Ontario College of Pharmacists: Consultation on Expanded Scope of Practice

OPA Submission
November 21, 2025

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Executive Summary

Ontario's health system is under unprecedented strain, with significant gaps in access to primary care, rising emergency department volumes, and increasing pressures on clinicians across the care continuum. Expanding the scopes of practice for pharmacy professionals represents a critical opportunity to strengthen patient access to timely, high-quality care; enhance system capacity; and improve health outcomes through more effective use of the health workforce.

Pharmacy professionals are highly trained and trusted healthcare providers embedded in communities across the province, including rural, remote and underserved areas. With nearly 100% of community pharmacies participating in Ontario's minor ailments program and proven leadership in delivering large-scale vaccination programs, pharmacy professionals have demonstrated readiness, competence, and capacity to safely assume expanded roles that improve access to care and reduce system pressures.

OPA strongly supports the proposed amendments to Ontario Regulation 256/24 under the *Pharmacy Act, 1991,* to authorize pharmacists to assess and prescribe for additional minor ailments, to expand vaccine administration authority for pharmacy professionals, and to enable the administration of injectable buprenorphine. These changes will support greater access and continuity of care; improve patient experience; and enable a more integrated, efficient, and sustainable health system. However, to ensure equitable access for all patients and enable sustainable service delivery, publicly funded remuneration frameworks must also accompany expanded scope changes across all practice settings. Exploration and mitigation of potential regulatory, policy and/or administrative barriers should also be undertaken to ensure the full benefits of expanded scope are realized. Advancing enablers such as ordering of laboratory tests, conducting additional point-of-care tests, and improving digital health integration, where appropriate, will help support timely access to care, improved patient health outcomes and the overall efficiency and effectiveness of the health system.

OPA recognizes that uptake of expanded scope will vary across practice settings and among pharmacy professionals based on operational realities, patient populations, and readiness. Those who are ready to adopt the new scope should be enabled to do so, while ensuring that others receive access to the necessary tools, education, and resources required to incorporate changes at a pace that aligns with their practice realities. Supporting professional wellbeing, operational feasibility, and workforce sustainability must remain central to implementation planning.

OPA is committed to collaborating with the College, the Ministry, and system partners to ensure a smooth and sustainable implementation of expanded scope. By advancing these changes with the necessary supports in place to strengthen professional capacity while ensuring sustainability of pharmacy services, Ontario can build a more resilient health system that leverages the full expertise of pharmacy professionals and expands equitable access to care for all Ontarians.

Introduction

The Ontario Pharmacists Association ('OPA', the 'Association') is pleased to provide its comments and recommendations to the Ontario College of Pharmacists ('OCP', the 'College') and the Ministry of Health ('Ministry') on proposed regulatory amendments to Ontario Regulation 256/24 (O. Reg. 256/24) under the *Pharmacy Act, 1991,* that if approved, would:

- Authorize pharmacists to assess and prescribe for 14 additional minor ailments including: sore throat (acute pharyngitis), calluses and corns, headache (mild), shingles (herpes zoster), acute insomnia, fungal nail infections (onychomycosis), swimmers' ear (otitis externa), head lice (pediculosis), nasal congestion (viral rhinitis, rhinosinusitis), dandruff (seborrheic dermatitis), ringworm (tinea corporis), jock itch (tinea cruris), warts (Verrucae – vulgaris, plantar; excluding face and genitals), dry eye (xeropthalmia, dry eye disease)
- Enable pharmacists to provide additional routinely administered vaccines not currently listed in Schedule 3 of O. Reg. 256/24 under the *Pharmacy Act, 1991*
- Enable pharmacy technicians to administer all vaccines listed in Schedule 3 of O. Reg. 256/24 under the *Pharmacy Act, 1991*
- Authorize pharmacists to administer injectable partial opioid agonists and antagonists (specifically, buprenorphine)

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With over 8,500 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

Pharmacy professionals are integral to the province's primary care system, providing equitable and convenient access to care for Ontarians. As noted in our submission to the Ministry's consultation on proposed changes to advance the pharmacy sector in Ontario, OPA supports expansions to the scopes of practice of pharmacy professionals to enable the profession to play a larger role in increasing access to care for patients and relieving pressures on the health care system. Some potential challenges/barriers associated with patient access to healthcare services that could be addressed by expanding scope for pharmacy professionals include:

- **Access to care for unattached patients** – In Ontario, 2.5 million Ontarians did not have a family doctor in 2024 and it is forecasted to reach 4.4 million people by 2026.[i,ii] Pharmacists can help close this gap by managing additional minor ailments.
- **Timely access to care** – Only 35% (of those 16 years of age or older) reported being able to receive a same day/next day appointment from their regular healthcare provider resulting in patients visiting walk-in clinics or hospital emergency departments instead.[iii] With nearly 100% of community pharmacies in Ontario participating in the minor ailments program, patients will have more options to receive timely care.[iv]

- **Convenient access to care** –17% of Canadians have passed on a doctor's appointment because there were no availabilities outside of working hours.[v] Pharmacies extended hours can make care more accessible.
- **Access to care for rural Ontarians** – An estimated 525,000 rural residents do not have a primary care provider, 65% of rural Ontario municipalities do not have access to walk-in clinics, and in 2023, there were over 600 emergency department temporary closures in rural Ontario.[vi] Pharmacies can expand care options in these communities.
- **Access to care for individuals with transportation issues or physical disabilities** – Ten percent of Canadians have difficulties getting to doctor's appointments due to transportation or mobility issues.[v] Pharmacies and virtual care options help to address these limitations.
- **Culturally competent and relevant care** –The delivery of culturally competent care is essential to improving health outcomes and quality of care in addition to reducing racial and ethnic health disparities.[vii] Pharmacy professionals embedded in local communities can offer culturally sensitive, tailored, linguistically appropriate services to improve health disparities.

Together, we can continue building a stronger and better health system in Ontario by enabling pharmacy professionals to do more to address the challenges our health system face while simultaneously delivering better health outcomes for all Ontarians. To realize these benefits, it is crucial that these changes in scopes of practice are accompanied by the necessary supports such as resources, digital infrastructure and investments in sustainability to ensure we can strengthen professional capacity and build a sustainable profession.

Minor Ailments

Since the implementation of the publicly funded minor ailment program in January 2023, Ontario's pharmacists have provided over 2 million assessments with almost 100% of all community pharmacies participating.[viii] The positive uptake of minor ailment services by patients demonstrates the high level of acceptance and need for access to minor ailment services.

OPA supports the **inclusion of the proposed 14 additional minor ailments** (acute pharyngitis, calluses and corns, headache (mild), herpes zoster, minor sleep disorders, onychomycosis, otitis externa, pediculosis, rhinitis - viral, seborrheic dermatitis, tinea corporis, tinea cruris, verrucae (vulgaris, plantar), and xerophthalmia) within the scope of practice of pharmacists. As part of OPA's submission to the Ministry's earlier consultation, OPA had supported inclusion of 17 minor ailments that were part of the original list submitted by OCP to the Minister of Health for consideration in September 2023 comprising the 14 proposed minor ailments along with birth control, emergency contraception, and erectile dysfunction. OPA firmly believes that pharmacists in Ontario are fully capable of providing care for these other minor ailments, consistent with the scope of practice of their colleagues in other Canadian jurisdictions where pharmacists can prescribe for substantially more conditions than the current list of 19 in Ontario (with the exception of Manitoba).[ix] Expanding Ontario's minor ailments program to include these additional conditions represents a necessary and evidence-based step toward optimizing pharmacists' role in accessible care and aligning Ontario with national standards.

Sector Readiness

Pharmacist training and licensure in Ontario covers the areas of clinical assessment, differential diagnosis, selection of appropriate therapeutic interventions, adherence to clinical practice guidelines, identification and management of drug interactions, provision of education for the patient, and communication with the patient's primary care provider.[x] This education also includes the identification of red flags and when referral to another health care provider would be appropriate to protect patient safety. As such, pharmacy students in Ontario are trained to properly assess minor ailments and to advise patients on the most appropriate course of treatment as part of the current curriculum at pharmacy schools.

Furthermore, pharmacy professionals are required to practice in accordance with all applicable Standards of Practice, Code of Ethics, policies, guidelines, and legislative requirements relevant to practice. As part of the Standards of Practice, pharmacists must recognize and practice within the limits of their competence.[xi] Therefore, pharmacists who provide minor ailment assessments must ensure that they have the required training and knowledge prior to engaging in this practice area. For practicing pharmacists who want to update their knowledge, continuing education courses are also available to support them with meeting this responsibility.

Consequently, the need for mandatory training prior to providing minor ailment assessments is unnecessary. OPA looks forward to collaborating with OCP and the Ministry to establish other

proportionate measures, as required and necessary, to enhance the protection of patient safety and support practical implementation, ensuring pharmacists can deliver expanded scope services that enable timely access to care for patients, while avoiding undue financial or administrative burdens.

