



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
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Ontario College of Pharmacists
**Public Consultation on Proposed Learning Requirements for
Specified Expanded Scope Activities**

Neighbourhood Pharmacy Association of Canada

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**Submitted to
Ontario College of Pharmacists**

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 of 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 appreciate the opportunity to provide feedback regarding the College's **proposed learning requirements and declaration process for selected expanded scope activities, including assessing and prescribing for acute pharyngitis, otitis externa, herpes zoster, and the administration of extended-release buprenorphine injections**. As pharmacy operators, we are uniquely positioned to provide insight into the practical implementation of regulatory requirements. We offer this perspective in support of the College's efforts to balance its responsibility to protect the public with the need to ensure continued access to high-quality pharmacy services across Ontario.

1. The Proposed Activities Do Not Constitute “High-Risk” Practice Activities

We disagree with the College's determination that assessing and prescribing for acute pharyngitis, otitis externa, herpes zoster, and administering extended-release buprenorphine injections are “high-risk expanded practice activities.”

Assessing patients, identifying red flags, determining treatment appropriateness, prescribing medications, monitoring therapy, and referring patients when appropriate are foundational elements of pharmacy practice and core components of pharmacists' existing prescribing authority. These activities are already routinely and safely performed by pharmacists across Ontario within the current minor ailments framework.

The College also noted in particular the need for differential diagnostic reasoning and antimicrobial stewardship knowledge as factors contributing to the risk profile of certain activities. pharmacists currently assessing and prescribing for minor ailments are already expected to evaluate presenting symptoms, consider alternative causes, identify red flags, determine whether a patient's presentation is consistent with a condition within their scope, and decide when referral is warranted. These are established elements of clinical assessment and reflect the application of differential diagnostic reasoning within pharmacists' existing practice. Similarly, pharmacists already play an important role in antimicrobial stewardship and are routinely expected to apply evidence-based prescribing principles that support appropriate antibiotic use and help address recognized drivers of antimicrobial resistance.

While some newly authorized activities may involve greater clinical or technical complexity, complexity alone does not equate to increased public risk. Assessing patients for these conditions may require additional proficiency in physical assessment, use of medical devices, clinical prediction algorithms, sample collection, or point-of-care testing. Although these

activities may warrant supplementary education or training, we are not aware of evidence demonstrating that pharmacists performing these activities pose an elevated public safety risk requiring a distinct regulatory declaration framework.

Further, characterizing these services as “high-risk” may inadvertently undermine public confidence in pharmacy-based care and the competence of pharmacy professionals. Patients already rely on pharmacists to safely assess and manage a broad range of clinical conditions within their authorized scope. Applying a “high-risk” designation in the absence of evidence of patient harm or systemic safety concerns risks creating unnecessary public apprehension and may erode trust in services that are already being delivered safely and effectively across Ontario pharmacies.

The regulatory focus should therefore remain on ensuring pharmacists practice competently within their authorized scope rather than creating condition-specific regulatory categories that imply heightened risk absent evidence of patient harm or systemic safety concerns.

2. Mandatory Self-Declarations Are Not an Appropriate or Necessary Competency Mechanism

Neighbourhood Pharmacies does not support the proposed requirement for pharmacists to submit condition-specific competency declarations prior to engaging in these activities. The College’s existing professional and ethical framework already establishes clear obligations requiring pharmacists to practise only when competent to do so. The OCP Code of Ethics and Standards of Practice require registrants to practise within their knowledge, skill, and judgment; recognize limitations and refer when appropriate; maintain competence through continuing professional development; and ensure ongoing proficiency throughout their practice.

Pharmacists who assess and prescribe for minor ailments are already expected to possess the clinical knowledge, assessment skills, and professional judgment necessary to safely provide patient care. Requiring pharmacists to submit declarations attesting to competencies they are already professionally and legally obligated to maintain is unnecessary and risks undermining both pharmacists’ professional expertise and the existing accountability framework governing pharmacist practice.

