

Summary of Public Consultation Findings on Proposed Regulatory Amendments to Expand the Scope of Practice of Pharmacy Professionals in Ontario (November 2025)

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Background

Pharmacy professional scope of practice has notably expanded over the last decade, and there has been ongoing interest and direction from the Ministry of Health to further expand scope of practice. In September 2025, the College received a letter of request from the Minister of Health with direction to draft regulatory amendments to enable an expansion of practice scope, that would:

- Authorize pharmacists to assess and prescribe for 14 additional minor ailments including:
 - acute pharyngitis (sore throat)
 - calluses and corns
 - mild headache
 - shingles
 - acute insomnia
 - onychomycosis (fungal nail infections)
 - otitis externa (swimmers' ear)
 - pediculosis (head lice)
 - viral rhinitis/rhinosinusitis (nasal congestion)
 - seborrheic dermatitis (dandruff)
 - tinea corporis (ringworm)
 - tinea cruris (jock itch)
 - verrucae (warts, excluding face and genitals)
 - xerophthalmia/dry eye diseases (dry eye)
- Authorize pharmacy technicians to administer additional vaccines listed in [Schedule 3](#) of the regulations
- Enable additional routinely administered adult vaccines to be added to Schedule 3 (for pharmacist and pharmacy technician administration) including tetanus, diphtheria and pertussis vaccines.
- Authorize pharmacists to administer injectable partial opioid agonists and antagonists (specifically, buprenorphine).

The Minister of Health also requested to work with the College to identify the specific laboratory tests and Point of Care Tests (POCTs) needed in relation to the proposed minor ailments, for public consultation. It was confirmed following the September 2025 Ontario College of Pharmacists (OCP) Board meeting that this list was to be limited to the proposed 14 additional minor ailments, and not for the 19 conditions that are currently authorized. These tests included:

- Throat swab culture and rapid strep test for acute pharyngitis (sore throat), and
- Nail clipping/scraping for culture and microscopy for onychomycosis (fungal nail infections)

Public Consultation Process

With direction from the Board of Directors, draft regulatory amendments (approved for consultation at the September 2025 Board meeting) were posted for a 60-day public consultation from September 26 to November 24, 2025. Registrants, system partners, and members of the public were informed of the consultation through the College's website, the College's major publications and digital newsletters, targeted outreach to key system partners, and promotion through social media posts. Of note, targeted outreach to pharmacy technicians resulted in a higher than usual consultation response rate from pharmacy technicians.

The College received a total of 428 comments published to the consultation page which is the highest ever number of responses received through the College's online open consultation system. Most of the comments (399) were received from pharmacists, pharmacy technicians, members of the public, past registrants, and members of other health care professions. Several respondents either submitted duplicate responses (which were not counted toward the total) or responded in more than one entry (which were combined into one for analysis). As well, 16 of the published comments were from system partner organizations.

Two comments received were not published to the consultation page as they did not meet the College's established consultation website [posting guidelines](#). Specifically, one posting was unrelated to the consultation topic. However, College staff ensured that the feedback was redirected to the appropriate department for consideration and follow-up at their discretion. The other unpublished posting was posted outside of the open consultation period.

System Partner Engagement

System partners were consulted and invited to provide feedback through the public consultation, in dedicated meetings, or through formal submissions via e-mail. Meetings were conducted with:

- Post-secondary pharmacy programs
- Practicing pharmacy professionals
- Pharmacy professional associations and advocacy groups
- Other health regulatory colleges
- Other health professional associations

System partners who provided a formal submission included:

- The Adult Vaccine Alliance (AVA)
- Care Rx
- The National Institute on Aging (NIA)
- The Neighborhood Pharmacies Association of Canada (NPAC)
- The Canadian Society of Hospital Pharmacists (Ontario Branch) (CSHP-OB)
- The Ontario Pharmacists Association (OPA)
- The Canadian Pharmacists Association (CPhA)
- Ontario College of Family Physicians (OCFP)
- Ottawa Public Health
- Lambton Public Health
- Health Canada
- Roche Diagnostics
- Merck
- GlaxoSmithKline (GSK)
- McKesson
- Pfizer

Summary of Comments from System Partners

In total, 16 formal consultation response letters were received from system partners.

