Neighbourhood Pharmacy Association of Canada
Association canadienne des pharmacies de quartier

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Ontario Ministry of Health
Health Workforce Regulatory Oversight Branch

Public Consultation on Expanded Scope of Practice

Neighbourhood Pharmacy Association of Canada

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Ontario Ministry of Health
Health Workforce Regulatory Oversight Branch

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) represents leading pharmacy organizations across the country, including chain pharmacies, grocery and/or mass merchandizers with pharmacies, banners and independent pharmacies, and pharmacies providing specialty medicines and services. In Ontario, we advance the delivery of care through more than 5,000 pharmacies of all models, that serve as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods.

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

We are pleased to provide comments on draft regulatory amendments to *Ontario Regulation 256/24* under the *Pharmacy Act, 1991* and other proposed measures to enable expansions of scope of practice for pharmacists and pharmacy technicians in Ontario.

This submission mirrors the feedback we have provided directly to the Ontario College of Pharmacy regarding amendments under their purview, as well as additional recommendations for the Government of Ontario to consider will allow community pharmacies to further advance the Government of Ontario's "right care, right place, right time" vision. Empowering pharmacy professionals to work safely and effectively within the full scope of their education, training, and competencies serves the public interest by strengthening the healthcare system's capacity, improving efficiency, and promoting sustainable, accessible care for all.

We urge the Ontario Government and the Ontario College of Pharmacy to move forward with:

1. **Enhancing pharmacy minor ailments assessment, prescribing and treatment pathways by:**
    - Authorizing pharmacists to assess and prescribe for the proposed 14 new conditions.
    - Authorizing pharmacists to assess and prescribe for an additional 3 reproductive health conditions.
    - Authorizing pharmacists to communicate a minor ailments diagnosis after assessment.
    - Authorizing pharmacists to incorporate the ordering, administration, and interpretation of selected laboratory and point of care tests into minor ailments assessment, prescribing and treatment pathways; and
    - Moving away from the use of 'list-based' expansions for conditions, tests or drugs.

2. **Expanding immunization uptake and vaccine access through community pharmacy by:**
    - Authorizing pharmacists to administer a wider range of publicly funded vaccines by adding diphtheria, tetanus and pertussis vaccines to Schedule 3;
    - Authorizing technicians to administer all vaccines on listed on Schedule 3; and
    - Authorizing pharmacists to prescribe all the vaccines they are authorized to administer.

3. **Authorizing pharmacist administration of long-acting injectable Buprenorphine (Sublocade®).**

4. **Enabling pharmacist prescribing of Epinephrine auto-injectors for anaphylaxis prevention and management.**

5. **We further recommend the Government of Ontario:**
    - Ensure pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors.
    - Enable centralized immunization records
    - Provide fair remuneration to pharmacies for the administration of all publicly funded vaccines

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1. Enhancing pharmacy minor ailments assessment, prescribing and treatment pathways

***Authorize pharmacists to assess and prescribe for the proposed 14 new conditions*.** Ontario pharmacists can currently assess and prescribe medications for 19 minor ailments. The competency of pharmacists to safely and effectively prescribe and care for patients with these self-limiting conditions is evident and has been safely and successfully done in other jurisdictions for over a decade. Since January 2023, pharmacists in Ontario have completed close to 2 million patient assessments under the minor-ailments prescribing program clearly demonstrating public uptake, trust in pharmacy-based care and readiness for scope expansion. All 14 new minor ailment conditions under consideration are already within pharmacists' scope of practice in one or more other provinces across the country, indicating that they have undergone robust scrutiny and evaluation by the respective regulatory bodies and have been deemed appropriate conditions for pharmacists to manage. We are in full support of increasing pharmacists' ability to assess patients and prescribe medications for the 14 additional common ailments proposed by the Ontario College of Pharmacists.

Add an additional three reproductive health-related conditions to the minor ailments program. We urge the College to authorize pharmacists to assess patients and prescribe hormonal contraception, emergency contraception, and treatment for erectile dysfunction. Pharmacists in several other provinces already provide these services safely and effectively, demonstrating their value and reliability. Expanding prescribing authority in Ontario would strengthen patient access to timely, evidence-based care, enhance women's health outcomes, and uphold public safety. This especially important given the anticipated rise in demand for hormonal contraception medications due to their anticipated potential inclusion under national pharmacare.

