



**Neighbourhood  
Pharmacy**  
Association of Canada

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## **Manitoba College of Pharmacists**

### **Consultation on Proposed Amendments to the Pharmaceutical Regulation: Administering and Prescribing Hormonal Contraceptive Drugs**

**May 8, 2026**

**Submitted by:**

**Neighbourhood Pharmacy Association of Canada**

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 Manitoba, we advance the delivery of care of close to 500 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 Manitoba 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 the Pharmaceutical Regulation Administering and Prescribing Hormonal Contraceptives Drugs*** to enable pharmacist prescribing of specific dosage forms of hormonal contraception, as well as pharmacist administration of injectable contraceptives prescribed by pharmacists. Our feedback is grounded in our support for these expansions while providing some additional considerations to support safe and effective pharmacy implementation of these new authorized acts.

As the government of Manitoba and the College have indicated they are exploring additional scope enhancements to expand pharmacy professionals' roles in primary care and public health, we've also included a series of additional high-level recommendations to further serve the public interest by strengthening pharmacy capacity, improving efficiency, and promoting sustainable, accessible care for all Manitobans.

We'd be pleased to engage further with the College on any of these areas.

## **1. Authorize pharmacists to prescribe contraception**

We strongly **support the amendment to section 118(6) to enable a pharmacist to prescribe contraception that include dosage forms of oral contraceptives, transdermal patches, vaginal rings, and intradermal, subcutaneous or intramuscular injections.** This amendment is consistent with the Manitoba government's stated commitment to advancing and protecting women's health through improved access to preventive and reproductive health services. Expanding access to contraception through pharmacist prescribing represents a practical, patient-centred measure that supports timely care and removes unnecessary barriers for Manitobans.

As the College has noted, this is a well-established, evidence-based scope of practice that is already authorized in eight provinces across Canada including British Columbia, Alberta, Saskatchewan, Quebec, New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Across these jurisdictions, pharmacist prescribing of contraception has been shown to be safe, effective, and appropriate, reflecting pharmacists' education, clinical training, and expertise in medication management. Aligning Manitoba with this national standard is clearly in the public interest and ensures consistency in access to care across the country.

Expanding this authority is particularly timely given the rollout of pharmacare coverage for contraceptive medications in Manitoba. As financial barriers are reduced and awareness increases, more individuals are expected to seek access to contraception. Without corresponding expansion in provider capacity, this increased demand will place additional

pressure on an already strained primary care system. Enabling pharmacists, as highly accessible medication and healthcare experts, to assess and prescribe contraception is a practical and efficient way to share this workload, ensuring patients can receive timely care while allowing other health care providers to focus on more complex needs.

Moreover, in many rural and remote communities where access to a family physician is limited or unavailable, pharmacists are often the only consistently accessible healthcare provider. Enabling them to prescribe contraception is therefore critical to ensuring patients in these areas can obtain timely, appropriate care without unnecessary travel, delays, or gaps in access.

Pharmacists are already well-positioned to provide this service. They routinely assess patient suitability for medications, identify contraindications, provide counselling on proper use, and support ongoing monitoring and adherence. Incorporating contraception prescribing into this existing workflow is a natural extension of their role and can be delivered safely within established standards of practice.

Ultimately, Manitobans should not be at a disadvantage when it comes to accessing essential, time-sensitive care such as contraception. Enabling pharmacist prescribing will provide patients with convenient, timely access in their communities, reduce unnecessary delays, and support better health outcomes. This amendment represents a thoughtful, patient-centered step forward that strengthens system capacity while improving access to care where and when it is needed most.

## **2. Reconsider mandatory condition-specific training**

We encourage the College to reconsider the requirement for mandatory, condition-specific training for contraception prescribing. In most Canadian jurisdictions where pharmacists are authorized to assess and prescribe hormonal contraception, regulators have not required additional training specific to the use of these medications. Instead, the prevailing approach has been to implement this authority within broader minor ailments assessment and prescribing frameworks, or in a similar model, supported by mandatory foundational training for appropriate assessment and prescribing protocols in general rather than separate education requirements for each individual condition or medication.

With a few exceptions, Colleges have generally not created a model where pharmacists must complete new mandatory training every time scope expands to include another specific assessment and prescribing activity. Rather, they have established a baseline expectation through generic minor ailments assessment and prescribing training, and then relied on the professional responsibility of pharmacists to determine whether they have the knowledge and competence to provide care for a specific condition and to seek additional learning where needed. That approach is more sustainable and proportionate. Requiring mandatory training for every new prescribing authority would quickly become burdensome as scope continues to expand, creating unnecessary administrative and operational pressures for pharmacists and pharmacy operators alike.

Many health profession regulators across Canada are moving toward more flexible, outcomes-based models of regulation that emphasize demonstrated competence and safe care rather than condition-specific training requirements for every activity. Requiring mandatory contraception-specific training would be inconsistent with this modernized approach and could create unnecessary barriers to future scope evolution.