Minor Ailments

The OPA, pharmaceutical manufacturers, Ottawa Public Health, and pharmacy operator groups (NPAC, McKesson) expressed support for the additional minor ailments, noting the benefits to the health system, and increased patient access to care. Some wished to see further expansion of this practice scope. For instance, NPAC noted that prescribing for birth control and emergency contraception should be reconsidered for addition, and McKesson noted that authorizing therapeutic substitution would support minor ailments and broader pharmacy practice. Care Rx, representing long-term care homes and retirement homes, expressed their wish to see residents of these homes having greater access to many of these practice scope expansions, and stressed the vital role that pharmacy can play in these environments. While Ottawa Public Health felt that additional training and knowledge may be needed to support correct identification of conditions, antimicrobial stewardship and more holistic patient care, others such as the OPA felt that mandatory training was unnecessary.

The OCFP noted their disagreement with including acute insomnia for pharmacist management, due to the non-pharmacological nature of first line treatment for insomnia (such as sleep hygiene counselling and CBT for insomnia). They also offered feedback specific to certain minor ailments related to the importance of proper assessment and treatment, and operational requirements like private counselling rooms.

The CPhA also expressed support for the additional minor ailments and noted some of the work underway at the national level to transition to the term 'common conditions' to better describe some of the health conditions being added to pharmacist scope of practice across Canada. They also noted that this expansion of scope of practice in Ontario is aligning with their broader vision of pharmacy practice.

Vaccines

The pharmaceutical manufacturers including GSK, Pfizer and Merck, expressed support for the authorization of additional vaccines to be administered by pharmacists and pharmacy technicians. Noting the improvements to vaccination rates, optimal use of healthcare resources, and easing health system pressures as the main benefits. They also reinforced the importance for implementing robust safeguards such as standardized training, comprehensive documentation of vaccines, cold chain compliance monitoring and regular audits to ensure quality of this additional practice scope. There was also support for the future expansion of scope that would enable pharmacists to prescribe vaccines.

The pharmacy operator groups, AVA, and public health units, including Ottawa and Lambton, also commented on the additional vaccine-related scope of practice. AVA and Ottawa Public Health reinforced the importance of good documentation and communication to support vaccination, including the need for a provincial registry. As well, they noted the importance of communication with the public of which vaccines they will or will not have to pay for out of pocket. Lambton Public Health's comments were focused on the importance of infection prevention and control standards and private consultation rooms to support implementation. The National Institute on Aging also supported the vaccine-related scope changes, and had similar comments to those above, as well, they noted the importance of training, workflow and operational considerations, and public awareness to support implementation.

The OPA was fully supportive of this additional scope and expressed their wish to see Ontario move away from the use of drug lists altogether, rather than the gradual addition of vaccines over time.

Administration of Sublocade

The OCFP and OPA noted their support for pharmacist administration of Sublocade, and OPA noted the longer-term challenges of working within drug lists, such as Schedule 1 within the regulations, wherein Sublocade is listed. Health Canada also shared comments related to Sublocade. Particularly, that while the regulations under the *Controlled Drugs and Substances Act* do not currently permit pharmacists to administer controlled substances, like buprenorphine, they are committed to working towards a solution with the Ministry of Health that would enable pharmacists to do so, pursuant to a prescription. The OCFP noted that mandatory certification should be required of pharmacists prior to administering this drug, as seen in other provinces.

Laboratory Testing and POCT

Some system partners expressed support for the idea of pharmacists ordering laboratory tests and performing POCTs to support minor ailment care, including the OPA and Roche. The OCFP did not support this aspect of scope expansion, citing their concerns related to the lack of clear processes for following up on test results, and the lack of a shared communication infrastructure in Ontario to help avoid duplicative testing.

