



**Ontario College of Pharmacists:
Public Consultation on Proposed Learning
Requirements for Specified Expanded Scope
Activities**

**OPA Submission
May 29, 2026**

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Executive Summary

The Ontario Pharmacists Association (OPA) strongly supports the proposed regulatory amendments to authorize pharmacists to assess and prescribe for additional minor ailments and administer injectable buprenorphine. These scopes of practice expansions represent a critical opportunity to strengthen patient access to timely, high-quality care and alleviate the unprecedented strain on Ontario's primary care system.

While OPA supports targeted training and proportionate clinical safeguards to protect patient safety, any proposed requirements must be carefully evaluated to ensure they do not create unintended operational barriers. OPA cautions against the implementation of redundant, condition-specific mandatory learning requirements and self-declarations for universal clinical competencies.

To ensure these expanded scope activities are implemented safely, equitably, and sustainably, OPA recommends the following:

- **Focus on Novel Skills vs. Universal Competencies:** The profession broadly supports practical training where distinct, novel technical skills are introduced (e.g., using an otoscope). However, micro-regulating foundational clinical knowledge, such as differential diagnosis and infection control, is unnecessary and sets a concerning precedent.
- **Leverage Existing Quality Assurance:** Pharmacists already complete rigorous clinical education and are bound by Standards of Practice that mandate practicing within the limits of their competence. Their competency and ability to provide safe, high-quality patient care are also routinely assessed through the Ontario College of Pharmacist's Quality Assurance Program. Mandating distinct declarations for specific ailments is legally redundant and duplicates existing expectations.
- **Proactively Build Public and Interprofessional Awareness:** True public assurance stems from the consistent delivery of safe, high-quality care. Rather than placing the burden of public assurance on individual pharmacist declarations, the College should take a proactive role in educating the public and peer regulators about the rigorous clinical competencies pharmacy professionals already possess to foster system-wide awareness and trust.
- **Mitigate Operational & Financial Barriers:** Mandates requiring out-of-pocket costs, mandatory travel, and time away from the pharmacy create significant logistical hurdles, particularly for rural and independent practices. OPA recommends the exploration of system-level financial supports (e.g., reinstatement of initiatives similar to the former Allied Health Professional Development Fund) to ensure equitable participation without compromising the quality of accredited education.
- **Allocate Adequate Implementation Time:** To prevent bottlenecks and ensure equitable uptake, implementation timelines must be developed collaboratively with the pharmacy sector to align with actual operational and training capacity.
- **Ensure Regulatory Clarity:** Ambiguous terms like "experiential learning" in the draft guidance should be explicitly defined to empower confident self-assessment and prevent subjective enforcement.

- **Maintain Vendor Neutrality:** The proposed declaration for injectable buprenorphine should be brand-agnostic to future-proof the statement and enable the College greater flexibility to update its guidance should alternative therapies enter the market.
- **Implement Additional Operational Supports:** Enable system-level supports that align regulatory and policy frameworks with practice realities to ensure sustainable implementation and protect patient access and pharmacist well-being.

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') on proposed learning requirements for specified expanded scope activities (i.e., acute pharyngitis, otitis externa, herpes zoster and the administration of buprenorphine extended-release), in addition to a proposed self-declaration process, that if approved, would require mandatory completion by pharmacists prior to engaging in these activities.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With nearly 8,000 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.

As noted in our submission to the College in response to its [consultation on expanded scope of practice](#) in November 2025, 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 pharmacists to administer injectable buprenorphine. These changes will support greater access and continuity of care; improve the patient experience; and enable a more integrated, efficient, and sustainable health system.

Pharmacy professionals are integral to the province's primary care system, providing equitable and convenient access to care for Ontarians across the province, including rural, remote and underserved areas. Since the implementation of the publicly funded minor ailment program in January 2023, Ontario's pharmacists have provided over 2.4 million assessments with over 99% of all community pharmacies participating.¹ This demonstrates the readiness, competence, and capacity of pharmacists to safely assume expanded roles that improve access to care and reduce system pressures.

