



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
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**Public Consultation on Changes to the Ontario Immigration Act, 2025,
to redesign the Ontario Immigrant Nominee Program's (OINP)
Streams
O.Reg 421/17 Proposal number 25-MLITSD019**

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**Submitted to
Ontario Ministry of Labour, Immigration, Training and Skills
Development**

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 the proposed amendments to regulations under the Ontario Immigration Act, 2015 to redesign the Ontario Immigrant Nominee Program's (OINP) Streams. **We recommend the Ministry include pharmacists as part of the new proposed priority healthcare stream, in the second phase of the planned OINP re-design.**

Executive Summary

Ontario's health system is at a critical inflection point. Rapid population growth, persistent shortages of primary care providers, and the expanding role of community pharmacies are placing unprecedented pressure on the healthcare workforce. At the same time, the number of pharmacies continues to grow while the supply of domestically educated pharmacists is not keeping pace. Workforce data and professional surveys indicate that pharmacist shortages are emerging and are expected to worsen in the coming years.^{1,2}

Canada—and Ontario in particular—is already highly dependent on internationally trained pharmacists to maintain access to pharmacy and primary care services. More than one third of the current pharmacist workforce is estimated to come from internationally trained pharmacy graduates (IPGs).³ Yet the pathway from immigration to full licensure for IPGs remains long, complex, and costly, often taking two to three years or more.⁴ While recent progress has been made to streamline credential recognition, significant barriers remain.

We recommend that pharmacists be designated as a priority occupation under Ontario's expanded Ontario Immigrant Nominee Program (OINP), with accelerated permanent residency pathways for eligible internationally trained pharmacists (IPGs).

Growing Gaps in Primary Care Access

Primary care access remains a critical challenge. More than 2.5 million Ontarians currently do not have access to a family physician.⁵ Long wait times, staffing shortages, and emergency room overcrowding remain the most significant barriers to timely care across the province. As challenges persist, increasing numbers of Ontarians rely on emergency departments, walk-in clinics, or forgo care altogether.

Community pharmacies are among the most accessible points of care in Ontario, often operating extended hours and without the need for appointments. More than 95% of all Ontarians live within 5 kilometers of a pharmacy.⁶ As primary care gaps widen, pharmacies and their teams are increasingly relied upon to support medication management, preventative care,

vaccinations, and chronic disease support. Ontarians are increasingly turning to pharmacies for accessible, timely, and trusted care. Nearly one in three would choose a pharmacist as their first point of contact for non-emergency health concerns.⁷ Ensuring an adequate pharmacist workforce is therefore directly linked to improving access to care for patients.

Expanding Role of Pharmacists in Ontario

We applaud the recent actions of the Government of Ontario to explicitly expanded the scope and public health and primary care role of pharmacists as part of its broader health system strategy. Pharmacies and their teams are being enabled to deliver services that reduce pressure on physicians and hospitals, including prescribing for minor ailments, administering vaccines, and supporting chronic disease management. Canadians, and Ontarians, have expressed their strong desire for more pharmacy services. And nearly one in three would choose a pharmacist as their first point of contact for non-emergency health concerns; a figure that would more than double if pharmacy services were expanded.⁷

Ontario's pharmacy operators are embracing these new roles and activities, but workforce challenges risk undermining this progress. Internationally trained pharmacists represent a highly skilled and experienced workforce that can bolster the capability of the pharmacy sector to meet and exceed healthcare goals if certain barriers are reduced.

Workforce Supply Constraints and Reliance on International Graduates

Right now, internationally educated pharmacists make up more than one-third of all pharmacists in Canada, and the proportion has been steadily growing. CIHI's latest data shows that IPGs account for 35% of the pharmacist workforce nationally, and in some provinces like Ontario it's even higher, over 40%, with about half of new pharmacist registrants coming from international pathways.^{3,8} Canada is already relying quite heavily on IPGs to sustain the pharmacy workforce.

Population growth and pharmacy expansion have not been matched by growth in domestically trained pharmacists. Despite increasing capacity in Canada's schools of pharmacy, numbers of graduates have remained stagnant over the last 10 years.⁹ Reports from the Association of Faculties of Pharmacy of Canada show recent enrollment numbers in programs have also declined.¹⁰ Evidence suggests that workforce shortages are emerging, particularly in community pharmacy settings. Canada's Occupational Projection System notes the pharmacy workforce is expected to face a strong risk of labour shortage during the 2024-2033 period, while Health Canada projects the gap between demand and supply will reach more than 3,000 pharmacists by 2034.^{1,2} As an aging population puts increasing demands on the health system, these trends suggest that Ontario cannot rely domestically trained pharmacists alone to meet future workforce needs and will need to look to internationally trained pharmacy graduates (IPGs) to help fill the projected shortfall.

