaluation of a Canadian program *Journal of the American Pharmacists Association*, 2018; 58, 450-456. DOI: [10.1016/j.japh.2018.03.003](https://doi.org/10.1016/j.japh.2018.03.003)

<sup>15</sup> Nasreen S, Wang J, Sadarangani M, Kwong JC, Quach C, Crowcroft NS, et al. Estimating population-based incidence of community-acquired pneumonia and acute otitis media in children and adults in Ontario and British Columbia using health administrative data, 2005–2018: a Canadian Immunisation Research Network (CIRN) study. *BMJ Open Respiratory Research*. 2022;9:e001218. <https://doi.org/10.1136>

<sup>16</sup> Dubé E, De Wals P, Gilca V, et al. Burden of acute otitis media on Canadian families. *Can Fam Physician* 2011; 57:60–5. <https://www.cfp.ca/content/57/1/60.short>

include non-drug measures (as symptoms often resolve spontaneously within 24-48 hours), symptom management only or antibiotics depending on the clinical presentation.

Multiple Canadian provinces such as Alberta, Nova Scotia and Saskatchewan already authorize pharmacists to prescribe for AOM. Based on data from a pharmacy group on operating primary care clinics in Nova Scotia, on average 10 visits for AOM were being seen a week per clinic over the course of 2025. If, conservatively even a third of community pharmacies (500) offered this service in BC with half the level of uptake, could still translate to 2500 families every week not having to take time away from work or having the anxiety of trying to find an appointment at a primary care clinic, UPPC, or ED alleviating some of the time burden off of families and supporting more efficient use of healthcare dollars and resources. The potential cost savings of \$39,575 – \$406,250 per week based 2,500 services per week in pharmacies should be a compelling consideration for advancing this scope of practice.

### **Prescribing authority for vaccines**

Publicly funded immunization programs help protect individuals and communities from serious, life-threatening communicable diseases. However, the growing number of vaccines approved by Health Canada often outpaces adoption by public health programs for various reasons including overall cost, cost-effectiveness in target populations, and individual vs. population level protection. This does not diminish the potential value of the protection provided by non-publicly funded vaccines to the individual.<sup>17</sup> In fact, private insurance providers are increasingly recognizing the value of vaccines, and more are including vaccine coverage as part of standard coverage.<sup>18</sup>

Pharmacists have become the primary source for seeking advice about and receiving privately funded vaccines in BC. Pharmacists create awareness, assess, dispense and administer vaccinations to clients for whom they are indicated. Currently, pharmacists are permitted to sell vaccines as a behind the counter product without a prescription, but do not have authority to prescribe vaccines. They are permitted to sell the vaccines without a prescription based on a

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<sup>17</sup> Isenor JE, Kervin MS, Halperin DM, et al. Pharmacists as immunizers to Improve coverage and provider/recipient satisfaction: A prospective, Controlled Community Embedded Study with vaccines with low coverage rates (the Improve ACCESS Study): Study summary and anticipated significance. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada*. 2020;153(2):88-94. doi:[10.1177/1715163519900221](https://doi.org/10.1177/1715163519900221)

<sup>18</sup> Benefits Canada. Closing Canada's Vaccine Coverage Gap and Combating Vaccine Hesitancy. Accessed March 14 2026. <https://www.benefitscanada.com/partner-content/closing-canadas-vaccine-coverage-gap-and-combating-vaccine-hesitancy/>

College of Pharmacists BC policy.<sup>19</sup> As College policies are transitioned through Health Professions and Occupations Act modernization to standards of practice or other regulations, we recommend that pharmacists' work related to vaccines more formally recognized as the right to prescribe them in the Pharmacists Regulations.

Lack of authority to prescribe can become a problem when clients have private drug coverage as some insurance plans will not provide coverage unless the vaccine is prescribed by an authorized prescriber. To get a prescription, clients will often have to book an appointment with a physician or NP just to get a prescription, despite a complete assessment already being performed by the pharmacist. This results in wasted time and resources for both the client and healthcare professionals involved. Worse these barriers result in delays in the client receiving a vaccine or not receiving the vaccine at all if the delays are too significant, exposing them to the risks of vaccine preventable harms.

Pharmacists are knowledgeable and are already dispensing and administering privately funded vaccines without a prescription. Furthermore, this scope is already authorized in other jurisdictions including Alberta, Saskatchewan, Nova Scotia, New Brunswick, Newfoundland, PEI and Quebec.

We strongly recommend that pharmacists be provided with the authority to prescribe vaccines in the pharmacists regulation, similar to contraception, to reduce administrative and financial barriers for British Columbians with private drug coverage and ensure they are protected from serious, but preventable health outcomes.