Ontario's health system continues to be 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.

OPA respects the College's mandate to serve and protect the public interest by ensuring that regulated pharmacy professionals have the required education, skills and judgment to provide safe, ethical and quality care for patients.² Patient safety is equally the fundamental priority for

Ontario's pharmacy professionals. While OPA supports targeted training to safely enable expanded scope activities, any proposed requirements must be carefully evaluated to ensure they are proportionate, necessary, and do not create unintended operational barriers to implementation that may impact patient access to care.

Proposed Learning Requirements

Impact on Public Confidence

As some of the proposed minor ailment conditions require additional practical training that traditionally has not been part of the education received by pharmacists, such as the use of an otoscope for assessing otitis externa, the profession broadly supports targeted, practical training where distinct, novel technical skills are introduced. However, mandating learning requirements for only certain minor ailments and establishing condition-specific declarations for universal clinical competencies could risk having negative impact on public confidence.

A survey of Canadians found that a majority (95%) have a positive impression of pharmacists.³ Similarly, a study evaluating pharmacist prescribing for minor ailments in Saskatchewan found that trust is the most common reason patients choose a pharmacist instead of a physician for minor ailment consultations.⁴ Collectively, these findings demonstrate that patients already possess strong confidence in their pharmacists' ability to deliver safe care.

Additionally, pharmacists in Ontario already complete rigorous university-level education, national board examinations, and ongoing continuing professional development requirements to maintain licensure. The comprehensive requirements ensure competence in critical areas, including clinical assessment, differential diagnosis, selection of appropriate therapeutic interventions, identification and management of drug interactions, provision of education for the patient, and communication with the patient's primary care provider.⁵ Pharmacists are also trained to practice in adherence to clinical practice guidelines which provide structured frameworks to guide differentiating minor ailments from potentially more serious conditions, including the identification of red flags and when referral to another healthcare provider would be appropriate to protect patient safety.⁵

Beyond their education, 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. A cornerstone of this is the obligation for pharmacists to recognize and practice within the limits of their competence per the Standards of Practice.⁶ Therefore, any pharmacist providing minor ailment assessments is already professionally mandated to self-assess and ensure they have the required training and knowledge prior to delivering care. Furthermore, a wide array of continuing education courses are also readily available to support pharmacy professionals in independently addressing any self-identified competency gaps.

This established framework provides a flexible, patient-centered safeguard that renders prescriptive, condition-specific additional training mandates redundant. Superimposing additional requirements duplicates competencies that pharmacists are already expected to possess and demonstrate, and risks undermining the value of their existing professional education. The College must weigh these redundant mandates against their potential consequences including increased administrative burden, exacerbated workload pressures, and a direct reduction in time available to provide patient care. This operational strain may also disproportionately impact smaller, independent pharmacies that only have a single pharmacist on staff, and rural practices, ultimately restricting patient access to care.

Finally, the College already possesses the necessary regulatory mechanisms to protect the public. The College's Quality Assurance (QA) program is designed to strengthen public confidence by ensuring that pharmacists practice competently; maintain appropriate skills and knowledge; and deliver quality, safe and ethical care to patients.⁷ Rather than introducing disjointed, activity-specific declarations, the College should leverage the existing QA framework to oversee and ensure the competence and knowledge of pharmacy professionals across all scopes of practice, including the specified expanded scope activities in this consultation.

Public confidence can more effectively be built through consistent, high-quality care experiences than through excessive credentialing processes. Rather than mandating learning requirements to improve public confidence, the focus should be on whether such requirements meaningfully enhance public safety with careful consideration of the potential risks and benefits of the proposed measures.