Patient and Health System Benefits

Improving Access

Enabling pharmacists to have authority to assess, and where appropriate prescribe for additional minor ailments will **expand patient access to timely care**, resulting in both clinical and health economic benefits.[xii] Patients will be able to complete the entire pathway from assessment and testing to prescribing, dispensing and follow-up, in one accessible location as is already the case for COVID-19 where the pharmacist can assess, test, prescribe, dispense and follow-up with the patient as necessary. This model has demonstrated strong clinical and operational outcomes in other jurisdictions. For example, a study in Alberta found that the prevalence of same-day initiation of antibiotic therapy was 73.8% where pharmacists have advanced prescribing authority to prescribe antibiotics for Strep throat as compared to only 40.5% in the other jurisdictions where pharmacists could only test and refer patients to a physician for treatment.[xii] Such timely access helps reduce disease transmission, improve symptomatic resolution, and lessen demand on other parts of the health care system.

Economic/Workforce Impact

Increasing access to timely care can also have benefits on Ontario's workforce. An expanded scope for pharmacists will translate to improved access to care for patients which may increase employer workplace productivity and decrease absenteeism. The estimated direct cost of absenteeism to the Canadian economy was $16.6 billion in 2012.[xiii] Faster and convenient access through a pharmacy may reduce the need for employees to take time off work to see their primary care provider during typical "9 to 5" medical office hours. Additionally, earlier intervention can reduce time away from work due to illness, minimize complications, and prevent lost productivity associated with presenteeism, which has been shown to be potentially more costly than absenteeism by many studies.[xiv]

Safety and Quality

Evidence from other provinces demonstrate that **pharmacist prescribing for minor ailments is both safe and effective**. A study from Saskatchewan found that 80.8% of minor ailment conditions treated by the pharmacist either significantly or completely improved with only 4% of cases experiencing bothersome side effects. [xv] Similarly, a study from New Brunswick found that pharmacist management of uncomplicated urinary tract infections (UTIs) was associated with high levels of patient satisfaction along with notable and sustained symptom resolution with 88.9% of patients achieving clinical cure.[x] A sub-study of this trial showed that pharmacists also adhered to clinical practice guidelines more often compared to physicians (95.1% of the time compared to

35.1%, respectively).[x] This tendency to adhere to clinical practice guidelines combined with their ability to modify duration and antibiotic selection when physician-initiated therapy is suboptimal may enhance pharmacists' role in antibiotic stewardship by helping to reduce unnecessary and inappropriate antibiotic use in community settings.[x]

System Impact

The addition of pharmacy as a complementary channel to the currently available pathways for primary care will help to **support integrated care and enhance system capacity and equity by alleviating pressures in the broader health care system**. With 1 in 4 Ontarians forecasted to be without a family doctor by 2026,[ii] and only 1 in 3 being able to access their primary care provider for a same day or next day appointment,[iii] changes are needed to ensure our health system can meet today's challenges. A recent Ontario study found that enabling pharmacists to prescribe for minor ailments increased pharmacy visits by 16%, particularly in materially deprived neighbourhoods, i.e., communities with the lowest levels of material resources, employment and housing stability. [xvi] Additionally, patients who do not have a designated primary care provider are at a higher risk of clinically decompensating or seeking care at inappropriate locations, such as hospitals, for conditions that could have been managed or prevented in a community setting.[xvii] In 2022/23, nearly 1 in 4 emergency department (ED) visits in Ontario were for less urgent or non-urgent cases, such as sore throat or cold, often because it was the only immediate option available.[xvii] These visits contribute to long-wait times (averaging 2 hours before their first assessment by a doctor) in addition to high costs to the health care system. [xvii,xviii] Redirecting appropriate cases to pharmacy care can help reduce this burden while maintaining quality and safety.

The existing minor ailments program has already demonstrated measurable savings. Extrapolating data from cost-utility and cost-minimization analyses, in the first year of the minor ailment program in Ontario, pharmacists conducted **403,143 assessments** for UTIs and conjunctivitis **resulting in estimated savings of $17.3 million to $71.3 million** for the health system.[xix,xx] Expansion to include additional minor ailments can further amplify this economic impact, contributing to a more sustainable and responsive health system.

Additional Considerations to Support Implementation

Removal of Prescriptive Drug Lists

To fully realize the benefits of pharmacists' prescribing authority, amendments should be made to **remove prescriptive drug lists from the regulations**. These lists are not only disadvantageous because they require regulatory amendments to be made every time new changes are needed, e.g., the addition of a new drug, but may also limit patient access to newly indicated therapies. For example, although pharmacists have had the authority to assess and prescribe, where appropriate, for atopic dermatitis since 2023, the list of drugs that can be prescribed is defined in regulation. As a result, new drugs on the market such as roflumilast are excluded, even though it is also a

phosphodiesterase 4 (PDE4) inhibitor, similar to crisaborole (which is listed in the regulations) and is also Health Canada approved for the topical treatment of mild to moderate atopic dermatitis in patients six years of age and older.[xxi]

The list-based approach also restricts patient access to medications that are included as treatment options in evidence-based guidelines and commonly prescribed in practice but not officially indicated for that condition (i.e., off-label use). For instance, many antibiotic drops used for the treatment of acute otitis externa are considered off-label use as they are eye drops.[xxii] In some cases, ophthalmic preparations may be more suitable for the patient as otic products are more acidic and may result in patients experiencing a burning sensation with use.[xxii] Furthermore, the currently available antibiotic drops with an indication for treating acute otitis externa are only available in combination preparations, which may not be suitable for all patients due to factors such as an increased risk of side effects from using multiple medications. As such, monotherapy antibiotic drops may be more appropriate, however, based on the current proposed regulations, they would not be within scope for a pharmacist to prescribe. This creates a barrier to access as those receiving care from a pharmacist would not have access to the most appropriate medication for their condition as compared to if they visited another healthcare provider, e.g., a family physician, who does not have restrictions on what they can prescribe.

No other province (with the exception of Saskatchewan where a pharmacist can only "prescribe a drug for self-care if the drug is indicated for self-care according to the protocols approved by Council"[xxiii]) uses a drug list to define prescriptive authority of pharmacists for minor ailments (Table 1). The use of prescriptive lists is unnecessary as the clinical knowledge and expertise required of a pharmacist to assess and prescribe to treat a condition should include all drugs available to treat that condition.

Table 1: Use of a Drug List to Define Prescriptive Authority for Minor Ailments Across Canadian Provinces[xxiv,xxv,xxvi,xxvii,xxviii]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Use of Drug Lists for Minor Ailment Prescribing	No	No	Yes	No	Yes	No	No	No	No	No

Reducing Administrative Burden

In addition, to reduce the administrative burden for pharmacy professionals and other primary care providers, OPA recommends **removal of the requirement for pharmacists to notify the patient's primary care provider within a reasonable time after initiating a prescription for a minor ailment**. This creates additional administrative burden between pharmacists and other primary care

providers as it typically involves the pharmacy faxing all the relevant information to the primary care provider to review and update their patient files to ensure continuity of care. Instead, pharmacists should be enabled to use their professional judgement to determine when notification of the patient's primary care provider would be in the best interests of the patient, e.g., when it is clinically significant in the individual circumstances of the patient or necessary to support the patient's care (similar to the requirement to notify the prescriber following adaptation of a prescription). [xxix] Administrative burden continues to be a challenge for family physicians who spend an average of 19 hours a week on administrative tasks.[xxx] Amongst the 9 regulated health professions in Ontario who can prescribe drugs, pharmacists are only 1 of 2 professions that are required to notify the patient's primary care provider after prescribing while the other 6 professions (excluding medicine) do not have this requirement (Table 2). Although continuity of care is important, the need to notify the patient's primary care provider should be aligned with the practice of other professions.

Table 2: Requirements to Notify the Primary Care Provider After Prescribing by Regulated Health Professions in Ontario[xxxi,xxxii,xxxiii,xxxiv,xxxv,xxxvi,xxxvii,xxxviii]

Requirement to Notify the Primary Care Provider After Prescribing	**No Requirement to Notify the Primary Care Provider After Prescribing**
Naturopathy	Chiropody/Podiatry
Pharmacy	Dentistry
	Dental Hygiene
	Midwifery
	Optometry
	Nursing

Technological advances should also be leveraged, such as making advancements to Ontario's clinical viewers, to enable better sharing of information amongst healthcare providers. Since the assessment for minor ailments is submitted through the Health Network System (HNS) for claim submission, the record is available for viewing as part of Ontario's clinical viewers so that other healthcare providers in other practices can see that a patient has received a minor ailment assessment from the pharmacist for continuity of care. Furthermore, to improve the sharing of information, OPA recommends enhancements be made to Ontario's clinical viewers to enable details of the minor ailment assessment (e.g., prescription details if applicable) be made available through that platform so that other primary care providers can access as required. OPA looks forward to partnering with the government on the development of these enhancements to determine how pharmacy data can be contributed to the patient's electronic health record (EHR).

Financial Sustainability

Ensuring that any new minor ailment conditions added to scope are funded as part of Ontario's minor ailment program, consistent with the current 19 minor ailments, is essential to promoting equitable access for all Ontarians and achieving significant cost savings for the health system. Investments in

the publicly funded program will prevent the creation of a two-tiered system with respect to access to minor ailment services provided by pharmacists and will also support increased uptake and implementation of the service by pharmacists which will in turn enable additional health system capacity.