Credential Recognition and Immigration Barriers

Despite their importance, IPGs face a lengthy and complex pathway to practice. The pharmacist credential recognition process typically takes 16 to 36 months, with an average of approximately 26 months from initial assessment to full licensure.⁴

This pathway involves multiple sequential steps including immigration status, language testing, enrolment in Pharmacists' Gateway Canada, Pharmacy Examining Board of Canada (PEBC) document evaluation and examinations, bridging programs, internships, jurisprudence exams,

and final registration.⁴ Each step introduces potential delays, costs, and uncertainty. And many candidates do not succeed in their journey. Since 2014, more than 32,000 IPGs have signalled their intent to practice in Canada by enrolling in the Pharmacy Gateway but broader workforce data suggests that only about 40 to 50% of internationally educated pharmacists end up working as pharmacists in Canada. Some enter related roles such as pharmacy assistant or technician, and a significant number leave the field entirely.⁸ While the reasons for attrition may not be fully understood, it is clear there is a significant pool of talent that has not been used.

Supporting Timely Workforce Entry

Recent reforms, including PEBC's streamlined pathway for some internationally accredited graduates, can reduce timelines by up to a year.¹¹ While welcome, these changes benefit only a subset of candidates and do not address immigration-related delays that prevent timely workforce entry.

Provincial immigration programs can do much to facilitate the integration of IPGs into Ontario's pharmacy workforce, including reducing the time to achieve permanent residency (PR). Many provinces have their own immigration programs (PNPs) that specifically target healthcare workers. Trends indicate that when an internationally trained pharmacy graduate (IPG) is nominated by a province such as Ontario, British Columbia, Manitoba, or Saskatchewan, the likelihood of obtaining permanent residence is significantly increased, as provincial nominations confer a substantial number of points within the application process.

Provincial immigration pathways like the Ontario Immigrant Nominee Program (OINP) can help internationally trained pharmacists move from "qualified candidate" to "working in Ontario" and permanent resident more quickly by providing a provincial nomination that strengthens both their job and PR pathway. For Express Entry-aligned nomination streams, a provincial nomination adds 600 Comprehensive Ranking System (CRS) points, which significantly increases the chance of receiving an Invitation to Apply for permanent residence. In OINP Employer Job Offer streams, Ontario can issue a work permit support letter (valid for six months), which can help eligible nominees apply for a work permit so they can begin working sooner while their PR application is processed.

The government of Ontario has already taken some steps to address the current pharmacist shortages through labour mobility measures. Beginning January 1, 2026, the Ontario government's "As of Right" legislation now allows pharmacists licensed and in good standing in another Canadian province or territory to begin practicing in Ontario immediately without waiting for full registration, for up to six months while they complete registration requirements with the Ontario College of Pharmacists. This speeds up workforce entry, helps address pharmacy staffing shortages, and improves public access to timely pharmacy services by reducing bureaucratic delays in credential recognition. Prioritizing pharmacists in an updated OINP program therefore aligns with the Government's health workforce goals.

Why OINP Prioritization Is a Strategic Solution

Immigration policy is one of the most effective levers Ontario can use to strengthen its pharmacy workforce in the near term. Prioritizing pharmacists under OINP would:

- Enable faster access to permanent residency and work authorization

- Support earlier entry into supervised practice and licensure steps
- Improve retention by reducing incentives for IPGs to leave Ontario
- Align immigration selection with primary care access and health system capacity goals

Accelerated permanent residency pathways would complement existing regulatory safeguards while reducing unnecessary systemic delays.

We recommend that the Ontario Ministry of Labour, Immigration, Training and Skills Development:

1. **Designate pharmacists as a priority occupation under the expanded Ontario Immigrant Nominee Program.**
2. **Create accelerated permanent residency pathways for eligible internationally trained pharmacists**, particularly those engaged in Ontario's licensure and supervised practice processes.
3. **Explicitly link pharmacist immigration pathways to primary care access and health system capacity objectives**, recognizing pharmacists as essential healthcare providers within Ontario's evolving care model.

Conclusion

Ontario's healthcare system increasingly depends on pharmacists to fill primary care gaps, deliver public health services, and improve access for unattached patients. Population growth, expanded pharmacist scope, and stagnant domestic graduate numbers mean that internationally trained pharmacists are not supplementary but essential.

By prioritizing pharmacists under OINP and offering accelerated pathways to permanent residency, Ontario can strengthen its healthcare workforce, improve access to care, and ensure pharmacies are equipped to meet growing patient and system needs.

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