Allow pharmacists to communicate a diagnosis in any minor ailments pathway to provide patients with all the information they need to make decisions regarding their health condition and recommended treatment. The provinces of BC and Alberta already enable this ability in the context of authorized prescribing activities. The health system already depends on and trusts pharmacists' skills, competency, education and professional judgment to effectively assess a patient's symptoms and health status and recommend appropriate treatment including prescribing medication. It is illogical to withhold the final step of communicating a diagnosis to the patient within the context of these activities.

***Authorize pharmacists to incorporate the ordering, administration, and interpretation of selected laboratory and point of care tests into minor ailments assessment, prescribing and treatment pathways*.** In 2022, regulatory changes came into force that allowed pharmacy professionals to collect specimens and administer several point-of-care tests involving the piercing of skin and the collection of blood samples for the purpose of medication management to treat several chronic diseases including diabetes (through monitoring of blood glucose, and HbA1C), dyslipidemia (through monitoring lipid panels) and clotting disorders & warfarin dose management (via PT/INR; Prothrombin Time Test and International Normalized Ratio). Pharmacists were also granted the ability to administer rapid antigen (RAT) tests & collect specimens ordering laboratory tests to detect COVID-19, to support appropriate treatment and prescribing, and pharmacies established the necessary workflows and infrastructure to include these testing activities into their operations. Providing pharmacists with the authority to incorporate more POCT or laboratory tests into their practice builds on these existing capabilities and ensures pharmacies have access to valuable results to support timely clinical decision making.

We particularly support increasing pharmacists' ability to incorporate the ordering laboratory and point-of-care tests to identify acute pharyngitis (including use of rapid strep tests) and onychomycosis to support pharmacists assessment and prescribing of these conditions under the minor ailments pathway. Pharmacist-supported testing for strep throat, whether within the parameters of acute pharyngitis or as a stand-alone condition, is of particular valuable. Data from the Community Pharmacy Primary Care Clinic programs in Nova Scotia supports the need for this activity; during a strep throat outbreak participating pharmacies assessed 35,000 patients for strep throat symptoms, preventing these patients from presenting at their local emergency department. Strep A assessments were the most common expanded service delivered during the evaluation phase of this project, and assessment and prescribing for Group A strep was in fact incorporated into the regular scope of practice for all pharmacists after the research was completed in fall 2023.

We further encourage the Government of Ontario and the College to consider authorizing pharmacists to order and/or administer appropriate laboratory and/or point-of-care tests to identify urinary tract infections (UTIs). In Ontario, the uptake of minor ailments services has demonstrated that UTI is one of the most common ailments for which patients seek prescription medication from pharmacists. Expanding pharmacists' authority to conduct diagnostic testing would streamline care, reduce unnecessary physician visits, and improve timely access to safe, evidence-based treatment for one of the most prevalent conditions affecting women's health.

Enabling pharmacists to use appropriate laboratory and point-of-care tests to assess patients for pharyngitis and strep throat, fungal nail infections and UTIs will allow pharmacies to identify conditions rapidly, and offer immediate healthcare services to patients, reducing the burden on other parts of the primary or acute health care system. Ontario's pharmacists have the skills, training and competencies necessary to administer, order and interpret the results of these diagnostic tests.

Move away from the use of 'list-based' expansions for conditions, tests or drugs*.* As lists are written into Acts and/or Regulations, any changes to expand pharmacists' ability to address more minor conditions require considerable time and administrative effort by policy makers and the sector. Instead, we encourage the approach taken in other jurisdictions such as Alberta,

which currently allow pharmacists to provide any Schedule 1 drug they deem appropriate for the patient's condition rather than limiting pharmacists' authority to a particular list of conditions or drugs. Pharmacists are the health systems' medication experts. We encourage the Government of Ontario and the College to rely on pharmacists' competencies and skills in applying clinical guidelines and professional judgment to assessing patients' medication therapy needs without adding any additional administrative burden to either the system or other healthcare providers.