Pharmacists are already highly educated medication experts and regulated health professionals with clear obligations to uphold competence in every area of practice. They are already trained on the clinical practice guidance related to contraception and have long played a critical role in ensuring these standards are followed by routinely assessing prescriptions for appropriateness, screening for contraindications and drug interactions, and verifying alignment with accepted clinical guidelines each time these medications are dispensed. Manitoba's standards of practice already require pharmacists to practice within their individual knowledge, skills, and judgment; maintain and enhance competence through ongoing professional development; and recognize when referral is appropriate. In this context, a condition-specific mandatory training requirement for contraception is not necessary to protect the public and would be inconsistent with the more practical, scalable approach adopted elsewhere.

We do note, however, that the administration of contraceptive medication by injection can only be performed by pharmacists who the College's existing requirements for injection authority, which does include injection training. This approach appropriately leverages established training, competency frameworks, and standards already in place, ensuring safe and effective administration while avoiding unnecessary duplication of requirement

**In addition to the comments above, we are pleased to provide the College with a series of additional considerations to support an increased role for pharmacies and their teams in providing primary care and public health services to alleviate pressures on primary care, urgent care and Emergency Rooms.**

### **3. Enhance pharmacy minor ailments assessment, prescribing and treatment pathways**

Expanding pharmacy-based minor ailments care represents a practical, evidence-based opportunity to improve timely access to primary care while reducing pressure on the broader health system. Experience across Canada demonstrates strong patient uptake and trust in pharmacist-led assessment and prescribing, with millions of consultations safely delivered and clear capacity to do more.

Compared to other provinces, Manitoba currently authorizes pharmacists to prescribe for a relatively limited list of self-limiting conditions, with notable gaps in well-established areas such as GERD/heartburn, dysmenorrhea, herpes labialis, impetigo, vulvovaginal candidiasis, conjunctivitis, and broader fungal skin infections, as well as emerging areas like strep throat and Lyme disease. Ensuring Manitobans are not at a disadvantage in accessing timely, community-based care should be a key consideration. Building on this, **the College could enable pharmacists to assess and prescribe for a wider range of conditions, communicate a diagnosis to patients, and formally integrate laboratory and point-of-care testing into care pathways**—leveraging existing competencies and infrastructure to support more accurate and timely decision-making. Jurisdictions such as Nova Scotia and Prince Edward Island have successfully embedded point-of-care testing (e.g., rapid strep testing) into pharmacist-led assessment and prescribing, demonstrating improved access, reduced burden on emergency departments, and strong system value. Moving away from rigid, list-based approaches toward frameworks grounded in professional judgment would further reduce administrative burden and allow care models to evolve more efficiently alongside patient needs and clinical evidence.

### **4. Expand immunization uptake and vaccine access through community pharmacy**

Community pharmacy also represents a proven and scalable platform to expand immunization access and uptake. Pharmacies are among the most accessible points of care, with strong

public trust and a growing role in delivering routine and surge vaccination programs. **Authorizing pharmacists to administer a broader range of publicly funded vaccines and allowing pharmacists to prescribe all vaccines they are authorized to administer** would significantly streamline the patient journey. Patients could be assessed, prescribed, and immunized in a single visit and reduce delays, minimize unnecessary interactions with other parts of the health system, and improve overall convenience. These changes would also enhance system capacity, particularly during peak periods and public health emergencies, by optimizing the roles of both pharmacists and technicians. Taken together, these measures would strengthen Manitoba's ability to increase immunization rates, improve equitable access across communities, and reinforce pharmacy's role as a critical partner in public health delivery.

Formally regulating the role of pharmacy technicians and authorizing regulated technicians to administer vaccines is another step in protecting the public from vaccine-preventable diseases. We encourage the College and government to **accelerate the formal regulation of pharmacy technicians in Manitoba and align their scope of practice** with the well-established models already in place across the rest of Canada. Expanding authorization for appropriately trained pharmacy technicians to administer vaccines, as is permitted in most other provinces, would increase patient access to immunization services, improve system efficiency, and help alleviate growing workload pressures on pharmacists and the broader primary care system. Formal regulation would provide the necessary framework for accountability, competency assurance, and public protection while enabling pharmacy teams in Manitoba to practice to their full potential in support of timely, accessible patient care.

## **5. Enable Technology and Automation to Support Modern Pharmacy Practice**

We encourage the College to **ensure that regulatory policies enable, rather than hinder, the adoption of technology, automation, and innovative workflow models that support safe and efficient pharmacy practice**. As pharmacists and pharmacy teams continue to take on expanded clinical responsibilities, technologies such as central fill, automation, and other digital workflow supports can help optimize dispensing functions and allow regulated health professionals to focus more directly on patient care. In particular, Manitoba should explore approaches similar to those adopted in the Atlantic provinces, where reciprocal agreements between Colleges of Pharmacy permit cross-provincial central fill activities. These collaborative models have demonstrated how regulatory flexibility can improve operational efficiency, help address workforce shortages, and support more sustainable access to pharmacy services for rural and underserved communities while maintaining appropriate standards of patient safety and professional accountability.

## **Conclusion**

Manitoba'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 assessment, prescribing and medication administration competencies in minor ailments management, point-of-care testing and immunization 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.