Currently, the publicly funded minor ailment program in Ontario remunerates pharmacies $19 for each in-person minor ailment assessment conducted and $15 if provided virtually. Compared to all other Canadian provinces, this is the lowest publicly funded remuneration provided (Table 3). An analysis of data from Nova Scotia's Community Pharmacy Primary Care Clinics found that on average, over 20 minutes of time was required to complete a minor ailment service.[xxxix] This average takes into account the time required to complete an appointment as well as the time spent by pharmacists and administrative staff to complete necessary administrative, follow-up and prep work.[xxxix] As such, **OPA recommends an increase to the current remuneration fee for minor ailment assessments to $20.00 and $25.00 (virtual and in-person respectively) per assessment**. Based on the research from Nova Scotia, this proposed fee will better align the remuneration provided in Ontario with those provided in publicly funded minor ailment programs in other Canadian jurisdictions.

Table 3: Remuneration for Initial Minor Ailment Assessments Across Canadian Provinces[xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Minor Ailment Remuneration[#]	$20	$25	$25	$20	$15 - $19	$19.89 - $24.60	$20	$20	$25	$20

[#]Scope of public funding coverage may differ between jurisdictions

Furthermore, OPA recommends that a separate remuneration framework be established to provide public funding for minor ailment assessments to primary pharmacy service providers of long-term care (LTC) and retirement (RH) homes outside of the capitation funding model. Minor ailment assessments are professional pharmacy services that require time and expertise to provide. As the authority to provide these assessments was not enabled until 2023, well after the implementation of the LTC capitation funding model, the provision of minor ailment services, and their associated costs, were never factored into that funding model. Establishing an appropriate funding mechanism would enable LTC pharmacy service providers to offer minor ailment assessments where clinically appropriate and where the service is requested by LTC and RH homes, residents, and care teams, ensuring the option is viable and sustainable should it be implemented.

Routinely Administered Vaccines

OPA supports the proposed regulatory amendments to **add tetanus, diphtheria and pertussis vaccines to Schedule 3** of O. Reg. 256/24 to enable administration by pharmacy professionals. Of the six vaccines part of the publicly funded adult vaccine bundle proposed by the Ministry to be made available through community pharmacies, i.e., respiratory syncytial virus (RSV), pertussis, tetanus, diphtheria, pneumococcal and shingles, these are the only three that are currently not within scope for pharmacy professionals to administer. However, rather than continuing to add individual vaccines to the regulatory list, OPA recommends removing the list altogether and enabling pharmacy professionals to administer all vaccines approved by Health Canada. This approach will reduce regulatory burden and future proof the regulations to ensure patients have continued access to current and new vaccines as they become available.

Vaccines are our best defense against many infectious diseases yet Ontario does not meet the national vaccine coverage goal of 95% for routine childhood vaccines by 2 years of age, and routine immunization rates for tetanus, shingles, and pneumococcal vaccines fall short of the National Advisory Committee on Immunization (NACI) targets of 80% (used for pneumococcal vaccines for patients 65+ and influenza vaccines).[xli,xlii] It is important that barriers to access for Ontarians to receive routine immunizations be removed to help maintain a high level of herd immunity, which will help reduce vaccine preventable diseases that can result in unnecessary medical visits, hospitalizations and further strain to the health care system.[xliii]

Sector Readiness

Pharmacy professionals have been participating in the administration of publicly funded influenza vaccines since 2012, in addition to administering vaccines to patients for 13 other vaccine preventable diseases since 2017, and most recently publicly funded COVID-19 vaccines since 2021 and RSV vaccines since 2023. In the 2024/25 respiratory season alone, pharmacy professionals administered over 1.9M doses of influenza vaccines and over 1.7M doses of COVID-19 vaccines, representing 68% and 84% of all doses administered in the province, respectively.[xliv] The success of these public health initiatives along with the years of experience that pharmacy professionals have administering vaccines demonstrate they **have the clinical knowledge and expertise** to determine whether vaccine administration is appropriate for the patient in accordance with immunization guidelines and public health recommendations to protect patient safety and wellbeing. One can also be assured that safe and quality patient care will be provided as studies have also shown that no impact on patient safety is expected by expanding routine immunization administration to pharmacies.[xlv,xlvi]

Patient and Health System Benefits

Improving Access

Barriers to vaccine access and uptake by patients include contextual factors (e.g., work, transportation or childcare issues), mobility issues and language barriers.[xlvii] Expanding routine vaccine administration to pharmacies can enhance equitable access to vaccines through **improved availability, geographic proximity and accommodation**.[xlviii]

- **Availability**: With over 5,000 community pharmacies in Ontario, located in communities across the province, including rural and remote locations, patients will have more options of where to receive their vaccines.
- **Geographic Proximity**: Physical access to vaccination services is increased as 91% of Ontarians lives within a 5-km driving distance from a community pharmacy.
- **Accommodation**: Many pharmacies are open for extended hours, including weekends and holidays, and may offer vaccination services with or without an appointment to ensure Ontarians will be able to access vaccinations at a time and place that is convenient for them.

Currently, where or who a patient can receive their publicly funded vaccines from depends on their age and/or which publicly funded vaccines they need. For example, routine childhood vaccines are provided by family doctors and pediatricians during regular well-child visits, school-based vaccines are provided by local public health units, and flu and COVID-19 vaccines are primarily available through community pharmacies and some family physicians.[xlvii] This may cause confusion for patients on where they can be vaccinated and create barriers to vaccination, e.g., if they cannot travel to a particular provider, resulting in **missed vaccination opportunities and reduced immunization coverage**. A systematic review and meta-analysis found that immunization rates were significantly increased when the pharmacist was an immunizer, advocator, or both, in comparison to usual care or non-pharmacist-involved interventions.[xlix] Enabling Ontarians to receive publicly funded vaccines through pharmacies will expand immunization access points for patients, supporting **increased immunization** rates which in turn **will strengthen community protection against vaccine-preventable diseases and enhance overall population health**.

System Impact

The administration of all publicly funded vaccines by pharmacy professionals will also help to support health system sustainability by **increasing capacity, reducing healthcare provider burnout and generating cost savings**. Pharmacy professionals have demonstrated their ability to deliver safe, accessible, and efficient vaccination services through well-established community pharmacy programs such as those for influenza and COVID-19. Building on this success will enable the health system to make better use of existing infrastructure and expertise.

- **Increasing Capacity**: Currently, the majority of publicly funded routine immunizations are administered by primary care providers and local public health units, with the exception of

influenza and COVID-19 vaccines. Expansion of community pharmacy vaccination programs to include all publicly funded vaccines can increase health system capacity by supporting efficient use of resources and freeing up time for our healthcare partners, i.e., doctors, nurses and other healthcare providers, to focus on managing more complex care cases.

- **Reducing Healthcare Provider Burnout**: The pressures on the health system have a significant toll on the mental health of physicians, nurses and other healthcare professionals.[l] A 2019 survey of Ontario primary care physicians found that 54% felt their job was "extremely" or "very" stressful – higher than the Canadian average of 45% - and nearly half (49%) were "slightly" or "not at all" satisfied with their daily workload.[l] By expanding the role of pharmacy professionals in vaccine delivery, some of this workload can be alleviated, helping to reduce pressure on other healthcare providers and support their well-being.
- **Generating Cost-savings**: Evidence from Ontario and other jurisdictions demonstrates that enabling pharmacists to administer publicly funded vaccines yields substantial cost savings. A study by O'Reilly et al. found that the overall cost savings from direct health care costs and lost productivity in the province during the first two influenza seasons where pharmacists were enabled to administer publicly funded influenza vaccines in Ontario was potentially $2.3M.[li] Similarly, a modelling study forecasting the health and economic impact of expanding pharmacist-administered pneumococcal vaccines to seniors in Canada from 2016 to 2035 estimated total cost savings of between $206M to $761M, with an estimated return on investment increasing from $2.80 per dollar spent in 2016 to as high as $72.00 by 2035.[lii] During the COVID-19 vaccination campaign, pharmacy-delivered doses saved an average of $39 per dose compared to administration through public health units, equivalent to savings of approximately $570M since the program launch.[liii] These findings demonstrate that pharmacies provide a cost-effective, scalable, and sustainable channel for the administration of publicly funded vaccines.

Additional Considerations to Support Implementation

Prescriptive Authority for Vaccines

To further advance vaccine access and uptake, pharmacists should be granted **prescriptive authority for all vaccines**. Vaccines are categorized as either Schedule I (prescription from an authorized prescriber required for dispensing) or Schedule II (available for purchase without a prescription after pharmacist consultation). Granting pharmacists prescriptive authority for vaccines would streamline the patient care journey and remove unnecessary barriers to immunization. Under the current framework, a patient who receives a vaccine recommendation for a Schedule I vaccine must first visit an authorized prescriber (e.g., physician or nurse practitioner) to obtain a prescription before returning to the pharmacy to receive it. This two-step process delays care, discourages uptake, and creates avoidable inefficiencies within the health system. Prescriptive authority would also reduce financial barriers. Many private insurance providers require a prescription from an authorized prescriber in order for the vaccine to be covered under the plan

regardless of the prescription status (i.e., Schedule I or II) of the vaccine. Ontario is one of only two provinces where pharmacists do not have prescriptive authority for any vaccine (Table 4). Enabling this authority would bring Ontario in line with other jurisdictions, improving patient access and convenience, increasing vaccination rates, and optimizing health system efficiency through better use of pharmacy professionals' expertise.