## Minor Insomnia

Night-time insomnia symptoms affect a high percentage of Canadian (18-20%)<sup>20</sup> with short term consequences including loss of work productivity, reduced quality of life, emotional distress and mood disorders, and cognitive, memory, and performance deficits.<sup>21,22</sup>

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<sup>19</sup> College of Pharmacists of BC, *PRP INSIGHTS: Vaccine Scheduling*. Feb 29 2024. <https://www.bcpharmacists.org/readlinks/prp-insights-vaccine-scheduling>

<sup>20</sup> Chaput JP, Morin CM, Robillard R, Carney CE, Dang-Vu TT, Davidson JR, Tomkinson GR, Lang JJ; Canadian Sleep Research Consortium. Trends in nighttime insomnia symptoms in Canada from 2007 to 2021. *Sleep Med*. 2025 Jan;125:21-26. doi: 10.1016/j.sleep.2024.11.025. Epub 2024 Nov 15. PMID: 39556998.

<sup>21</sup> Kessler RC, Berglund PA, Coulouvrat C, Hajak G, Roth T, Shahly V, Shillington AC, Stephenson JJ, Walsh JK. Insomnia and the performance of US workers: results from the America insomnia survey. *Sleep*. 2011 Sep 1;34(9):1161-71. doi: 10.5665/SLEEP.1230. Erratum in: *Sleep*. 2011;34(11):1608. Erratum in: *Sleep*. 2012 Jun 1;35(6):725. doi: 10.5665/sleep.1844. PMID: 21886353; PMCID: PMC3157657.

<sup>22</sup> Medic G, Wille M, Hemels ME. Short- and long-term health consequences of sleep disruption. *Nat Sci Sleep*. 2017 May 19;9:151-161. doi: 10.2147/NSS.S134864. PMID: 28579842; PMCID: PMC5449130.

Presently pharmacists in Alberta, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland permit pharmacists to assess and prescribe for minor sleep disorders. In Ontario, the Ministry of Health is also in the process of expanding their pharmacist minor ailments program<sup>23</sup> with 14 additional conditions including acute insomnia. Their proposed amendments also go beyond some of the other jurisdictions and will permit pharmacists to prescribe for Benzodiazepine Receptor Agonists (short term use only), Orexin Receptor Antagonists, Tricyclic Antidepressants and Antihistamines. Training on the diagnosis and treatment of insomnia are part of the curriculum for the Entry to Practice PharmD program at the University of British Columbia.

We encourage the Ministry to add this to the proposed list of conditions to be added to the MACS program.

### **Basic Travel Medicine Prophylaxis**

Over 3 million Canadians return to Canada from abroad per month<sup>24</sup> and data suggests that many travel under-protected against preventable conditions endemic to their destination, in particular, malaria.<sup>25,26</sup>

To further support public health, reduce unnecessary visits to primary care clinics, and ensure travellers receive timely preventive care, we propose the addition of prescribing authority for basic travel medicine prophylaxis including:

- malaria prophylaxis for low-complexity itineraries
- travellers' diarrhea prophylaxis
- altitude sickness prevention

Authority to prescribe for these basic travel health medications already exists in other Provinces including Alberta, Saskatchewan, Atlantic provinces and Quebec.<sup>27</sup> As well, many pharmacies in

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<sup>23</sup> Ontario College of Pharmacists, Expanding Scope of Practice. March 25, 2026. <https://ocpinfo.com/pharmacy-professionals/expanded-scope-of-practice/minor-ailments-expansion/>

<sup>24</sup> Government of Canada, Travel between Canada and other countries, December 2025. February 23, 2026. <https://www150.statcan.gc.ca/n1/daily-quotidien/260223/dq260223a-eng.htm>

<sup>25</sup> dos Santos CC, Anvar A, Keystone JS, Kain KC. Survey of use of malaria prevention measures by Canadians visiting India. CMAJ. 1999 Jan 26;160(2):195-200. PMID: 9951440; PMCID: PMC1229989.

<sup>26</sup> Boggild A, Geduld J, Libman M et al. Malaria in travellers returning or migrating to Canada: surveillance report from CanTravNet surveillance data, 2004-2014 July 07, 2016 4 (3) E352-E358; DOI: <https://doi.org/10.9778/cmajo>. 20150115

<sup>27</sup> Canadian Pharmacists Association, Prescribing Authority of Pharmacists Across Canada. February 2025. [https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/PharmacistPrescribingAuthority\\_EN\\_web.pdf](https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/PharmacistPrescribingAuthority_EN_web.pdf)

BC are already providing travel consultation services, however, the inability to complete the service by issuing prescriptions based on their client assessment requires clients to get an appointment with a physician just to obtain a prescription, which takes more time from the client and just further delays them in obtaining their medication or the client simply never ending up getting their medications if the process is too time consuming.

