



**Neighbourhood  
Pharmacy**  
Association of Canada

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**Government of Ontario**

**Public Consultation to Inform the 2026 Ontario Budget**

**Neighbourhood Pharmacy Association of Canada**

**January 30, 2026**

**Submitted to**

**The Honourable Peter Bethlenfalvy  
Minister of Finance  
c/o Communications Services 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.

Ontario's economic future depends on the health of its people and the system that supports them. A thriving, diverse pharmacy sector is foundational to Ontario's economic growth and prosperity. Pharmacies act as the backbone of local communities driving jobs, investment, and economic resilience. Ontario pharmacies employ more than 68,000 individuals and directly generate over \$3.6 billion in GDP<sup>1</sup>. They serve as frontline community health hubs, connecting Ontarians to convenient care and supporting a healthier, more productive population overall.

Our submission presents four recommendations illustrating how strategic investment in and support for Ontario's pharmacies contribute to a strong and resilient economy, improved patient access to care, and reduced regulatory burden.

## **1. Leverage Pharmacies to Improve Access to Primary Care**

The province has made enormous progress in its 2025 Primary Care Action to connect all Ontarians to primary care, through a team or a provider. But the plan overlooked the opportunity to utilize pharmacies and their teams, which can be better leveraged as sources of primary care delivery.

For Ontarians, primary care has become harder to find, harder to keep and harder to replace. Healthcare remains one of the top three issues that concern Ontarians today, citing wait times, shortages and difficulty acquiring care.<sup>2</sup> The Ontario Medical Association recently warned that more than 2.5 million residents are without a family doctor and they believe the number will rise.<sup>3</sup> Citizens without access to a family physician often depend on a patchwork of multiple sources of primary care including hospital ERs, urgent care and walk in clinics, and increasingly pharmacies.

Community pharmacies have become one of the most dependable access points in Ontario's healthcare system. Many Ontarians report pharmacies as one of the few places they can be seen quickly and treated well.<sup>2</sup> With no waitlists, extended hours, and deep community presence, pharmacies are often the only place where patients can access timely, high-quality care.

Building on Ontario's successful expansion of minor ailment prescribing and immunization services, continuing to use community pharmacies as hubs of convenient care will ease pressure on emergency departments and primary care while improving timely access for

patients. Pharmacies are already embedded in communities making further integration a cost-effective way to strengthen the province's healthcare system without building new infrastructure. Nova Scotia's government-led Community Pharmacy Primary Care Clinics pilot has delivered clear, measurable results that Ontario can learn from: between February 2023 and late 2024, pharmacist-led clinics provided over 218,000 primary care services, with unattached patients receiving a large share of chronic disease management and prescription care, helping reduce barriers to care for those without a family doctor. Patients reported exceptionally high satisfaction, and the model contributed to an approximately 10% reduction in emergency room visits and a notable diversion from walk-in clinics, demonstrating how pharmacists can expand access, reduce system strain, and improve care outcomes when empowered and funded within the health system.<sup>4</sup>

Nova Scotia's experience makes a compelling case for increased pharmacy funding: following the clear, cost-effective success of its Community Pharmacy Primary Care Clinics pilot, the province has expanded scope, services, and funding through new tariff and service agreements that now position Nova Scotia as a national leader in pharmacy practice and compensation.<sup>5</sup> These agreements include the highest dispensing and service fees in Canada, public funding for all common conditions, remuneration tied to clinical complexity and time, and a first-of-its-kind framework for ongoing pharmacy-led clinic funding. The result is a stronger primary care system, improved access for patients, backed by significant government investment. Moreover it provides Ontario with a valid evidence-based blueprint demonstrating that investing in pharmacies is not an added cost, but a high-value solution to the province's primary care challenges.

**We urge the province to integrate and fund expanded pharmacy-led primary care services as part of the province's healthcare delivery strategy to maximize cost-effective care and relieve pressure on physicians and hospitals.**

## **2. Increase Pharmacy Workforce Capacity to Support Ontario's Health System**

Ontario's economic and healthcare resilience depends on a diverse and thriving pharmacy sector. A robust workforce including pharmacists, pharmacy technicians, and support staff is necessary to ensure Ontario's pharmacies can support the population. However, the supply of domestically educated pharmacists is not keeping pace with population health needs.

Workforce data and professional surveys indicate that pharmacist shortages are emerging and are expected to worsen in the coming years. Despite increasing capacity in Canada's schools of pharmacy, numbers of graduates have remained stagnant over the last 10 years.<sup>6</sup> Reports from the Association of Faculties of Pharmacy of Canada show recent enrollment numbers in programs have also declined.<sup>7</sup> 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.<sup>8,9</sup>

Ontario also depends heavily on internationally trained pharmacists to sustain access to care. More than 40% of practising pharmacists in the province were educated internationally, and approximately half of new registrants now enter through international pathways.<sup>10,11</sup> However, many internationally trained pharmacists continue to face regulatory, credential-recognition, and

immigration barriers that delay or prevent timely entry into the workforce, even when they are fully qualified and urgently needed. These bottlenecks represent lost capacity at a time when Ontarians increasingly rely on pharmacies as a primary point of access to care.

The Government of Ontario is to be commended for steps already taken to reduce red tape and improve labour mobility. The planned inclusion of pharmacists to the “As of Right” legislation is an important step in accelerating pharmacist workforce entry to the province. Building on this progress, the province should continue addressing pharmacy workforce shortages through targeted labour-market and immigration measures. 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. [As we have previously called for](#), prioritizing pharmacists in an updated OINP program therefore aligns with the Government’s health workforce goals.