Table 4: Pharmacist Authority to Prescribe Vaccines Across Canadian Provinces[liv]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Prescriptive Authority for Vaccines	☒	☑	☑	☑	☒	☑	☑	☑	☑	☑

Vaccine Allocations

One consistent challenge shared by OPA with Public Health during the annual debriefs for the Universal Influenza Immunization Program (UIIP) and COVID-19 vaccine program is with respect to vaccine allocations. Participating pharmacies often encounter challenges with insufficient vaccine availability throughout the respiratory season to meet patient demand (e.g., insufficient quantities of high dose flu vaccines for senior patients). To support current and expanded availability of publicly funded vaccines through pharmacies, it is critical that **sufficient doses of vaccines are allocated to the pharmacy channel to ensure predictable supply.** This will support pharmacy vaccination programs and enable continuity of multi-dose schedules while ensuring that patients who wish to be vaccinated can receive the immunizations they need to protect their health.

Expanding All Publicly Funded Vaccines into Pharmacy Practice

OPA strongly contends that now is the opportune time to enable pharmacy professionals to further support public health vaccination efforts through **expansion of all publicly funded vaccines to the pharmacy channel**. Regulatory and policy amendments to enable expansion of publicly funded routine immunizations to the pharmacy channel are required to increase patient accessibility to vaccines, maintain and improve overall population health, and support the sustainability of our health care system. OPA also recommends the Ministry leverage existing processes such as the use of pharmacy distributors for vaccine distribution, which will help minimize operational barriers, increase efficiencies and decrease administrative costs.

Addition of the pharmacy channel to complement available existing pathways where patients can receive vaccines is essential to supporting public health immunization efforts. For example, due to the sustained transmission of measles in Canada for more than a year, the Pan American Health Organization (PAHO) has recently removed Canada's measles elimination status.[lv] This setback signals the need for coordinated efforts that will improve vaccination coverage, strengthen data sharing, enable improved surveillance efforts and provide evidence-based guidance.[lv] The entire

health system must work together on these strategies to regain the country's elimination status. As Canada's most populous province, increasing vaccination coverage in Ontario can have substantial impact on the overall federal response. If enabled to do so, Ontario's pharmacy professionals can significantly expand the capacity of primary care with respect to vaccine administration. This will help to improve vaccination rates among unvaccinated or under-vaccinated populations, ensuring our communities remain well-protected.

Removal of Vaccine List

Changes to **eliminate the current practice of listing out each vaccine that pharmacy professionals can administer separately within the regulations** is critical as this is a cumbersome process and regulatory amendments are required each time a new vaccine is to be added to scope. Patient safety and health would not be compromised by enabling the administration of all Health Canada approved vaccines as Health Canada's comprehensive regulatory process for approving vaccines for use in Canada, in addition to their ongoing monitoring post vaccine approval and marketing, ensures the safety and efficacy of vaccines and acts as an appropriate safety control. Patient safety is further strengthened with pharmacists determining whether vaccine administration is appropriate in accordance with immunization guidelines and public health recommendations. Ontario is the only province in Canada that restricts the scope of pharmacy professionals with a specified list of vaccines for administration; pharmacy professionals in all other provinces can administer any Schedule I or Schedule II vaccine (Table 5).

Table 5: Pharmacist Authority to Administer Schedule I or Schedule II Vaccines Across Canadian Provinces[lvi,lvii]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Administer Any Schedule I or II Vaccine	☑	☑	☑	☑	☒	☑	☑	☑	☑	☑

Removal of Age Restrictions for Vaccine Administration

As recommended by OPA in previous consultations, consideration should be given to **removing regulatory constraints that place age restrictions on vaccine administration**. Currently, in Ontario, the minimum age of individuals who pharmacy professionals can provide immunizations to varies depending on the vaccine (6 months and up for COVID-19 vaccines, 2 years and up for influenza vaccines, and 5 years and up for all other vaccines listed in Schedule 3 of O. Reg. 256/24). As indicated in the College's consultation on Expanded Scope Regulatory Amendments in August 2023, and later as part of the Ministry's consultation on Proposed Regulatory Amendments to O. Reg. 202/94 (General) made under the *Pharmacy Act, 1991* in September 2023, OPA supports the

proposed regulatory amendments to remove age restrictions for vaccine administration as this will ensure consistency with scope and minimize any potential confusion.

Financial Sustainability

OPA's recent submission to the Ministry also highlighted the opportunities of this initiative along with facilitators and recommendations, including **establishing appropriate remuneration ($13.50 per injection for any publicly funded vaccine administered)** commensurate with the time and expertise required to provide vaccination services, to ensure successful implementation and to enable pharmacy professionals to continue offering services in a safe and effective manner. Data from Nova Scotia's Community Pharmacy Primary Care Clinics showed that appointments where only one publicly funded vaccine was requested (88% of all appointments) took over 25 minutes to complete which increased to 42 minutes for appointments where three vaccines were requested.[xxxix] While a $13.50 administration fee may not be sufficient to cover the cost of administering a publicly funded vaccine in all cases based on the research done in Nova Scotia, this proposed fee will put Ontario more in line with the remuneration provided for the administration of publicly funded vaccines in other Canadian jurisdictions (Table 6). Consideration should also be given to providing an additional premium to the administration fee when pharmacy professionals deliver immunizations outside of the pharmacy setting (e.g., to homebound patients or residents of LTC homes). For example, in Alberta, pneumococcal vaccines administered in senior congregate care settings are reimbursed at $17 per dose administered compared to only $13 per dose administered at the pharmacy.[xl] This premium would help offset the additional expenses associated with these services, including staffing, travel, and cold-chain management.

Table 6: Remuneration for Publicly Funded Vaccines Administered by Pharmacy Professionals Across Canadian Jurisdictions[xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Publicly Funded Vaccine Remuneration†	$12.10	$13^	$14 - $20	$7 - $20	$8.50 - $13	$14.24 - $17.26	$13	$13 - $18	$13 - $20	$13 - $17

†Scope of public funding coverage may differ between jurisdictions

^$17 for pneumococcal and RSV vaccines administered in senior congregate care settings

In addition, to enable pharmacy professionals to support vaccine administration to residents in LTC homes to help alleviate LTC staff workload and resourcing constraints, OPA proposes establishing a remuneration framework for this setting that is separate from the capitation model. As these services are outside of the original scope of services intended to be covered by the capitation funding model, they should be remunerated separately, similar to the approach for publicly funded influenza and COVID-19 vaccines where a fee is provided outside of capitation. This would ensure that pharmacy professionals are fairly compensated for delivering vaccination services to LTC homes when requested to do so by the home and local public health unit.

Administration of All Vaccines by Pharmacy Technicians and Intern Technicians

OPA is supportive of **expanding the scope of Part A pharmacy technicians and intern technicians to enable them to administer all vaccines** that are currently within the scope of Part A pharmacists and interns. In Ontario, pharmacy technicians are currently authorized to administer influenza, COVID-19 and RSV vaccines. As the technical knowledge and skills required to administer other vaccines listed in Schedule 3 of O. Reg. 256/24 are comparable to those already within their scope, including authorization to administer all of these vaccines is a logical and safe extension of their current role.

With over 6,500 registered pharmacy technicians and intern technicians in Ontario who can provide patient care, significant workforce capacity could be added to the health system to support administration of vaccines if their scope was expanded. Working under the supervision of a regulated healthcare professional who has the scope to clinically assess the patient to ensure vaccine administration is appropriate, pharmacy technicians and intern technicians can undertake the technical task of vaccine administration to increase capacity and alleviate some of the pressures on pharmacies, local public health units and primary care providers.

Sector Readiness

To administer injections, pharmacy technicians must successfully complete an OCP-approved injection training course that provides them with the training to administer injections and register their training with the College. Some pharmacy technician colleges are also exploring the idea of incorporating injection training into their curriculums with some already partnering with accredited providers, such as OPA, to provide their students with access to training. This **training provides the technical knowledge and skills required to administer all vaccines** that are currently within the scope of Part A pharmacists and interns (i.e., those listed in Schedule 3 of O. Reg. 256/24), therefore additional training should not be required. Similar to intern pharmacists, intern technicians are in the process of completing their requirements to full licensure and would be accountable for completing all the required training to ensure they have the knowledge and skills to competently administer vaccines, ensuring patient safety and wellbeing.