Potential Drawbacks or Concerns

The primary risk of mandating condition-specific learning requirements is the creation of unintended operational barriers that can directly impact patient access to care. While many pharmacists are eager to offer expanded scope services, the financial and logistical realities of formalized training mandates, such as course costs, required time away from the pharmacy, and ongoing staffing shortages, create significant hurdles.

This is especially concerning for requirements involving in-person components, such as otoscope training. For pharmacists in small or rural communities, the travel time and expense required to attend centralized training may prove prohibitive. While the Association strongly supports pharmacy professionals' autonomy to tailor clinical service offerings based on local community needs and patient demand, service availability should not be dictated by restrictive regulatory red tape. These well-intentioned mandates risk creating a disjointed health care landscape where access to minor ailment services is impacted by geography or pharmacy resources rather than patient need. Ultimately, this may limit pharmacies' ability to offer the full range of minor ailment and injection services, contributing to public confusion, complicating system navigation, and undermining the government's goal of ensuring access to equitable primary care.

Should the College proceed with mandatory learning requirements, measures should be taken to ensure that training is universally accessible and not cost-prohibitive. OPA recommends the exploration of system-level financial supports, such as the reinstatement of initiatives similar to the former Allied Health Professional Development Fund. This approach will prevent the creation of a two-tiered system where only well-resourced pharmacies or pharmacy professionals can afford to participate, ensuring equitable access to care across all communities.

Furthermore, the College must carefully consider the regulatory precedent this establishes for future scope expansions. Rather than defaulting to mandatory learning requirements for every new clinical activity, it is vital to establish a clear, evidence-based framework that defines the criteria for why and when specific training is necessary. By explicitly linking any mandatory requirements to distinct, demonstrable competency gaps rather than treating them as a default administrative checklist, the College can ensure that future regulations remain proportionate, purposeful, and focused on genuine enhancements to patient safety.

Additional Considerations

Necessity of Proposed Learning Requirements

To ensure regulatory actions are proportionate, the College must distinguish between clinical complexity and high risk of harm to the public. Assessing conditions that require advanced differential diagnosis, specific physical assessments, or specialized knowledge, while potentially more clinically complex, does not by default result in risk of harm to the public. While OPA is in agreement that the undertaking of more advanced activities should be accompanied by a review of appropriate safeguards, activities that are complex rather than inherently high-risk, could appropriately be governed by the standard Quality Assurance framework and universal Standards of Practice, rather than condition-specific regulatory requirements.

Furthermore, the College must avoid micro-regulating foundational clinical skills. The draft guidance lists competencies such as those related to pathophysiology, clinical presentation and risk factors; differential diagnosis; red flags for referral; infection prevention and control principles; prescribing decisions based on current clinical guidelines; non-pharmacological and pharmacological treatment options; and monitoring and follow-up parameters. It is important to note that these competencies are not specific to the three minor ailment conditions of acute pharyngitis, otitis externa and herpes zoster, but are in fact universal elements of required learnings for all minor ailment conditions. Siloing these baseline clinical expectations into condition-specific mandates inadvertently creates a two-tiered standard of practice, implying that these rigorous assessments are "extra" for these three ailments and less critical for others currently in scope.

Rather than focusing on broad, redundant learning requirements, the College should adopt a “right-touch” regulatory strategy that focuses on distinct competency gaps. For example, while testing for acute pharyngitis and use of an otoscope to perform a physical examination for otitis externa introduces a genuinely new physical assessment skill that warrants practical training, other requirements such as the need to counsel on vaccination to prevent recurrence of herpes zoster could be considered a standard part of patient education and counselling. Similarly, with respect to infection prevention and control principles, pharmacists already possess this knowledge through existing education for other conditions and past experiences (especially considering the recent COVID-19 pandemic), thus necessitating this as a training requirement for each minor ailment may be redundant. Notably, among the eight Canadian provinces that currently authorize pharmacists to assess and prescribe for Herpes Zoster, none impose specific mandatory learning requirements beyond the standard expectations for minor ailments (Table 1). By targeting distinct new skills rather than universal knowledge, the College can fulfill its mandate to protect the public without introducing unnecessary administrative burden.