**Continued investment in policies that recruit, retain, and accelerate access to pharmacy professionals will strengthen workforce stability, support expanded pharmacy-based care, and ensure Ontario can fully realize the value of pharmacies as a cornerstone of a resilient, accessible healthcare system.**

### **3. Strengthen Public Health Through Expanded Pharmacy-Based Immunization Services**

Continuing to expand immunization delivery through community pharmacies is a smart investment in the health of Ontarians and the resilience of Ontario’s healthcare system and economy. Pharmacies are among the most accessible healthcare settings in the province, with extended hours, no appointment requirements, and trusted relationships in every community. The government is to be commended for its leadership, in partnership with the Ontario College of Pharmacists, to modernize regulations that expand the scope of pharmacists and pharmacy technicians to administer and prescribe more publicly funded vaccines. These changes build on the proven success of pharmacy-based immunization programs and position pharmacies to play an even greater role in improving vaccine uptake, preventing illness, and reducing downstream strain on primary care, hospitals, and workplaces.

To fully realize the benefits of these regulatory expansions, additional system-level supports are essential. [As we have previously urged](#), pharmacies must have reliable access to all publicly funded vaccines (including TDAP, shingles, RSV, and pneumococcal) through existing pharmaceutical wholesalers rather than public health-only distribution channels. Leveraging pharmacy distribution infrastructure would expand access across the province, reduce administrative complexity, minimize vaccine wastage, and ensure stock is available where patients already seek care. Allocating public vaccine supply based on the pharmacy sector’s projected share of immunizations, rather than regional public health distribution, would enable pharmacies to convert more patient interactions into timely immunization opportunities and help Ontario catch up on delayed and missed vaccinations.

Equally important is the need for centralized immunization records and fair compensation. A single, province-wide immunization record accessible to pharmacies would eliminate inefficiencies caused by fragmented systems, allow providers to quickly identify gaps in

coverage, and support proactive outreach to patients who are overdue for vaccines. Appropriate remuneration for the administration of all publicly funded vaccines is also critical to sustainability. Ontario currently has the lowest pharmacy immunization fees in Canada, despite the clinical, administrative, and safety responsibilities involved. Fair compensation will ensure pharmacies can fully participate in expanded immunization programs, strengthening public health outcomes while delivering convenient, cost-effective care that supports Ontario's workforce, communities, and economy.

**By continuing to invest in expanded vaccination services delivered through community pharmacies, Ontario can strengthen public health, improve immunization coverage, and build a more resilient healthcare system.**

#### **4. Protect Patient Choice and a Sustainable Pharmacy Sector**

Neighbourhood Pharmacies welcomes the Ministry of Finance's efforts to regulate Preferred Provider Networks (PPNs) in Ontario in a way that supports informed patient choice, prevents the closed PPNs, and advances sustainability across the pharmacy sector. We were encouraged by the government's 2025 Fall Statement and the passage of Bill 68, which amended the Insurance Act to introduce an "Any Willing Provider" framework aimed at eliminating closed PPNs that restrict pharmacy participation and limit patient choice. Allowing any pharmacy willing to match a PPN's terms to dispense medications, alongside an exemption process for patients, represents meaningful progress toward greater competition and access.

That said, as these changes are not yet in force, there remains an important opportunity to address risks that could undermine the legislation's intent. As currently drafted, the framework is grounded primarily in financial terms defined by insurers, rather than patient need or the value and complexity of pharmacy services. It establishes a regulatory structure but not an operational model, leaving significant discretion with payors and oversight bodies. This could create the potential for inequitable application. For example, legislation may apply unevenly across different benefit plans or pharmacy models, potentially disadvantaging smaller employers, plans, pharmacies, or population groups. It is therefore essential that any legislative approach be developed through thoughtful engagement and designed to apply consistently and transparently to all plans and pharmacies, regardless of size or structure, to ensure equitable outcomes and avoid unintended consequences.

Second, without clear legislative safeguards, pharmacies may be forced to accept reimbursement levels that are unsustainable or even below the cost of delivering care in order to remain competitive. This dynamic diminishes the value of pharmacy-provided services, risks commoditizing professional expertise, and could drive a "race to the bottom" that ultimately threatens patient access, particularly in community-based and independent pharmacies. A framework that prioritizes cost alone, without ensuring financial viability, risks eroding the economic foundation of the pharmacy sector and undermining long-term access to care.

We therefore [reiterate our recommendation](#) that Any Willing Provider legislation be underpinned by a pharmacy sector-led operational readiness ("Any Able Provider") framework. This model would focus participation on a pharmacy's demonstrated ability to safely and effectively deliver required services, rather than its willingness to accept financial terms. **By defining "able" based on operational capability, appropriately distinguishing specialty services by**

**complexity rather than price, and ensuring PPN terms are fair and sustainable, Ontario can better meet its stated objectives of patient choice, medication cost control and coverage, healthy outcomes, and competition.** As the organization that brings together Canada's diverse pharmacy operators and business models, we offer a uniquely valuable, system-wide perspective and welcome the opportunity to engage further with the Ministry of Finance and the Financial Services Regulatory Authority on these issues.

Ontario's pharmacies are a proven, cost-effective asset that can strengthen primary care access, bolster public health, and sustain patient choice across the system. Strategic investment and thoughtful policy design will allow pharmacies to deliver even greater value to patients, communities, and the provincial economy. We look forward to continued engagement to ensure Ontario fully realizes the potential of pharmacies as a cornerstone of a strong, equitable, and sustainable healthcare system.

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