A study evaluating pharmacy technicians in a vaccine administration role found that pharmacy technicians who received training and practiced under a pharmacist's supervision felt comfortable with selecting injection supplies, locating the correct injection site, administering vaccines, documenting vaccine administration and responding to an emergency. [lviii] Other studies that considered the perspectives of pharmacists supervising pharmacy technicians administering vaccines reported that these pharmacists established comfort and trust after observing pharmacy technicians perform the service and they felt that pharmacy technicians were properly trained and

capable of vaccine administration.[lviii] Pharmacy technicians are willing and interested in new vaccine administration role opportunities and pharmacists have reported in studies that enabling pharmacy technicians to administer vaccines had a positive impact on pharmacy morale as trained pharmacy technicians felt empowered by their new role.[lviii] Similarly, findings from research also suggest that pharmacists prefer delegating the technical aspects of vaccine administration to pharmacy technicians and are thus supportive of pharmacy technicians having expanded roles.[lviii] These findings highlight the profession's readiness to adopt a broader scope of responsibilities to support the provision of patient care.

Patient and Health System Benefits

Positive Patient Outcomes

Several studies have shown that having pharmacy technicians in vaccine administration roles are associated with **positive patient outcomes** including an increase in perceived vaccination rate, a greater number of doses administered and the absence of adverse events following technician administration.[lviii] As vaccination is the best defense against many infectious diseases, efforts to increase vaccination rates are critical to protecting the health of patients.

Increasing Workforce Capacity

Furthermore, although the administration of vaccines by pharmacists has been very successful, as demonstrated by the strong annual influenza and COVID-19 immunization programs, the increasing demand and need for pharmacists to provide additional patient care services may impact their ability to offer the complete spectrum of vaccine services due to time and capacity constraints. Empowering all pharmacy team members to practice to full scope will help to **address operational barriers to vaccine administration and patient engagement** including the increasing volume of vaccination workload, limited time, appropriate staffing, paperwork, and billing.[lviii] Findings from two studies also demonstrated that pharmacy technicians in vaccine administration roles benefited workflow by increasing flexibility in prioritizing the pharmacist's time.[lviii] By leveraging pharmacy technicians to provide immunizations, pharmacists can dedicate more time to services such as minor ailment assessments and chronic disease management, helping to reduce system pressures and optimize patient care.

Additional Considerations to Support Implementation

To ensure successful implementation of this expanded scope of practice and fully realize the potential benefits, several supporting measures will be important. The same implementation supports outlined in the section on Routinely Administered Vaccines should apply here as well. These include:

- Ensuring that sufficient vaccine supply is allocated to the pharmacy channel to meet patient demand and maintain predictable availability.
- Expanding access to all publicly funded vaccines through the pharmacy channel.
- Eliminating the use of vaccine lists within the regulations to allow for flexibility as new vaccines become available and programs evolve.
- Removing age-based restrictions on vaccine administration.

Financial Sustainability

As pharmacy technicians and intern technicians would be supporting the technical tasks of vaccine administration, OPA recommends that **reimbursement for this service fall under the pharmacy remuneration framework** as described in the section on Routinely Administered Vaccines. This approach enables the pharmacy team to work collaboratively to vaccinate patients, supporting workforce capacity and increasing patient access to immunization services.

Administration of Injectable Partial Opioid Agonists and Antagonists

Since 2016, Part A pharmacists, interns and pharmacy students in Ontario have been able to administer certain substances by injection for the purposes of patient education and/or demonstration. This scope of practice was further expanded in 2023 to remove the restriction on administration for the sole purposes of patient education and/or demonstration. These changes contribute to improving the patient's journey and increasing timely access to care by eliminating the need for patients to go elsewhere for the administration of these substances after being dispensed at the pharmacy. This may in turn help to improve adherence to prescribed injection schedules.

As such, OPA is **supportive of the addition of injectable buprenorphine to Schedule 1 of O. Reg. 256/24** to enable pharmacists to administer this medication. The opioid crisis continues to be a concern in the province with over 2,200 deaths due to opioid toxicity and over 12,000 emergency department visits due to opioid-related poisoning in Ontario in 2024.[lix] Reducing barriers to care and increasing access for patients to evidence-based treatments for opioid use disorder are critical to saving lives and alleviating strain on our overly burdened health care system. This addition will also better align the scope of practice of pharmacists in Ontario with most other Canadian provinces (with the exception of Quebec) where pharmacists already have the authority to inject buprenorphine (Table 7).

Table 7: Pharmacist Authority to Inject Buprenorphine Across Canadian Provinces[lx,lxi,lxii,lxiii,xxiii ,lxiv,xxvii,lxv,lvii,lxvi,lxvii,lxviii,lxix,lxx,lxxi]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Inject Buprenorphine	☑	☑	☑	☑	☒	☒	☑	☑	☑	☑

Sector Readiness

Injection training for pharmacists includes training for administration of substances via intramuscular, subcutaneous and intradermal routes of administration. As injectable buprenorphine is administered as a subcutaneous injection, **injection-trained pharmacists already have the knowledge and skills to administer this medication**.

In response to the growing demand and need for improved access to buprenorphine, some pharmacists are already providing administration services in their communities. However, because it is not currently within their authorized scope of practice, they must set up medical directives to administer the medication. This creates unnecessary administrative burden for both prescribers and

pharmacists – a burden which could be eliminated by formally including buprenorphine in the list of substances pharmacists may administer by injection. Pharmacists are highly trained in injection technique, medication management, and patient monitoring, making the addition of buprenorphine to the list of medications they can administer by injection a safe and appropriate extension of their existing competencies.

Patient and Health System Benefits

Improving Access

As injectable buprenorphine for the treatment of moderate to severe opioid use disorder in adult patients must be administered monthly by a healthcare professional, it may not always be feasible or convenient for a patient to access a provider such as the original prescriber. Pharmacists could help to fill this gap and **increase access to injection services** if they are enabled to administer this medication. With pharmacies' extended hours of operation and accessible geography, along with the availability of trained and knowledgeable pharmacy professionals, receiving administration services from the pharmacy can dramatically **improve the patient's journey and increase patient's timely access to care**.

System Impact

Including the administration of injectable buprenorphine within the pharmacist's scope of practice also helps to ensure **efficient use of healthcare resources**. For example, rather than having patients visit a physician for the sole purpose of drug administration, this can be done by the pharmacist, freeing up the physician's time to be able to see other patients who require their medical expertise. In a reality where health human resources are limited, identifying and adopting strategies such as this scope expansion is essential to enable members of the healthcare team to complement and support one another and ensure all patients have access to the care they need, when and where they need it.

Additional Considerations to Support Implementation

Removal of Injectable Substance List

To realize the full benefits of pharmacist injection administration, **amendments should be made to remove the use of drug lists from O. Reg. 256/24**. The use of drug lists in regulations is disadvantageous as any new changes required, e.g., addition of a new drug category or drug, require regulatory amendments. The time required for this administrative process can negatively impact patient care by delaying or limiting patients' access to have a medication administered through their local pharmacy. The constraints and limitations inherent in such lists are particularly evident in the current proposed change to Schedule 1 where only injectable buprenorphine is being proposed to

be added, while the overall drug list remains unchanged. As a result, newer medications such as lebrikizumab, a skin and mucous membrane agent that is administered as a subcutaneous injection used for the treatment of moderate-to-severe atopic dermatitis, remain excluded while dupilumab from the same class of agents and used for a similar indication is included.

Since pharmacy professionals must practice in accordance with OCP's Standards of Practice which include recognizing and practicing within the limits of their competence, instead of prescriptive lists in regulation, pharmacy professionals should be enabled to use their professional judgement to determine whether a substance is appropriate to administer and whether they have the necessary training and skills to do so, or a referral to another healthcare provider would be warranted.

OPA urges the College and the Ministry to remove the use of drug lists to define scope, or at a minimum, include additional updates to Schedule 1 as part of these proposed regulatory amendments (e.g., new drugs on the market since the list was last updated), and establish a process to make regular updates to the list. Proceeding with the status quo is a missed opportunity to remove regulatory barriers impacting access to care for patients.

Expansion of Scope for Pharmacy Technicians and Intern Technicians to Administer Injectable Substances

Finally, to support the pharmacy workforce in providing medication administration services to patients, an additional amendment to include pharmacy technicians and intern technicians within the list of authorized members who can administer a substance by injection to a patient is recommended. Currently, pharmacy technicians are authorized to administer influenza, COVID-19 and RSV vaccines. Building upon their training, skills, and experience, amendments to **expand the scope of practice of registered pharmacy technicians and intern technicians to enable them to administer all substances included in Schedule 1 of O. Reg. 256/24** will help support greater workforce capacity within the pharmacy profession. Working under the supervision of a regulated healthcare professional who has the scope to clinically assess the patient to ensure administration is appropriate, pharmacy technicians can undertake the technical task of administration.