Many of the competencies referenced in the consultation materials are not unique or specialized to these proposed activities. They are foundational elements of the pharmacist care process that already underpin pharmacists’ existing prescribing and patient care responsibilities. NAPRA’s Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada already require pharmacists to comprehensively assess patients, gather and evaluate relevant information, apply professional judgment, determine medication therapy needs, monitor outcomes, and refer patients when appropriate. Ontario’s standards framework similarly requires pharmacists to practise within their competence and maintain the knowledge and skills necessary to provide safe patient care.

While certain conditions may require additional familiarity with disease-specific clinical considerations or assessment techniques, the underlying competencies themselves are not novel. They are extensions of the same core patient assessment and prescribing responsibilities already expected across pharmacist practice.

More fundamentally, Neighbourhood Pharmacies does not support layering additional regulatory requirements onto activities where there is no demonstrated public safety issue requiring further oversight, particularly where robust regulatory and professional accountability mechanisms already exist to protect patients from harm. In our view, additional regulation should be evidence-based, proportionate, and responsive to identified risks or gaps in public protection. The consultation materials do not demonstrate that such a gap currently exists.

A more proportionate and sustainable approach would be to articulate any additional expectations through Practice Policies or Standards, while continuing to rely on pharmacists' existing professional obligations and the College's existing regulatory authorities to ensure ongoing competence and public protection.

We believe the proposed declaration framework creates unnecessary administrative duplication without materially enhancing patient safety or public protection.

3. Regulatory Approaches Should Be Outcomes-Focused, Flexible, and Consistent with Existing Health Regulatory Frameworks

Neighbourhood Pharmacies is concerned that the proposed approach could create unnecessary regulatory burden and make it more difficult for pharmacy practice to evolve efficiently over time.

As pharmacists' scope continues to evolve, additional clinical and prescribing activities will inevitably be added. Yet the underlying expectations remain fundamentally the same: pharmacists must appropriately assess patients, identify red flags and limitations, prescribe safely within competence, and refer when necessary.

The College itself did not require pharmacists to submit condition-specific declarations when prescribing authority was previously expanded to include multiple other clinically complex minor ailments. Several of those conditions involved meaningful clinical complexity such as uncomplicated urinary tract infections and post-exposure prophylaxis for Lyme disease following a high-risk tick bite.

Ontario's broader health regulatory system generally does not manage clinical complexity through condition-specific declarations. Other health regulatory colleges rely on standards of practice, quality assurance programs, and registrants' professional obligations to self-assess competence. Introducing condition-specific declarations now creates inconsistency with both Ontario's broader regulatory framework and the College's own prior approach to expanded scope implementation.

We would encourage the College to instead adopt a more principles-based and outcomes-focused framework by establishing clear practice expectations through Practice Policies or Guidelines while continuing to rely on existing accountability frameworks to ensure compliance. This approach would preserve patient safety while maintaining regulatory flexibility, proportionality, and adaptability as pharmacy practice continues to evolve.

4. Brand Names Should Not be Embedded in Regulatory Requirements

Neighbourhood Pharmacies also recommends that the College avoid embedding specific brand names within regulatory requirements or competency declarations.

The current proposal references the administration of “Sublocade,” rather than using broader product-neutral terminology such as “extended-release buprenorphine injections.” Embedding trademarked product references within regulatory instruments may create perceptions of regulatory endorsement, reduce flexibility as new products enter the market, create unnecessary future administrative complexity, and require repeated amendments as therapies evolve.

The injectable extended-release buprenorphine market is evolving, and additional therapies may become available in Canada over time.

Conclusion

Neighbourhood Pharmacies respectfully recommends that the College reconsider the proposed “high-risk” designation and condition-specific declaration framework. In our view, the proposed approach is not proportionate, is not supported by evidence of a demonstrated public safety gap, and risks adding unnecessary regulatory burden where existing professional obligations, standards, quality assurance processes, and College oversight already protect patients. We recommend that the College use product-neutral language, avoid condition-specific declarations, and articulate any additional expectations through practice policies, standards, or guidance that support competent, safe, and flexible pharmacy practice.

Neighbourhood Pharmacies would welcome the opportunity to continue engaging with the College on behalf of Ontario’s pharmacy operators and to work collaboratively on approaches that protect patients while supporting timely, sustainable evolution of pharmacy practice.