2. Expand immunization uptake and vaccine access through community pharmacy

Authorize pharmacists to administer a wider range of publicly funded vaccines. We fully support the adding diphtheria, tetanus and pertussis vaccines to Schedule 3 of the General regulation made under the Pharmacy Act to make receiving routine immunizations more convenient and accessible for Ontarians in their communities. Authorizing pharmacists to administer a broader range of publicly funded vaccines enhances access and uptake, protecting communities through higher immunization rates and reduced strain on the healthcare system. Recent public opinion polling undertaken by the Neighbourhood Pharmacy Association of Canada has shown that 71% of Canadians say they would be comfortable getting their vaccinations at a pharmacy, and in fact 33% of Canadians report they have received a vaccination at a pharmacy in the last 12 months. This expanded authority is especially vital now, as vaccination policies face growing challenges in other jurisdictions— underscoring the need for pharmacists to continue to protect the public through the administration of routinely recommended immunizations.

Authorize pharmacy technicians to administer all Schedule 3 vaccines. Schedule 3 of the General regulation made under the Pharmacy Act currently identified 19 vaccines that pharmacists may administer, including public funded/routinely recommended vaccines as well as vaccines for preventable travel-related illness. These vaccines may all be administered without a prescription. However, pharmacy technicians are only authorized to administer vaccines for RSV, influenza and COVID-19. The College's proposal to increase the immunization authority of technicians to administer all Schedule 3 vaccines is a key component of increasing patient access to immunization services. Combined with the plan to add additional vaccines to Schedule 3, this proposal will significantly enhance patient access to these routinely recommended vaccines and increase uptake in communities.

However, similar to our recommendation regarding minor ailments conditions and Point-of-Care tests we would also strongly encourage moving away from list-based expansions for any conditions, tests or drugs (including vaccines), and instead, enable all regulated pharmacy professionals to administer all vaccines.

Authorize pharmacists to prescribe all immunizations they are authorized to administer. The prescription landscape for routinely recommended vaccines is fragmented. Some vaccines require a prescription, some do not. Additionally, patients who may be eligible for private coverage for vaccinations can only receive coverage if that vaccine is "prescribed" by a recognized prescriber in the province, necessitating them to book appointments with their physician in order receive an eligible prescription for coverage. Pharmacists are already fully competent in assessing a patient's vaccine requirements or suitability as part of their existing vaccine administration protocols. Enabling pharmacists with the scope to prescribe all the

vaccines they are already authorized to administer would uncomplicate the patient journey and minimize unnecessary interactions with the health system. Ontarians could be assessed at a pharmacy in their community, at a time that is convenient for them, have their vaccine prescribed and administered all in one place. This means faster service, fewer demands on the healthcare system and better access overall to care.

Pharmacists in Ontario already have demonstrated their competency and proficiency in prescribing medications for minor ailments and COVID-19 antivirals, and routinely assess patients for eligibility, safety and appropriateness for immunizations. Expanding prescribing authority to all routine vaccines is a logical next step.

3. Authorize pharmacist administration of long-acting injectable Buprenorphine (Sublocade®)

Neighbourhood Pharmacies fully supports the College's proposal to enable pharmacists to administer Sublocade® and future long-acting opioid agonist therapies within a regulated standard of practice. Community pharmacies already support thousands of patients in opioid agonist therapy (OAT) programs through witnessed doses, adherence monitoring, and medication management.

Authorizing pharmacists to provide Sublocade® administration would:

- Increase access by offering local, low-barrier monthly injection services in the same setting where OAT medications are dispensed.
- Enhance safety through closed-loop documentation, cold-chain and inventory controls, and post-injection monitoring.
- Promote continuity of care via timely communication with prescribers and integration into the patient's medical record.

Implementation should include College-recognized training for subcutaneous injection technique, OUD clinical care, and emergency-response protocols. This regulatory change will significantly improve treatment adherence and continuity for patients managing opioid-use disorder.

4. Enable pharmacist prescribing of Epinephrine auto-injectors for anaphylaxis prevention and management

We recommend the College explore authorizing pharmacists to prescribe and dispense epinephrine auto-injectors (e.g., EpiPen®, Allerject®) to patients who have either experienced an allergic event or require replacement devices.