Financial Sustainability

To ensure equitable access to pharmacy-provided injection services, OPA recommends **establishing a publicly funded remuneration framework**. Currently, these services are uninsured, and some pharmacies may charge a fee to provide them. This cost can be a barrier for some patients, potentially resulting in a two-tiered system: those who can afford the fee receive administration at the pharmacy while those who cannot are forced to return to a primary care provider after picking up a medication at the pharmacy solely for medication administration, or may not get the medication administered at all. To promote equitable access, Ontario should follow the example of five other provinces that provide public funding to remunerate pharmacies for some or all injection services

(Table 8). OPA recommends a professional service fee of $20 for each injectable substance administered to compensate for the time and expertise required. Nova Scotia's Community Pharmacy Primary Care Clinics found that the average combined pharmacy time (i.e., appointment time plus administrative time) for basic medication injections was 14 minutes.[xxxix]

Table 8: Public Funding for Pharmacy Injection Administration Services Across Canadian Provinces[xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Public Funding for Injection Administration[Δ]	☑	☑	☑	☒	☒	☑	☒	☑[‡]	☒	☒
Remuneration	$11.41	$20.00	$14.00	N/A	N/A	$22.40	N/A	$20.00 (basic) $42.00 (complex)	N/A	N/A

[Δ]Scope of public funding coverage may differ between jurisdictions

[‡]Only in Community Pharmacy Primary Care Clinics

Laboratory and Point-of-Care Tests

OPA is **supportive of expanding the scope of practice of pharmacy professionals to order laboratory tests and conduct more point-of-care tests (POCTs)**. Ontario is only one of two provinces where pharmacists are not authorized to order laboratory tests; all other provinces either already have authority in place or are in the process of enabling this new scope (Table 9). Enabling this authority can not only support future scope expansions, but can also help to support safe, effective and timely prescribing for conditions that are already within scope. For example, having the ability to order a lab test for serum creatinine or to conduct a POCT provides vital information to inform the prescribing of antibiotics for urinary tract infections and nirmatrelvir/ritonavir for COVID-19 infections.

Table 9: Pharmacist Authority to Order Laboratory Tests Across Canadian Provinces[lxxii]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Order Laboratory Tests	☑	☑	P	☑	☒	☑	P	☑∞	☑	☒

P = pending

∞Only in Community Pharmacy Primary Care Clinics and in some primary care and hospital settings, otherwise pending implementation

Specifically, in the context of required tests relevant to the 14 minor ailments in the proposed regulations, OPA agrees with OCP's recommendations as included in Table 10.

Table 10: List of Potential Laboratory Tests and POCTs to Support Minor Ailments Assessments

Minor Ailment	Laboratory Test	POCT
Acute pharyngitis	Throat swab culture	Rapid strep test
Onychomycosis	Nail clipping/scraping for culture and microscopy	

For acute pharyngitis caused by Group A Streptococcus (GAS) colonization, diagnostic accuracy and antibiotic prescribing quality is improved when the assessment involves an investigation of clinical features and, where applicable, laboratory testing.[lxxiii] Consequently, enabling authority for pharmacists to perform rapid point-of-care strep tests and the ability to order throat swab cultures, if necessary, are critical to supporting the proper management of patients. Since there are different types of rapid strep tests, i.e., rapid antigen detection tests (RADTs) and nucleic acid amplification tests (NAATs), OPA seeks clarification on whether this authority would encompass both types of

POCTs for strep throat as this would have implications on clinical management pathways as well as feasibility, cost and operational assessments.

According to the Fungal Nail Infections chapter of *Therapeutic Choices*, the diagnosis of onychomycosis should include a physical exam and confirmed with further testing (current standard for diagnosis is a combination of fungal culture and direct microscopy using potassium chloride) to determine the optimal treatment for the infection.[lxxiv] However, it is important to note that guidance on testing may differ between guidelines. For instance, while British guidelines suggest laboratory confirmation prior to treatment, only half of Canadian guidelines do so.[lxxv] In practice, even though confirmatory testing may be useful, many clinicians (36%-47%) initiate treatment without confirmatory testing. [lxxvi] This suggests that testing may not always be essential for effective management.

Recognizing that other regulatory changes would be needed to enable additional testing authority, and that the Ministry will still need to consult with the College on the administration of potential laboratory tests and POCTs by pharmacists to support implementation of additional minor ailment prescribing, OPA would like to highlight that most of the proposed amendments that are part of this consultation (i.e., the authority to administer injectable partial opioid agonists and antagonists, authority to provide additional routinely administered vaccines and enabling pharmacy technicians and intern technicians to administer all vaccines listed in Schedule 3 of O. Reg. 256/24) are not dependent on any changes that may be needed for laboratory tests and POCTs. Furthermore, as not all of the proposed minor ailment conditions require laboratory tests or POCTs, even if additional regulatory changes are needed to enable scope related to testing, it should not impact the approval and implementation of these other minor ailments. However, to recognize the full benefit of enabling pharmacists to assess and if necessary, prescribe, for all 14 minor ailments proposed, OPA advises that work on testing authority be advanced in parallel to these other proposed scope changes and through an accelerated process where applicable to achieve timely implementation.

Sector Readiness

Ontario pharmacists have demonstrated their ability to responsibly order and collect specimens for laboratory-based COVID-19 PCR tests, as well as accountability to act on the results as appropriate when received from the lab. Based on the success of the publicly funded COVID-19 PCR testing services program in Ontario pharmacies, one can have confidence that expansion of testing authority to order additional tests by pharmacists would be done safely and responsibly. In addition, pharmacy professionals have been performing POCTs for blood glucose, hemoglobin A1C, lipids, and prothrombin time (PT)/International Normalized Ratio (INR) to support patients with their medication management of certain chronic conditions since 2022 and thus have experience with conducting and interpreting the results of POCTs to support patient care.

Patient and Health System Benefits

Improving Access

Expanding the scope of practice of pharmacy professionals to enable them to provide more testing services to support minor ailment assessments will **enable greater accessibility for patients to health care services in addition to improving the patient journey**. Patients will be able to benefit from the convenient and timely access to the medications they need without having to visit multiple healthcare or service providers. An evaluation of a Canadian program involving community pharmacists providing point-of-care Strep testing and management found that over 75% of patient survey respondents with severe sore throat visited the pharmacy first and pharmacy-based testing facilitated prompt and appropriate access to antibiotic therapy, especially if pharmacists had the authority to prescribe.[xii]

System Impact

Expansion of testing authority would not only benefit patients but also the health system. Being able to initiate antibiotic therapy in a timely manner can have potential **clinical and health economic benefits** and enabling Strep testing in community pharmacies can also help to **decrease the workload on physicians in addition to reducing wait times in emergency departments**.[xii] Furthermore, a cost-minimization analysis of community pharmacy-based point-of-care testing for Strep throat found that Ontario could potentially save an estimated $607,260 - $1,214,500 annually if a publicly funded program for community pharmacy-based Strep throat point-of-care testing was established.[lxxvii]

Additional Considerations to Support Implementation

Authority to Communicate a Diagnosis

To support care provision, OPA also urges the College and the Ministry to enable pharmacists to have the **authority to communicate a diagnosis**. Although the proposed scope expansions could continue to proceed without this change, the ability to communicate a diagnosis to a patient will help to increase patient understanding and clarity, strengthen patient trust and satisfaction with the care they receive, and improve patient adherence to treatment protocols. As per the *Regulated Health Professions Act, 1991,* the controlled act of diagnosing refers to "Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis".[lxxviii] In the October 2023 letter from Shenda Tanchuk, Registrar and CEO of OCP to the Hon. Sylvia Jones, Deputy Premier and Minister of Health, it was noted that some of the assessments that will be undertaken by pharmacists for some of the proposed minor ailments is difficult not to characterize as diagnosing based on the required level of assessment and/or reliance on test results.[lxxix] For example, the

identification of sore throat would require the results of point-of-care testing using a throat swab to contribute to a diagnosis of the patient's condition.[lxxix] Continuing to refer to the undertaking of this activity as an assessment may lead to confusion and ambiguity around the role of pharmacists. Furthermore, it may result in a lack of trust and confidence for patients after a pharmacist consultation because they are not receiving a "true diagnosis".

Prior to initiating/recommending treatment for a minor ailment, a pharmacist must make a differential diagnosis based on their knowledge and clinical reasoning to determine the most likely indication and to rule out other conditions that may require a different treatment or referral to another healthcare provider. This indication is communicated to the patient to either confirm the patient's self-diagnosis or to inform them of the most likely indication based on the assessment results. As the communication of this information will be used through a shared decision-making process to inform the development of the most appropriate care plan for the patient to manage the condition, this would align with the definition of the controlled act of diagnosing. This act of communicating a diagnosis would be consistent for all minor ailment conditions that are within scope for a pharmacist to assess and, if necessary, prescribe treatment for and as such, OPA recommends enabling pharmacists to communicate a diagnosis to a patient for all minor ailments within scope.

There are precedents for pharmacists having the authority to diagnose conditions in Canada. Currently, the regulations in three Canadian provinces (British Columbia, Nova Scotia and Prince Edward Island) include diagnosis in their pharmacy regulations (Table 11). It should also be noted that in certain provinces (e.g., New Brunswick, Newfoundland and Labrador), "diagnosis" is not a protected term, and the inclusion of diagnosis is not required in regulation for pharmacists to have the ability to diagnose specific minor ailments.