Further Advancements in Scope

Several system partner respondents shared comments related to the next steps for pharmacy practice. The CSHP-OB commented that more work is needed to support pharmacists not working in the community pharmacy environment. For instance, supporting hospital and family health team pharmacists to be able to prescribe or order lab tests without a medical directive. The CPhA noted additional work is required to support implementation and sustainability of the expanded scope of practice, including reimbursement models, the concept of pharmacy as clinics, and improved communication and expectation setting with the public. Similarly, the OPA also noted that further work is needed around remuneration, supporting professional autonomy, resourcing, health system integration and alignment of scope across practice settings.

Summary of Consultation Comments Received

Among the 399 individual comments to the public consultation, 270 (68%) were from pharmacists, 73 (18%) were from pharmacy technicians, 40 (10%) were from members of the public, and 16 (4%) were from those who identified as 'other'.

The table below captures the general sentiment of respondents toward the proposed expansion of scope and regulatory amendments, and shows the overall response (positive, negative, or mixed response) by respondent type.

| Overall Response | Pharmacist | Pharmacy Technician | Public | Other | Total |
|-------------------------|-------------------|----------------------------|---------------|--------------|--------------|
| Positive | 101 | 53 | 10 | 6 | 170 |
| Negative | 120 | 10 | 26 | 7 | 163 |
| Mixed | 49 | 10 | 4 | 3 | 66 |
| Total | 270 | 73 | 40 | 16 | 399 |

Analysis of the consultation feedback, conducted fully by staff and with the principled aid of AI tools, shows that comments especially from online respondents are deeply polarized. Despite strong support for the expansion of scope generally, there is an equally strong expression of concern related to patient care safety and the state of system readiness to take on additional scope, largely in consideration of ongoing business pressures impacting pharmacists and pharmacy technicians and concern over the autonomy and wellbeing of pharmacy professionals especially in corporate settings.

Key themes from Pharmacist Respondents

Among the 270 pharmacist respondents, the following key themes were noted:

- **Expanding scope will help reduce health system pressures overall**
22% (60/270) felt that the expansion of scope would help reduce health system pressures overall and improve patient access to care. This theme was noted among the pharmacist respondents who had an overall positive sentiment toward the proposed scope changes.
- **Expanding scope will worsen workload, burnout, corporate pressures and staffing issues**
43% (117/270) expressed concern with workload, burnout, corporate pressures and insufficient staffing being exacerbated by the expansion of scope. More specifically, there were 98 respondents who commented on workload, burnout and the need for workload adjustments. For instance:

“These responsibilities should not be added on top of existing duties. On average, we serve between 150 to 200 patients per shift, in addition to performing injections and managing minor ailments. Expanding the scope of responsibilities without allocating specific time and space will increase the risk of burnout and may lead to errors in patient care.”

“Expanding scope without mandated workload adjustments risks burnout and reduced quality of care. Clear safeguards are also needed to mitigate conflict of interest.”

“While the proposed expansion of pharmacist prescribing for minor ailments can improve access, it must be balanced against the reality that pharmacists are already overloaded with dispensing and clinical responsibilities. Expanding scope without mandated workload adjustments risks burnout and reduced quality of care.”

“...pharmacists have not been given additional time or resources to accommodate these services. The same staffing and workload remain, yet expectations have increased. On weekends in particular, when neighboring pharmacists may be unavailable, the burden on a single community pharmacist can be overwhelming.”

50 comments related to corporate pressures. For instance:

“While independent pharmacies may benefit from these changes, corporate settings leave pharmacists with unsustainable expectations and little support. Until I feel that my workplace is providing the resources necessary—whether through staffing or hours—I cannot support these changes.”

“...need to ensure that cooperations provide the staff and funding for pharmacist to perform these minor ailment assessments properly, otherwise cooperations will just take advantage of pharmacists and force them to meet more service quotas but not provide the resources for us to perform two roles at the same time.”

“Pharmacy employers and The College must support pharmacists’ decisions to not prescribe without fear of disciplinary action.”

