



**Neighbourhood
Pharmacy**
Association of Canada

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**Submission Response to
Public Consultation on
Proposed Amendments to O. Reg. 45/22 under the Laboratory and
Specimen Collection Centre Licensing Act (LSCCLA) and Reg. 552
under the Health Insurance Act (HIA) to enable pharmacists to order
laboratory tests and perform point of care tests (POCTs) to support
minor ailment assessments**

Neighbourhood Pharmacy Association of Canada

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**Submitted to
Ontario Ministry of Health
Labs 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.

Neighbourhood Pharmacies appreciates the opportunity to provide feedback on the Ministry of Health's **proposal to amend O. Reg. 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act (LSCCLA)* and Regulation 552 under the *Health Insurance Act (HIA)* to enable pharmacists to order laboratory tests, collect specimens, and perform point-of-care tests (POCTs) to support minor ailment assessments.**

Neighbourhood Pharmacies strongly supports the proposed amendments.

The proposal represents a logical and necessary evolution of Ontario's pharmacist prescribing framework. Pharmacists are already authorized to assess and prescribe for a growing number of minor ailments. Enabling pharmacists to order, collect, perform, and interpret specific tests that support those assessments will improve diagnostic certainty, support evidence-informed prescribing decisions, enhance antimicrobial stewardship, and improve timely access to care for Ontarians.

Importantly, the proposed amendments will enable pharmacists to assess, test, and, where appropriate, prescribe treatment within a single patient encounter. This integrated approach will improve continuity of care, reduce the need for patients to access multiple providers, and support the delivery of the right care, in the right place, at the right time.

Pharmacist Testing Activities Are a Natural Extension of Existing Minor Ailment Services

The proposed activities do not create a new standalone scope of practice. They are clinical tools that support the existing authorized activity of assessment and prescribing for minor ailments. The ability to perform a rapid strep test, collect a throat swab, or obtain a nail specimen for laboratory analysis supports a pharmacist's ability to assess a patient and determine the most appropriate treatment or referral pathway. These testing activities enhance pharmacists' ability to make evidence-informed clinical decisions and provide patients with more comprehensive care in community pharmacy settings.

We are fully aligned with the Government's direction to establish a regulatory framework that supports pharmacists in utilizing appropriate diagnostic tools to carry out patient assessment and prescribing decisions.

Improved Access to Care

Community pharmacies are among the most accessible healthcare locations in Ontario, offering extended hours, walk-in access, and services in communities that often face challenges accessing primary care. Patients presenting with symptoms of acute pharyngitis or suspected fungal nail infections frequently seek care through family physicians, walk-in clinics, urgent care centres, or emergency departments. Allowing pharmacists to complete the necessary assessment and testing in a single encounter will improve patient experience and reduce unnecessary pressures on other parts of the health system.

The proposed changes will be particularly valuable in rural, northern, and underserved communities where timely access to primary care remains limited.

Supporting Appropriate Prescribing and Antimicrobial Stewardship

The proposed authority will improve prescribing quality by allowing pharmacists to make treatment decisions based on objective clinical information. Rapid strep testing can help identify patients who may benefit from antibiotic treatment while reducing unnecessary antibiotic use among patients whose symptoms are not caused by Group A Streptococcus. Similarly, laboratory confirmation of suspected fungal nail infections can support more appropriate treatment decisions and help avoid unnecessary or ineffective therapies.

Neighbourhood Pharmacies believes that expanding access to testing in support of pharmacist prescribing aligns with Ontario's broader goals of promoting evidence-based care and antimicrobial stewardship.

Professional Competence and Implementation

Neighbourhood Pharmacies supports implementation of the proposed authorities within Ontario's existing professional and regulatory framework. Pharmacists are already authorized to assess and prescribe for minor ailments and remain professionally accountable for ensuring they possess the knowledge, skill, and judgment necessary to provide any service they undertake. The proposed authorities to order laboratory tests, collect specimens, and perform point-of-care tests are intended to support these existing assessment and prescribing activities rather than create a new standalone scope of practice.

Assessing patients, identifying red flags, determining treatment appropriateness, prescribing medications, monitoring outcomes, and referring patients when appropriate are already foundational elements of pharmacy practice and core components of pharmacists' existing prescribing authority. The proposed testing activities build upon these established competencies by providing pharmacists with additional diagnostic tools to support clinical decision-making. While some activities may require proficiency in specimen collection techniques, physical assessment, clinical prediction tools, or point-of-care testing devices, these requirements are appropriately addressed through professional standards, practice guidance, education, and pharmacists' existing obligations to practise within their competence.

We support the development of practice guidance to assist pharmacists in integrating testing activities into minor ailment assessment workflows, which is consistent with Ontario's existing competency-based approach to professional regulation.

Evidence and Lessons from Other Canadian Jurisdictions

Ontario is not the first jurisdiction to integrate diagnostic testing into pharmacist-led assessment and prescribing pathways.

Saskatchewan's pharmacist-led sore throat and ear infection assessment program provides a particularly strong Canadian example of how testing can be successfully incorporated into pharmacy practice. Publicly reported results indicate that pharmacists completed more than 3,100 patient assessments during the first six months of the program. Notably, more than half of patients assessed did not require a prescription following clinical assessment.

These findings demonstrate that pharmacist-led assessment and testing supports appropriate clinical decision-making and does not simply increase prescribing volume. Access to testing allows pharmacists to better identify patients who require treatment, reassure those who do not, and make more informed referral decisions when appropriate.