Table 11: Inclusion of Diagnosis in Regulation for Pharmacists Across Canadian Provinces[lx,lxi , lxii, lxiii,lxiv,lxxx,lxiv ,lxxxi , lxv, lxvi,lxxxii,lxxxiii, lxix,lxxxiv]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Diagnose	☑	☒	☒	☒	☒	☒	N/A	☑*	☑	N/A

N/A refers to "diagnosis" not being a protected term, therefore the inclusion of diagnosis is not required in regulation for pharmacists to have the ability to diagnose specific minor ailments

*Only under specific situations (e.g., prescribing for a diagnosis supported by a protocol, pharmacists participating in the Community Pharmacy Primary Care Clinic Project for hypertension and Type 2 diabetes)

Ordering Lab Tests and Conducting POCTs

Furthermore, rather than utilizing a list-based approach, OPA recommends that changes be made to enable pharmacists to **order all laboratory tests and conduct POCTs** for acute and chronic conditions that are relevant and recommended to support the provision of patient care based on

clinical practice guidelines and professional judgement (i.e., scope should not be restricted to prescribed lists of conditions or tests). This will help to future proof the regulations and/or policies (e.g., changes to practice guidelines to recommend a new "gold standard" test for a particular condition) while also enabling the pharmacist to exercise professional judgement to decide which tests are required to support patient care.

To facilitate continuity of care and avoid duplication of services, sharing of information between healthcare providers is important. Since the Ontario Laboratories Information System (OLIS) includes all lab test orders and results from hospitals, community labs and public health labs, if pharmacists were permitted to order lab tests, those orders and results would be available through OLIS for access by other authorized healthcare providers. This will help to support care decisions and prevent duplicative use of healthcare resources. To support documentation and communication of POCTs and results, OPA recommends that a publicly funded remuneration framework be established to not only ensure fair and reasonable remuneration is provided to pharmacy professionals providing the service to patients commensurate with the time, expertise and supplies needed, but also as a way to share information. Since all publicly funded pharmacy services require claim submission through the HNS for payment, any POCTs provided by pharmacists would then be documented in the patient's EHR and viewable by all healthcare professionals with access to one of Ontario's clinical viewers. Furthermore, to ensure easy access to POCT results by other healthcare providers, writing privileges can be provided to pharmacists to OLIS, similar to how pharmacies who perform in-store point-of-care PCR testing for COVID-19 utilize the Ontario Laboratories Information System – Mobile Order Result Entry (OLIS-MORE) platform to report results.

Financial Sustainability

To support service provision, it is imperative that services are accompanied by **fair and reasonable publicly funded remuneration to ensure equitable access for all patients and service sustainability**. The current remuneration provided for a minor ailment assessment under the publicly funded program of $19 for an in-person assessment and $15 for a virtual assessment were established based on the following being provided as past of the minor ailment service:[lxxxv]

- Obtaining informed consent to provide the minor ailment service
- Collecting and reviewing all relevant patient information to evaluate them and the situation (e.g., history of presenting complaint, patient's health and medication history, etc.)
- Assessing the patient to verify the patient's self-diagnosis and identifying the best course of action
- Determining through a shared decision-making process the appropriate care plan
- Implementing the care plan which may include issuing a prescription (if applicable), or referring the eligible person to their primary care provider, providing education for the patient, documentation, and notification of the patient's primary care provider (if any) if an allowable medication is prescribed

- Following up with the patient to establish monitoring parameters, evaluate safety and efficacy of the care plan and additional next steps as required

As the collection of specimens and ordering of lab tests or the provision of POCTs are beyond the scope of coverage of the current minor ailments service fee, to support uptake and sustainability, OPA recommends establishing a separate remuneration framework to support these testing services.

For the proposed laboratory tests, OPA recommends establishing a specimen collection fee and transportation fee for transportation of the specimen from the pharmacy to the lab if applicable, similar to the publicly funded COVID-19 testing program in Ontario pharmacies.

For rapid strep POCTs, OPA suggests a professional service fee of $16 plus the cost of materials (e.g., testing cartridges). This fee is aligned with remuneration provided for publicly funded in-pharmacy point-of-care PCR testing for COVID-19 in Ontario ($22.00 specimen collection fee and $20 assessment fee) as well as insured and uninsured services in other provincial jurisdictions (Table 12). Furthermore, as there may be considerable start-up costs associated with providing POCTs, e.g., capital costs associated with purchasing the molecular instrument to run the test cartridges, consideration must also be given to funding these initial investments to encourage participation. In addition, similar to the in-store point-of-care PCR testing for COVID-19 under the publicly funded testing program in Ontario pharmacies, if NAATs are used, a testing device quality assurance fee should also be established to reimburse for any quality control swabs used for device quality control checks and verification based on the manufacturer's recommendations.

Table 12: Comparison of Publicly Funded Programs for Strep Throat Assessments and POCTs[xl,lxxxvi]

Public Funding	Saskatchewan	Nova Scotia
Assessment Fee	$25	$20
POCT Fee	$10	$15
Test Cartridge Reimbursement	Actual Acquisition Cost	Actual Acquisition Cost + 10%

Strengthening Professional Capacity and Sustainability

Pharmacy Professional Support

As part of the implementation plan, it will be crucial to recognize that as with any new scope or change to practice, staged and varied uptake is to be expected. Adoption and implementation will depend on each practice environment, the patient population served, and the readiness and comfort level of the pharmacy professional to integrate new services into their workflow and practice. Those who are prepared to adopt expanded scope once approved should be enabled and supported to do so in order to enhance access to care for patients. At the same time, other pharmacy professionals may benefit from additional tools, resources and education to feel confident and prepared to implement these services at a later stage. OPA has extensive experience in developing professional resources and education programs to support implementation of expanded scope initiatives, pharmacy programs and pharmacy services, and can work with the Ministry and other stakeholders to support the needs of pharmacy professionals, as needed, to successfully integrate new changes into practice.

Additionally, as we continue to grow clinical services, it is also important to recognize that, similar to other health professions including but not limited to physicians and nurses, workplace pressures and burnout are an unfortunate reality for some pharmacy professionals. However, it is crucial to ensure that pharmacy professionals are able to continue to maintain full autonomy to make decisions and provide care based on the best interests of their patients. As such, while OPA supports proceeding with implementing the expansions to scope of practice, it is critical that work continues to explore initiatives around staffing requirements, availability of appropriate resources and space, remuneration frameworks, etc. to support the sustainable provision of these new services, while also giving consideration to the operational feasibility and potential impact on access to care. Feedback from both front-line pharmacy professionals as well as pharmacy operators will be essential to inform any decision-making that may impact practice, professional autonomy, and ultimately patient care. OPA is committed to working with the College on its Business Pressures in Pharmacy Practice initiative to ensure that the well-being of pharmacy professionals and their ability to meet the Standards of Practice or Code of Ethics are not impacted by unreasonable business practices.

Investments in Sustainability

All expanded scope services need to be supported with appropriate funding by the government to ensure they can be implemented in a safe and effective manner. Although scope expansions can have many positive impacts such as improved patient access to care, better use of healthcare resources, etc., if not properly implemented and sustained, it will result in a two-tiered access to services. An example of this was seen with the implementation of prescription adaptation and renewal services through pharmacies which is not funded through any publicly funded program in Ontario. As such, pharmacists may choose to charge a fee for providing a prescription renewal and

those patients who cannot afford to pay the uninsured pharmacy service fee must instead visit their primary care provider for a new prescription. Ontario is only one of two provinces that does not remunerate pharmacists for prescription adaptations or renewals (Table 13).

Table 13: Publicly Funded Remuneration for Pharmacist Renewals/Adaptations of Prescriptions Across Canadian Provinces[xl]

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Remuneration for Renewals / Adaptations	☑	☑	☑	☒	☒	☑	☑	☑	☑	☑

Furthermore, as described in detail in OPA's submission to the Ministry about expanded scope in 2024 and our 2025 Budget Submission, although OPA fully supports the proposed expansions to scope of practice, ensuring the financial sustainability of core pharmacy services through government investment is critical to maintaining and protecting the services provided by pharmacy professionals, and supporting the platform by which pharmacies can continue to innovate and offer additional services. As such, OPA recommends the following:

1) **Increase the dispensing fee and compounding fee paid for eligible prescriptions under the Ontario Drug Benefit (ODB) program** to align with both cost-of-living increases in Ontario and greater operational investments required to meet practice standards.
2) **Reform the Ontario Drug Programs to modernize policies and remuneration frameworks** to align with the current practice environment.
3) **Increase capitation fees for current services delivered by LTC pharmacy service providers to $1,800 per licensed bed annually**, subject to future cost-of-living increases, eliminate the planned schedule for fee reductions and leverage the expertise of pharmacists through new funded services, and include services provided by LTC pharmacies within publicly funded remuneration frameworks (e.g., therapeutic assessments for oseltamivir should be reimbursed outside of the capitation funding model).