This simple scope addition would:

- Reduce unnecessary emergency department visits for replacement prescriptions.
- Improve continuity of care for individuals with chronic allergy risk.
- Align Ontario with other jurisdictions that allow pharmacist-initiated therapy for emergency preparedness.

Epinephrine auto-injectors have a limited shelf life of approximately 12–18 months, requiring patients to obtain frequent renewals for an essential, potentially life-saving medication. Patients often encounter barriers when attempting to renew prescriptions, particularly if they cannot promptly access a physician. Health Canada has also issued warnings about intermittent EpiPen shortages, highlighting ongoing challenges in ensuring timely access.

Pharmacists are uniquely positioned to address these gaps. By authorizing pharmacists to prescribe or renew epinephrine auto-injectors, patients would more easily maintain up-to-date devices, reducing the risk of emergencies due to expired or missing injectors. Expanding pharmacists' authority in this area would strengthen public safety, improve accessibility, and enhance health system efficiency. This is consistent with policy directions already adopted in parts of the United States and other international jurisdictions.

5. Other Recommendations Outside of the Purview of the Ontario College of Pharmacists

Ensure pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors. We support the Ontario Government's proposed direction to make additional publicly funded vaccines - including TDAP, shingles, RSV and pneumococcal vaccines - available in community pharmacies better ensure that Ontarians have access to the vaccines in an accessible and convenient manner. We would, however, strongly recommend distribution of these vaccines through pharmacy wholesale drug distributors rather than the public health channel. Public supply should be allocated to the pharmacy sector based on its projected share of immunizations to be delivered via this channel and distributed through pharmaceutical distributors, rather than allocations being determined regionally by public health units.

Ensuring that pharmacies can obtain publicly funded vaccines by thoughtfully leveraging their proven robust distribution channels will vastly expand access to these vaccines in virtually every community across the province. The majority of pharmacies already have the necessary physical infrastructure and protocols to manage safe storage and administration of these new vaccines. Overall, a better line of sight into the supply channel will result in less vaccine wastage and more accessible stock on hand and will allow pharmacy teams to turn more patient interactions into immunization opportunities, helping the province to increase immunization rates and catch-up on delayed care.

Enable centralized immunization records. At the present time, depending on where a patient receives a publicly funded immunization (i.e., from a local public health unit, primary care office, or pharmacy), the record is stored in different systems used by each sector that do not integrate with one another. The availability of a centralized database that includes all immunization records for patients is critical to the success of any provincial immunization program as it would be beneficial to all healthcare providers involved, as well as increase efficiencies in the healthcare system. For example, the lack of access to patient immunization records can consume significant amounts of the pharmacy team's time to piece together vaccine histories from fragmented patient records, memories and contacting other healthcare providers to confirm immunization status. If pharmacies had access to complete patient vaccination records, that time could be used more efficiently to provide care to patients. In addition, a complete immunization record would allow for easy identification of patients who may be missing

vaccinations and enable a more targeted approach to reaching out to these individuals to increase vaccination rates.

Provide fair remuneration to pharmacies for administration of all publicly funded vaccines. Pharmacies depend on immunization service fees to support a variety of clinical and technical functions required for the administration of an immunization, including assessing patients' eligibility and suitability, vaccine administration, documentation, preventing adverse events and following up with the patients' primary care providers where necessary. Ontario's pharmacies currently have the lowest immunization fees across the country. The provision of fair and reasonable remuneration for pharmacy services is critical to a successful uptake of expanded routine immunization services. Ensuring that pharmacies can sustainably deliver this service will support maximal participation by pharmacies and increase timely and convenient access to routine immunizations in communities across the province.

Conclusion

Ontario's pharmacies are ready and able to deliver the next generation of accessible, community-based health services.

By enabling pharmacists and pharmacy technicians to work fully to their competencies—in minor ailments management, point-of-care testing, immunization, and long-acting injectable therapy—the Government of Ontario and the College will strengthen patient access, improve safety, and alleviate system pressure across primary and acute care.

Neighbourhood Pharmacies appreciates the opportunity to provide feedback and welcomes continued collaboration with the College and other pharmacy stakeholders to advance this shared vision for better, safer, and more accessible care.