Table 1: Pharmacist Authority to Assess for Herpes Zoster and Specified Required Mandatory Learning Across Canadian Provinces^{8,9,10,11,12,13,14,15,16,17,18,19,20,21,22}

	BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Authority to Assess for Herpes Zoster	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓
Specified Mandatory Learning Beyond What is Required for Other Minor Ailments	✗	✗	✗	N/A	N/A	✗	✗	✗	✗	✗

Implementation Time

Should the College proceed with the proposed mandated learning requirements, it is imperative that there is a clear and consistent communication plan featuring transparent and adequate timelines developed in collaboration with the pharmacy sector to ensure alignment with operational realities prior to implementation. These are critical to support sector preparation and planning, facilitate uptake and support smooth implementation, while minimizing unintended impacts on patient access.

Crucially, the College must consider the capacity of education providers to deliver this training to all pharmacists who wish to participate prior to setting an implementation date. Feedback from our membership, alongside the experiences of peer provinces, demonstrates that mandating practical components (such as in-person otoscope training) can result in immediate educational bottlenecks. Ensuring sufficient implementation time will help to avoid waitlists of pharmacists wanting to offer the service but unable to access the required training.

Draft Guidance Clarification

While the Association commends the College for acknowledging that prior experiential learning meaningfully contributes to clinical competency, the draft *Guidance – Requirements for Engaging in Specified Minor Ailments* currently lacks the necessary specificity to support confident self-assessment. As written, the guidance states that registrants should consider “the knowledge, skills, abilities, judgment, and competence they possess, acquired through education and training (CCAP programs, CCCEP accredited courses), or experiential learning” to assist in their decision when making declarations of meeting the proposed learning requirements. Leaving terms like “experiential learning” undefined creates regulatory ambiguity, placing pharmacists in an unfair position where they must guess what the College deems acceptable when declaring their competence.

To empower pharmacy professionals to accurately evaluate their readiness, OPA recommends the College explicitly define the parameters of acceptable experiential learning within the final guidance. This should include clarifying whether there are expectations regarding the duration, recency, or specific clinical setting of that experience. Furthermore, the College should clarify whether a blended approach—such as combining experiential learning with specific live sessions or self-directed educational programs—would satisfy the regulatory expectation. Providing definitive criteria will prevent subjective enforcement and ensure pharmacists can self-assess and determine whether they meet the requirements prior to engaging in the specific expanded scope activities.

Process for Determining How Learning Requirements Are Met

Interprofessional and Public Assurance

While the College aims to assure the public through mandated learning declarations, this approach places an unnecessary administrative burden on the practitioner rather than addressing the root issue: system-wide awareness. True public assurance stems from the consistent delivery of safe, high-quality care, not from excessive credentialing processes. Rather than a focus on mandating individual declarations, the College should take a proactive regulatory role in educating the public about the rigorous clinical competencies pharmacy professionals already possess.

Furthermore, a lack of interprofessional knowledge regarding the scope of pharmacists' practice, and their competency to deliver it, remains an ongoing challenge. The College should ensure that peer regulators, for example the College of Physicians and Surgeons of Ontario (CPSO), fully understand this expanded scope and the associated training requirements, and proactively communicate this to their registrants to foster interprofessional trust and collaboration.

Self-Declaration Mechanism

Creating a distinct, activity-specific declaration prior to engaging in specific minor ailments is legally redundant, undermines the baseline professional accountability of registrants, and creates unnecessary administrative burden.

As previously described, mechanisms already exist to assure the public that pharmacy professionals have the knowledge and competency to practice, including through the College's Standards of Practice and Quality Assurance Program.

Should the College move forward with establishing self-declarations that learning requirements have been met, OPA recommends that the need for the declarations be re-evaluated at regular intervals and potentially sunset as the expanded scope of practice becomes more commonplace and well-integrated into the practice of pharmacy, including but not limited to training being incorporated into university programs.