Nova Scotia has also demonstrated the value of integrating testing into pharmacist-led care pathways. Through its Community Pharmacy Primary Care Clinic model and subsequent province-wide implementation, pharmacists have successfully incorporated rapid strep testing into patient assessment and treatment pathways. During implementation, thousands of patients were assessed for sore throat and Group A Streptococcus infections in community pharmacy settings, improving access to timely care while reducing demand on emergency departments and other primary care settings. Nova Scotia's experience further demonstrates the value of enabling patients to receive assessment, testing, and treatment through a single provider encounter in the community.

Beyond demonstrating positive patient and health system outcomes, Saskatchewan's implementation experience also illustrates the importance of establishing the operational conditions necessary for pharmacies to deliver testing services. In addition to authorizing pharmacists to perform testing, Saskatchewan implemented a broader framework that included remuneration for pharmacist assessment and testing services, reimbursement for Group A Streptococcus testing cartridges, support for quality assurance requirements, and regulatory oversight through the province's medical laboratory licensing framework.

This approach recognized that pharmacy-based testing requires investments in equipment, consumables, workflow redesign, quality assurance activities, staff training, licensing requirements, and ongoing regulatory compliance. By addressing both the clinical and operational requirements associated with testing, Saskatchewan created a sustainable model that supported pharmacy participation and enabled patients to access assessment, testing, and treatment in community pharmacy settings.

Together, the experiences of Saskatchewan and Nova Scotia demonstrate that pharmacist-led testing can improve patient access, support evidence-informed treatment decisions, strengthen

antimicrobial stewardship, and reduce pressure on other parts of the health system when implemented within a supportive operational framework.

Appropriate Remuneration and Implementation Support are Essential

Successful implementation of these new activities will require a remuneration and support framework that reflects the additional work, costs, and coordination required to incorporate testing into minor ailment assessment pathways. The current Minor Ailment Program remunerates pharmacies for conducting a patient assessment and determining the most appropriate course of care, which may include prescribing a medication, providing self-care advice, or referring the patient to another healthcare provider. The assessment fee is payable for the assessment and care decision-making process; it does not remunerate the additional testing-related activities contemplated in this proposal.

Where testing is incorporated into a minor ailment assessment, pharmacists may be required to collect specimens, perform and interpret point-of-care tests, prepare laboratory requisitions, manage specimen handling requirements, access and interpret laboratory results, document findings, and conduct patient follow-up. Collectively, these activities add time, complexity, professional judgment, workflow requirements, and patient management responsibilities beyond the current minor ailment assessment.

We recommend that the Ministry establish an additional testing-related remuneration component when laboratory testing, specimen collection, or point-of-care testing is incorporated into a minor ailment assessment. This should recognize the additional work associated with the collection of testing-related activities rather than requiring separate fees for each individual task.

In addition to professional service costs, pharmacies will incur direct expenses associated with providing testing services, including test kits, cartridges, consumables, specimen collection materials, packaging, infection prevention and control supplies, quality assurance activities, equipment-related costs, and transportation requirements where applicable.

We recommend that these supplies and operational inputs should be funded by the Ministry so that pharmacies are not expected to absorb the costs of delivering publicly funded healthcare services.

Laboratory-based testing will also require clear operational processes for requisitioning, specimen handling, transportation, result reporting, and communication between pharmacies, laboratories, and other providers.

The Ministry should work with pharmacies, laboratories, and system partners to establish the necessary operational pathways and supports to enable consistent, safe, and efficient implementation across the province.

Future Considerations

While Neighbourhood Pharmacies supports the specific testing authorities proposed in this consultation, Ontario should consider establishing a scalable framework that can support future

laboratory testing and point-of-care testing authorities associated with pharmacist-provided care.

The principle that pharmacists should be able to access appropriate diagnostic tools when necessary to support authorized patient care activities extends beyond the specific conditions currently under consideration. As pharmacist scope continues to evolve, additional laboratory and point-of-care tests may become appropriate to support patient assessment, prescribing, medication management, and other authorized care activities.

For example, Neighbourhood Pharmacies has previously supported the incorporation of diagnostic testing to support the assessment and treatment of urinary tract infections. Similar opportunities may emerge in the future as evidence evolves and additional pharmacist prescribing authorities are established.

Ontario should avoid creating a framework that requires repeated legislative, regulatory, or policy amendments each time a clinically appropriate test is identified. A more flexible and principles-based approach would allow pharmacists to utilize diagnostic tools that are reasonably necessary to support authorized patient care activities, subject to appropriate standards, guidance, and professional accountability requirements.

This approach would reduce administrative burden, accelerate implementation of future innovations, improve patient access to timely care, and allow Ontario to respond more efficiently to changing health system needs. It would also align with broader efforts to move away from rigid list-based approaches to pharmacist scope of practice and toward frameworks grounded in professional judgment, clinical appropriateness, and patient need.

Conclusion

Neighbourhood Pharmacies strongly supports the proposed amendments to O. Reg. 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act* and Regulation 552 under the *Health Insurance Act*.

The proposed changes will improve access to care, support evidence-informed prescribing decisions, enhance antimicrobial stewardship, and allow pharmacists to provide more comprehensive patient care within their existing authorized scope of practice.

Successful implementation will require an accompanying framework that recognizes the additional professional activities associated with testing, funds the supplies and operational inputs required to provide testing services, and supports effective integration with laboratory and digital health systems. These elements will be essential to achieving broad pharmacy participation and ensuring that patients across Ontario can benefit from timely access to testing-supported minor ailment services.

We look forward to continuing to work with the Ministry of Health and other stakeholders to support successful implementation of these important changes.