We encourage the Ministry to add this to the proposed list of conditions to be added to the MACS program.

### **Chronic Disease Management**

Chronic disease management by pharmacists has significant potential to be a cost-effective public health initiative that can dramatically improve patient health outcomes and ensure patient needs are met by an appropriate healthcare resource, rather than in acute care. While discussions with the Ministry suggest that chronic disease management will be considered in the future, we would strongly encourage the Ministry to consider it now starting with prescribing authority and pharmacist programs to support the management of hypertension (high blood pressure) and diabetes.

According to Hypertension Canada, high blood pressure is among the top risk factors for death and disability in Canada<sup>28</sup> with a prevalence in adults of 22.6% with only 68.1% having the condition under control.<sup>29,30</sup> Furthermore, another 20% of Canadians are known to be at risk with prehypertension. Interventions to reduce blood pressure (BP) can make a significant difference in lowering risks stroke deaths, coronary artery disease and premature death and pharmacist interventions have been proven to be one of the most effective at improving patient health outcomes.

Hypertension management by pharmacists is an intervention with one of the largest bodies of evidence to supports its effectiveness in improving patient outcomes and has broad support with the Heart and Stroke Foundation advocating for routine BP screening in the community by

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<sup>28</sup>Hypertension Canada, Hypertension in Canada: Fact Sheet 2016, [https://hypertension.ca/wp-content/uploads/2018/12/HTN-Fact-Sheet-2016\\_FINAL.pdf](https://hypertension.ca/wp-content/uploads/2018/12/HTN-Fact-Sheet-2016_FINAL.pdf).

<sup>29</sup> Karen Wilkins et al., "Blood Pressure in Canadian Adults," Health Reports 21, no. 1 (2010): 37–46, <https://europecmc.org/article/MED/20426225>.

<sup>30</sup> Ross T. Tsuyuki, Stephanie C. Gysel, Tiffany A. Lee, Yeyenta Mina Osasu, Neil R. Poulter, and Enrique Rodilla, "A Hyper-Opportunity for Pharmacy," Canadian Pharmacists Journal 158, no. 4 (2025): 183–185, <https://doi.org/10.1177/17151635251342414>

pharmacists<sup>31</sup> and Hypertension Canada releasing a call to action for pharmacist prescribing authority for hypertension management.<sup>32</sup>

Meta-analyses of clinical trials have found that a 5mmHg reduction in systolic blood pressure reduced the risk of major cardiovascular events by about 10%. Two recent systematic reviews analyzed close to two hundred randomized controlled trials of pharmacist management of hypertension and both reviews showed that pharmacist led interventions result in clinically significant blood pressure reductions. Gastens et al.<sup>33</sup> demonstrated a mean reduction of 5.3/2.3mmHg in over 31,000 patients. Mills et al.<sup>34</sup> showed reductions of 7.3mmHg for systolic and 3.7mmHg for diastolic blood pressure following pharmacist-led interventions and concluded that “pharmacists along with community health workers are most effective at leading BP interventions and should be prioritized in future hypertension control efforts.” In a chart review of 146 clients who sought care in the Nova Scotia Pharmacist Clinic Pilot pharmacists helped clients with hypertension (n=31) increase the number of clients achieve target blood pressure by 35.4% with 67.7% reducing their systolic blood pressure by more than 5mmHg. They also helped increase the number of clients with both diabetes and hypertension achieve target blood pressure by 23.1%.

Hypertension also increases the risk of diabetes developing in patients and is twice as frequent in patients with diabetes compared with those without. Furthermore, the major cause of morbidity and mortality in diabetes is cardiovascular disease, which is made worse by hypertension so it only makes sense that pharmacists should be empowered with scope and programs to address both of these conditions in tandem.

Similar to hypertension, pharmacist interventions to support management of diabetes have a significant body of evidence that repeatedly demonstrate the ability to significantly improve medication adherence and clinical outcomes such as HbA1c, LDL-cholesterol, systolic and

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<sup>31</sup> Heart and Stroke Canada, Health professionals concerned about blood pressure in Canada. Oct 18, 2022.

<https://www.heartandstroke.ca/what-we-do/media-centre/news-releases/health-professionals-concerned-about-blood-pressure-in-canada>

<sup>32</sup> Khan N, Bell A, Berg A, et al. A call to action to implement prescribing authority to pharmacists for hypertension management. *Can Pharm J (Ott)* 2019;152(5):285-7.