And 36 comments related to concerns with staffing, including:

“We are already working under significant pressure, with chronic understaffing being the norm in many community pharmacies. The expectation to take on additional responsibilities such as minor ailment prescribing, renewals, and assessments — all without a corresponding increase in staffing or structural support — is simply unsustainable.”

“Sounds like a responsible amendment and would provide better access for patients ... Need to resource pharmacist and tech time to do the test and diagnose ailments.”

- ***This expansion of scope requires education, training, and credentialing***

In total, 27% (72/270) of pharmacist respondents felt that either education, training, or additional credentialing was needed, or simply expressed that they did not feel they have the skills, knowledge, or training to take on some of the expanded scope activities. Among this subset, 40 comments conveyed a frustration with being expected to perform activities outside their existing competency and perceived role (implying that they do not believe they have the training or knowledge needed), and 49 felt that education, training and credentialing are needed. Comments included:

“Before pharmacists begin prescribing for additional minor ailments, completion of approved training or certification should be a mandatory requirement. Importantly, this training should not be broad or generic, but directly related to the specific therapeutic areas covered under the expanded scope (e.g., dermatology for skin conditions, infectious diseases for prescribing antimicrobials, etc.). Including injection-related competencies where relevant will also be key. This approach ensures pharmacists have the focused clinical knowledge to prescribe safely, while also giving them the confidence to apply their skills effectively in practice.”

“I am in favour of the expansion of scope, however I also feel training should be structured, mandatory, and thorough for anyone engaging in prescribing. Pharmacists are not all the same, just like Physicians are not. If a pharmacist wants to assess and prescribe for Pharyngitis they should be able to after they complete a mandatory course on that specific ailment, declare competency, and pass an exam related to it. This should be the case for every ailment offered. This would build public trust”

“Special recognition, credentialing, and training pathways should be established for clinical pharmacists to ensure competence and support system trust. These measures will help realize the benefits while protecting patients and providers alike.”

“As some of these conditions are more complex, consistent training should be required and may result in only a subsection of pharmacists able to prescribe.”

- Respondents noted specific minor ailments and expanded scope activities they were not confident, enthusiastic, or prepared to take on, including fungal nail infections (n=27), sore throat (n=24), shingles (n=13), insomnia (n=8), swimmer’s ear (n=6), administration of Sublocade (n=8) and laboratory testing or additional point of care testing (n=5). Reasons cited included complexity of the ailment, lack of training or knowledge, the time required to complete aspects of the assessment (collecting nail clippings/scrapings), and public expectations that are unreasonable and result in pressure or harassment from the public.
- ***This expansion of scope may exacerbate unrealistic expectations of the pharmacist role***
12% (33/270) of pharmacist respondents noted that harassment and unrealistic expectations and pressure from the public were a concern. These concerns stemmed from the public not understanding the limitations of pharmacists’ scope of practice, and continued expectations for immediate service despite evolution of the pharmacist role and service model.

“Patients often expect us to prescribe for conditions beyond our scope, and when we explain our limitations, some respond with threats or hostility. Many patients misunderstand what pharmacists can and cannot do.”

“Pharmacies are very busy and after the last minor ailment program campaign rolled out people walked in with the impression they would be seen right away by the pharmacist and could get very angry and verbally abusive if that was not the case. We need to stress in any public campaigns that people should CALL THE PHARMACY for an appointment.”

- ***This expansion of scope must consider the physical space limitations in the community pharmacy environment***

7% (20/270) of pharmacist respondents noted that the physical space in many community pharmacies is not appropriate to manage different aspects of the proposed expanded scope, including lacking the appropriate consultation rooms and equipment. Comments included:

“The work environment should be improved before expanding the scope of the pharmacist. The consulting room is not suitable for giving injections because if there is emergency we have to let the patient lies on the floor as there’s no other place.”

“Most pharmacies are not equipped to be used as examining rooms, nor to house samples to be sent to labs.”

“Patients are welcome to visit the dispensary with their concerns, questions, and prescriptions, and we are committed to delivering care at the highest professional standards. That said, I strongly advocate for the establishment of a dedicated clinic space for the management of minor ailments.”