Ensuring investments are made to support the long-term financial health of the pharmacy profession is necessary to maintain financial sustainability and empower the profession to deliver high quality, accessible care that meets the current and future needs of the health system. This is especially important as a forecast model developed using a population needs-based approach and projected over a 10-year period estimated that Ontario is expected to experience an annual shortfall of 723 Full-Time Equivalent (FTE) pharmacists and 45 FTE pharmacy technicians per year.[lxxxvii] Furthermore, as highlighted in the report, Sustaining Ontario's Pharmacy Workforce: Insights from OPA's 2025 Wage & Benefits Survey, the pharmacy sector is under strain but remains committed to patient care, underscoring the urgent need to modernize remuneration frameworks to reflect the true cost of providing pharmacy services and to ensure long-term workforce and system sustainability.[lxxxviii]

Communication and Awareness

Another focus is to ensure there is a clear and consistent communication plan including transparent and adequate timelines prior to any scope and/or program implementations. These are critical to support preparation and planning by the pharmacy sector to promote uptake and ensure smooth implementation of new changes. This in turn will improve the patient's experience as it will help to avoid patient confusion and manage expectations. OPA has and continues to collaborate with the Ministry to support communications and engagement in relation to pharmacy practice and is committed to working with the College, Ministry and any other stakeholders as required to devise implementation plans to support new regulations and programs, if approved, to ensure successful incorporation into practice.

Additionally, a potential barrier that may limit access to care in community pharmacies is a lack of patient knowledge of the range of services that exist and how they can access these services. For example, a patient who is a newcomer to the province may not be aware of all the services they can receive at a community pharmacy through their local pharmacist, and even for those who may be aware, they may not be familiar with the details of the program (e.g., that they can access the service through virtual means). Low health literacy may also contribute to the lack of understanding on when and how to seek pharmacy services. A public campaign aimed at educating Ontarians belonging to targeted populations about pharmacy services, how to access them, what to expect from the encounter, etc. may help to address this potential barrier.

Similarly, increased engagement and/or education directed towards other healthcare providers to increase awareness and address any misapprehensions about the new scope/services will help to support implementation as providers can refer patients to access services when appropriate. For example, staff at emergency departments and urgent care centres can consider the option to refer minor ailment cases to community pharmacies for assessments, thereby increasing their capacity to manage more severe cases, potentially minimizing costs to the health system, and ensuring that patients receive quality and timely care. A better understanding of the full scopes of practice of pharmacy professionals may also encourage more discussions on how different healthcare professionals can work together to increase interprofessional collaboration and improve integrated care opportunities. As the province looks to building integrated care pathways, it is critical that the pharmacy profession is included in those discussions to ensure a seamless care pathway for patients and effective use of healthcare resources.

Scope of Practice Alignment Across All Practice Settings

As we continue to evolve our health care system so that it is centred around the patient and not the provider, it is essential that patients in all healthcare settings can access all services that can be provided by pharmacists. Across Ontario, pharmacists are continually demonstrating that they do more than just dispense medications. Pharmacists are stepping up to support and deliver care to

patients in their homes, in the community, in LTC homes and in hospitals to provide the care they need to lead healthy and full lives. To continue to support better care for all patients, pharmacists should be enabled to work to their full potential across the entire health care system.

While scope changes in regulations apply to all pharmacy professionals regardless of their place of practice, other regulatory and policy barriers exist that impede pharmacy professionals from practicing to full scope in all settings. This in turn creates additional administrative burden for these practice settings to find workarounds to the current barriers, such as establishing medical directives, which may require multiple reviews and annual updates, to enable pharmacists to practice to full scope in those settings. For example, the main barrier to pharmacists being able to practice to full scope in hospital settings is the *Public Hospitals Act, 1990*. This antiquated piece of legislation requires modernization to reflect the changes in scopes of practice of all healthcare professionals and different models of practice to ensure that patient centred care can be provided. As the needs and operations of each hospital are different, the barriers may also vary, however, by removing this red tape, hospitals will have greater flexibility to identify their specific needs and establish policies and procedures that will allow them to best utilize their resources.

OPA strongly recommends that additional work be undertaken to modernize and align scope of practice across all practice settings so that pharmacists working in other settings (e.g., hospitals, primary care and LTC homes) may practise to the same full scope as their community-based colleagues.

Enhanced Health System Integration

Pharmacists are integral members of a patient's primary care team working alongside other primary health care providers to optimize the health of their patients in a variety of healthcare settings, e.g., community, hospital, and LTC homes. The proposed expansions of scope for pharmacists help to support a team-based approach to primary care by ensuring that all pharmacists working in the province can contribute to patient care utilizing their full knowledge and expertise. Harnessing the true power of the healthcare team requires that each healthcare provider is appropriately and effectively leveraged to enhance patient care and improve the effectiveness and efficiency of the overall health care system.

Mechanisms are already in place to prevent a fragmented system, such as the availability of information on Ontario's clinical viewers including but not limited to publicly funded medications dispensed/services rendered by pharmacists and laboratory results. However, due to the lack of a province wide EHR for all healthcare related records, other workarounds have been implemented to ensure continuity of care can still be achieved for patients in all situations. For example, pharmacists are required to notify the patient's primary care provider or prescriber, if available, within a reasonable time after initiating a prescription (e.g., prescribing for a minor ailment), renewing a prescription, or adapting a prescription in a manner that is clinically significant based on the patient's individual circumstances or if necessary to support the care of the patient.[xxix] However,

these approaches create significant administrative and financial burden for pharmacy teams and other healthcare professionals.

To reduce these burdens while still promoting interprofessional collaboration and continuity of care, OPA recommends exploring alternative pathways to share information, e.g., enabling sharing of pharmacy service information via a patient's provincial EHR such as minor ailment assessment notes, prescriptions issued, completed medication lists (including prescription, non-prescription and natural products), etc. to streamline processes and make it easier for healthcare professionals to collaborate with one another. However, it is important that any decisions on data contributions be reasonable, e.g., can be obtained from information fields already collected by the pharmacy, and must not add additional challenges or increased workload for pharmacy professionals to comply with. OPA has been working collaboratively with Ontario Health (OH) on their Comprehensive Medication Record for Ontarians (CMRO) strategy to identify relevant data that can be contributed from pharmacies. Additionally, some pharmacy management system vendors are supporting the early adopter initiative of the Digital Health Drug Repository (DHDR), and we encourage continued momentum toward broader adoption and expansion of the data set to advance the development of a complete patient EHR. This collaborative approach will help to ensure that the extensive information available from pharmacies is effectively leveraged to optimize patient care.

The development of integrated systems should also explore how to streamline processes to enhance patient care coordination while reducing administrative and financial pressures on healthcare providers. An example of this would be electronic prescribing which can have many benefits including reducing the need for paper, decreasing the risk of human error, and simplifying the process for patients.[lxxxix] These improvements in convenience and efficiencies can in turn improve medication safety and communication between healthcare providers.[lxxxix] However, these advances in technology are currently not part of Ontario's clinical viewers and are associated with costs that may limit their practical implementation and overall usefulness in routine practice. For instance, PrescribeIT®, a national e-prescribing service, currently charges pharmacies a $0.20 transaction fee for each new or renewed electronic prescription processed through PrescribeIT®.[xc] Despite the intent of this solution to be beneficial to all stakeholders involved including but not limited to prescribers, pharmacists, patients and the government, PrescribeIT® is disproportionately funded by the pharmacy sector. OPA is of the steadfast opinion that costs to support technological innovations to improve patient care should not be borne solely by one sector. Instead, provincial efforts to enhance system integration should include investments to fund or incorporate these technological advances so that costs do not impede uptake, and the true benefits of these system enhancements can be realized.

Enhancing system integration is not only beneficial to support the current and proposed expansions to scope of practice but will also support the future evolution of practice. As outlined in OPA's 2024 submission on scope of practice to the Ministry, pharmacy professionals can do much more to further improve team-based primary care and better support patients and other healthcare providers

including but not limited to assessment and treatment of other conditions/situations, e.g., contraception, and pre-exposure prophylaxis (PrEP) or postexposure prophylaxis (PEP) for prevention of new HIV infections; providing therapeutic substitutions to ensure continuity of care during drug shortages; and supporting chronic disease management. Investments into improving the integration of Ontario's health system to promote collaboration and patient-centered care can support implementation of additional patient care services which can increase access to care, simplify the patient journey and improve health outcomes and quality of life for Ontarians.

Conclusion

The Ontario Pharmacists Association appreciates the opportunity to respond on behalf of Ontario's pharmacy professionals to this consultation on potential regulatory amendments that, if approved, would expand the scope of practice for pharmacy professionals.

As we continue to focus on building a stronger Ontario, it is critical to prioritize the health of Ontarians. Ontario's health care system remains under strain and there is a need to modernize current processes and pathways to increase equitable and convenient access to health services while enabling greater capacity across the health system. Pharmacy professionals can play a significantly larger role in helping to close the gap in access to healthcare so that all Ontarians have access to the care they need, when and where they need it, especially in rural or underserved communities. However, to achieve this, investments in the profession are essential to enable and sustain pharmacy services that have demonstrated positive impacts on patients and deliver better value for money to government.

OPA looks forward to collaborating with the College and Ministry on the next steps toward changes that will modernize our health care system to enhance accessibility and equity, improve patient care, increase efficiency and reduce costs, and strengthen system resilience. We respectfully suggest that a formal pharmacy agreement be established between the Ministry and OPA which will help streamline processes for the Ministry when collaborating with the profession by removing redundancies while ensuring a fair and balanced structure to support our collective goals. Together we can ensure that valuable pharmacy programs and services not only provide sustainable solutions to the challenges our health system faces but also protect the health of patients and deliver positive health outcomes for all Ontarians.

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