Additional Considerations

With respect to the proposed declaration statements, the College may also wish to reconsider whether inclusion of the brand name of the product (i.e., Sublocade®) is appropriate. Although currently in Canada there is only one injectable buprenorphine product commercially available, other injectable buprenorphine products could become available on the Canadian market in the future. Explicitly including the specific brand name of the product within the proposed declaration statements may be perceived as commercial bias or endorsement. Additionally, this inclusion fails to future proof the proposed statement. As the proposed regulatory amendment to Schedule I of O. Reg. 256/24 under the *Pharmacy Act, 1991* does not specify a brand, i.e., only the administration of injectable buprenorphine has been included within scope, OPA recommends the College consider amending the proposed declaration statement to be more brand agnostic.

Furthermore, rather than including the specific College mandated course to meet the learning requirements, i.e., completion of the Sublocade® Certification Program, within the proposed declaration itself, the College could consider structuring the proposed statement for injectable buprenorphine in the same manner as the ones for the specified minor ailments, i.e., reference to meeting the requirements via a separate guidance document. This structural alignment ensures that as new therapies and equivalent certification programs emerge, the College can efficiently update its guidance to recognize acceptable alternative training.

Other Implementation Supports

While the Association strongly supports advancing the practice of pharmacy and establishing proportionate clinical safeguards, the College must recognize that regulatory and policy frameworks are deeply intertwined with the broader healthcare ecosystem. The successful, safe delivery of these expanded scope activities relies heavily on the operational realities of community pharmacies.

As highlighted by our membership, there is a risk of misalignment between the expectations of these new clinical services and the sector's current capacity to operationalize them. Expanding professional responsibilities while introducing unfunded administrative and educational mandates associated with out-of-pocket training costs, mandatory travel, and time away from practice places additional strain on an already constrained sector and may limit the ability of pharmacies to sustainably offer these services at scale. While systemic issues such as fair and reasonable remuneration fall outside the College's direct purview, the College should remain acutely aware of how its regulatory frameworks interact with these operational pressures.

OPA previously outlined critical enablers for success in our [submission](#) in response to the College's consultation on expanded scope in November 2025. These include but are not limited to pharmacy professional support, investments in sustainability, communication and awareness, and enhanced health system integration. Expanding professional responsibilities without corresponding actions to address issues such as administrative burden, burnout and retention, fair and reasonable remuneration and business pressures to name a few may undermine both patient safety and pharmacy professional wellbeing.

OPA looks forward to collaborating with the College, the Ministry of Health, and system partners on safeguards, as well as on the implementation of these operational supports, which together will expand equitable and convenient access to safe and effective patient care.

Conclusion

The Ontario Pharmacists Association appreciates the opportunity to participate in this consultation on behalf of Ontario's pharmacy professionals. As our health system continues to face unprecedented capacity challenges, empowering pharmacists to safely and efficiently assess and treat additional minor ailments is a critical step toward ensuring all Ontarians have equitable, convenient access to health services. Pharmacy professionals are well positioned to play an expanded role in helping to close the gap so that all Ontarians have access to the care they need, when and where they need it, especially in rural or underserved communities.

While OPA is supportive of the College exploring safeguards to protect patient safety, it is imperative that any mandated additional training requirements are proportionate, clearly justified, and do not create unintended barriers to implementation or patient access to care. Ensuring that other appropriate implementation supports are in place is equally critical to the safe, effective and sustainable delivery of any new pharmacy services.

OPA looks forward to continued collaboration with the College, the Ministry of Health, and system partners on these important initiatives. Together we can ensure that the rollout of these valuable pharmacy programs and services is supported by a proportionate, right-touch regulatory environment that protects patient safety, preserves professional well-being, and delivers sustainable solutions to improve access to care for all Ontarians.

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