“...all services are performed in the same small room with inadequate ventilation and no proper disinfection. Waiting areas will become contamination fields. It will also put staff at risk as well.”

- ***Access to patient health information***

5% (14/270) pharmacist respondents noted that there should be improved or more streamlined access to patient health records, vaccine history, or laboratory/diagnostic tests to support many of these expanded scope activities.

- ***Remuneration***

Although not an area that is within the College’s mandate, compensation was noted as a concern among 35% (94/270) of pharmacist respondents. Respondents noted that compensation should be reflective of the additional responsibility and workload. Others noted that dispensing fees, as stipulated in the *Drug Interchangeability and Dispensing Fee Act, 1990*, have remained unchanged for over a decade and should be reviewed.

- ***Additional scope should be added***

10% (26/270) felt that more should be added to scope such as prescribing for birth control, emergency contraception, additional minor ailments such as athlete’s foot, prescribing vaccines, laboratory testing, and performing additional point-of-care tests. Of note, these comments were mostly from registrants who had a mixed or negative sentiment toward the expansion of scope.

- **Control and autonomy over one's work**

A subset of respondents (n=6) wished to have the ability to opt in or out of participating in minor ailments.

"The pharmacists should have the RIGHT TO REFUSE if they do not feel comfortable or safe, or if they are busy, they should be able to refuse without facing backlash. I can see a pharmacist saying no due to their already heavy workflow and patients complaining to OCP about how they were refused service. Not all of us consent to these increases in scope."

Key themes from Pharmacy Technician Respondents

Among the 73 pharmacy technician respondents, the following key themes were noted:

- **Expanding scope will help reduce health system pressures overall**

Compared to 22% of pharmacist respondents, 60% (44/73) of pharmacy technician respondents felt that the expansion of scope would help reduce health system pressures overall and improve patient access to care.

- **Expanding scope will worsen workload, burnout, corporate pressures and staffing issues**

33% (24/73) expressed concern with workload, burnout, corporate pressures and insufficient staffing being exacerbated by the expansion of scope. Comments included:

"The current workload associated with these new responsibilities is becoming unsustainable. For example, even a seemingly "minor" clinical service can take up to 30 minutes for a pharmacist to complete when performed thoroughly and in compliance with standards. This is time-consuming in an already busy environment, and it places significant strain on workflow, staffing, and patient wait times."

"With so many Ontarians without a family care provider, allowing pharmacists to perform these tests and prescribe will help ease the burden on Emerg departments. With that being said OCP and MOH need to regulate the services to ensure corporations are not taking advantage and placing pressure on staff to meet certain billing quotas."

- **Expanding scope will enable pharmacy technicians to practice to full scope**

25% (18/73) of respondents noted that the scope expansion enables pharmacy technicians to optimize their training, skills, and knowledge.

- **Expansion of scope should consider physical space limitations in the community pharmacy environment**

11% (8/73) of pharmacy technician respondents noted that the physical space in many community pharmacies is not appropriate to manage different aspects of the proposed expanded scope, including consultation rooms and equipment. Comments included:

"Pharmacies are not equipped to manage symptomatic patients or perform procedures that blur into diagnostic territory. Many operate with a single counselling room that doubles as an injection space, often with poor ventilation and no separation between infectious and non-infectious patients. Introducing throat swabs or minor-ailment assessments in such settings compromises both staff and patient safety."

"Separate sterile spaces need to be part of the pharmacy floor plans and inspections need to be performed to comply with IPAC."

“There is hardly any space to accommodate counselling stations, vaccination space and a compounding area that can maintain standards.”

“...pharmacies offering minor ailments services should provide dedicated spaces that are free from technical and administrative distractions, allowing pharmacists to focus on patient assessment in a calm, private, and professional environment.”

- **Education and training should be considered as part of implementation**

14% (10/73) of pharmacy technician respondents commented on the need for education and training to support this expansion of scope. Comments included:

“I believe extensive training/courses, an exam or certification should be part of this process and it should be optional as to whether the OCP member wants to opt in or out.”