<sup>33</sup> Viktoria Gastens, Stefano Tancredi, Blanche Kiszio, Cinzia Del Giovane, Ross T. Tsuyuki, Gilles Paradis, Arnaud Chiolero, and Valérie Santschi. “Pharmacists Delivering Hypertension Care Services: A Systematic Review and Meta-Analysis of Randomized Controlled Trials.” *Frontiers in Cardiovascular Medicine* 12 (2025): Article 1477729. <https://doi.org/10.3389/fcvm.2025>.

<sup>34</sup> K.T. Mills, S.S. O’Connell, M. Pan, K.M. Obst, H. He, and J. He, “Role of Health Care Professionals in the Success of Blood Pressure Control Interventions in Patients With Hypertension: A Meta-Analysis,” *Circulation: Cardiovascular Quality and Outcomes* 17, no. 8 (2024): e010396, <https://europecpmc.org/article/PMC/PMC11338746>. 123.010396

diastolic blood pressure, fasting blood glucose and body mass index.<sup>35,36,37</sup> In the recent NS CPPC pilot they were also able to demonstrate that pharmacist diabetes management services helped increase the number of clients on target A1c 13.7%.

Pharmacists are already well positioned to conduct hypertension and diabetes focused interventions. Pharmacists are all trained to manage both conditions and are thoroughly familiar with managing their treatment. There is also a growing number of pharmacists with additional Certified Diabetes Educator credentials. A large proportion of pharmacies are already equipped with blood pressure monitoring devices, conduct medication reviews and adapt/renew prescriptions for hypertensive medications. However, the one area of scope, that is missing and required to maximize the effectiveness and efficiency of a hypertension management service is the ability to initiate prescriptions. This would ensure that clients screened in the pharmacy with no previous history of hypertension can be offered appropriate treatment without having to wait to be seen by another healthcare professional. It would also allow pharmacists to prescribe and adjust medication therapy for clients with existing hypertension based on changes in their health.

## **In summary**

Pharmacists stand ready to help address primary care pressures in BC and improve timely access to care for British Columbians. Authorizing pharmacists to prescribe a wider range of in-demand minor ailments, vaccines, strep throat, otitis media and chronic conditions are practical, evidence-supported, and cost-effective policy changes that will strengthen BC's healthcare system.

To enable the programs outlined in this response, we recommend that the Ministry implement the following regulatory actions in addition to the proposed scope expansion:

- Add pharyngitis to Schedule A of the Pharmacists Regulation (this could also be considered under protocol-based prescribing)

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<sup>35</sup> van Eikenhorst L, Taxis K, van Dijk L, de Gier H. Pharmacist-Led Self-management Interventions to Improve Diabetes Outcomes. A Systematic Literature Review and Meta-Analysis. *Front Pharmacol*. 2017 Dec 14;8:891. doi: [10.3389/fphar.2017.00891](https://doi.org/10.3389/fphar.2017.00891). PMID: 29311916; PMCID: PMC5735079.

<sup>36</sup> Pousinho S, Morgado M, Falcão A, Alves G. Pharmacist Interventions in the Management of Type 2 Diabetes Mellitus: A Systematic Review of Randomized Controlled Trials. *J Manag Care Spec Pharm*. 2016 May;22(5):493-515. doi: [10.18553/jmcp.2016.22.5.493](https://doi.org/10.18553/jmcp.2016.22.5.493). PMID: 27123912; PMCID: PMC10397609.

<sup>37</sup> Zhang L, Lin H, Wu W, Zhuang J, Huang L, Wang Y, Liu J, Hu C, Wei X. A meta-analysis of the impact of pharmacist interventions on clinical outcomes in patients with type-2 diabetes. *Patient Educ Couns*. 2024 Mar;120:108091. doi: [10.1016/j.pec.2023.108091](https://doi.org/10.1016/j.pec.2023.108091). Epub 2023 Nov 28. PMID: 38071931.

- Develop an updated Provincial policy on POCT in community practice
- Add otitis media to Schedule A of the Pharmacists Regulation
- Add acute minor insomnia and basic travel medicine to Schedule A of the Pharmacists Regulation
- Amend the Pharmacists Regulation to permit pharmacists to prescribe vaccines
- Amend the Pharmacists Regulation to permit pharmacists to prescribe for select chronic conditions starting with hypertension and diabetes

We welcome the opportunity to collaborate with the Government of British Columbia to develop regulations, programs, communications and supports for pharmacists to implement expanded scope while ensuring the delivery of safe, high-quality care in community pharmacies for all British Columbians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bryce Wong', with a horizontal line extending to the right.

Bryce Wong  
Executive Director, Pharmacy Practice Support & Special Projects  
BC Pharmacy Association