“For pharmacy technicians to inject more, even though trained, still carries a risk especially the ones working in a community setting. I suggest to undergo CPR training.”

- **Remuneration**

Similar to pharmacists, pharmacy technicians also had concerns regarding remuneration. 18% (13/73) expressed concern regarding remuneration, with 6 comments noting that there is a wage discrepancy between community and hospital pharmacy technicians, which should be addressed.

Key themes from the Public or ‘Other’ Respondents

There were 40 responses from members of the public; however, 16 of those comments were made by one individual. Among the public respondents, 10 had overall positive comments regarding the expansion of scope, noting that pharmacists are a very accessible health care option, and this scope expansion can further reduce the burden on physicians. A few respondents noted that they wished the scope of practice could be even further expanded to include erectile dysfunction and chronic conditions.

Among the positive responses, it was noted that as scope expands, there needs to be consideration of workload and workflow so that patients can be seen and treated in a timely manner, and that pharmacy professionals are not so overworked and burnt out that they cannot perform their jobs safely. One respondent noted the varying levels of service they’ve received from different pharmacies, and the benefit of being able to schedule appointments.

The remaining 30 comments reflected a mixed or negative view of the expansion of scope, and the following concerns were noted:

- Pharmacists doing work that they feel should be left to doctors or nurses
- Feeling concerned about the comments they are reading about workload and burnout, and the impact of this on the quality of pharmacy care they receive
- Experiencing longer lines and wait times at pharmacies with more services offered
- Lack of proper equipment in community pharmacy
- Introducing infectious conditions into pharmacies which are meant to be clean places where medications are prepared
- Certain conditions not being appropriate for pharmacist management including shingles, sore throat and fungal nail infections

Sixteen respondents self-identified as 'other'. Among these, 7 comments were negative and were primarily from individuals representing other healthcare provider groups including dermatologists, physicians, and chiropractors. They expressed concern with pharmacists taking on similar scope of practice as theirs, and not having the adequate education, training and experience to safely manage certain health conditions.

Among the respondents who felt positively (n=6) toward the changes, these were primarily individuals responding from the perspective of their organization or sector and noted the benefit of improving access to care for the public.

OCP Response

In summary, the College has reviewed and considered all of the feedback received through the consultation process, and the impact of this feedback on the draft regulatory amendments. Approximately half of the pharmacy professional respondents viewed the proposed expanded scope of practice activities as an opportunity to contribute to improving access to care, work to their full scope and abilities, and evolve the profession. Approximately half of respondents expressed concern, frustration, and disappointment in the proposed scope expansion, citing workload and burnout, remuneration, staffing, expectations from the public, and limitations in knowledge, skills and abilities, as the main reasons for their aversion to further expanded scope.

The decision and direction to expand pharmacy scope of practice ultimately comes from the Minister of Health and is intended to support the health system and patient access to care in Ontario at large. Public safety has and continues to be the primary mandate of the College, and any evolution of the practice of pharmacy in Ontario must always be weighed against the risk of doing so.

The comments and concerns noted in the consultation have reinforced the need of the College to carefully consider the implementation safeguards that must be in place to support the expansion of scope. It is important to reiterate, that with any scope of practice expansion, pharmacy professionals must exercise their professional judgement in determining whether or not to participate in the expanded scope activities based on an assessment of their own knowledge, skills, abilities, and capacity.

The College fully acknowledges the challenges and concerns expressed by registrants, especially among those who feel negatively towards the expansion of scope in the context of environmental pressures. Implementation safeguards are being explored with the OCP Board of Directors to determine if and to what extent more requirements of pharmacy owners and operators should be in place to enable registrants to practice with autonomy and in a way that meets the standards of the profession. Additionally, mandatory learning requirements, physical space criteria, workflow requirements, and access to provincial clinical viewers are being explored with the Board of Directors.

The proposed regulatory amendments will be submitted to the Minister of Health on December 10, 2025, and will undergo the Ministry's regulation review process. Determining effective dates for the proposed expanded scope activities will require collaboration between the College and the Ministry of Health, following Board direction on required safeguards for successful implementation.