

*Submitted electronically*

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*Re: Proposed Regulatory Amendments to O. Reg. 256/24 (General) made under the Pharmacy Act, 1991*

The Ontario College of Family Physicians (OCFP), which represents more than 18,000 family physicians and medical students across the province, appreciates the many vital contributions pharmacists make across our healthcare system. We welcome this opportunity to participate in the Ontario College of Pharmacists' consultation on proposed changes to the pharmacy sector.

## Introduction and Guiding Principles

We welcome the opportunity to share our feedback on proposed regulatory amendments that would expand the scope of practice for pharmacists and pharmacy technicians in Ontario. We offer two guiding principles as the OCP looks to implement the changes proposed through this consultation.

### 1. Enabling a shared communication infrastructure

Continuity of care is consistently associated with lower risk of hospitalization, emergency department use, and/or rehospitalization.<sup>1</sup> A key aspect of continuity of care is ensuring that patient health information is available to all providers in a patient's circle of care.

Pursuing additional scope expansions in the absence of integrated digital records further fragments care and may contribute to associated patient safety risks and increased administrative workload for physicians. We believe Ontario's patients would be best served if the Ontario government prioritized building a digital infrastructure that connects family physicians, and other health providers across care settings.

Better integration of health data will support more informed decision making, help safeguard Ontario's precious healthcare resources (i.e., by reducing unnecessary and duplicative tests, treatments, and consultations), and lessen administrative burden on providers through more seamless communication.

To this end, the OCFP encourages the province to embark on a focused effort to:

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<sup>1</sup> College of Family Physicians of Canada, "The Value of Continuity". Available at: <https://www.cfpc.ca/CFPC/media/Resources/Health-Care-Delivery/Continuity-of-Care-one-pager-ENG-Final.pdf>.



1. Develop a portable, integrated patient electronic health record that is accessible to the different providers of a patient's care.
2. Develop a registry tied to the electronic patient record that captures all immunizations administered by all providers in all settings. The OCFP echoes the [Ontario Immunization Advisory Committee](#) in strongly urging the Ministry of Health to develop and put into action a provincial immunization registry.

Achieving the above will take time. In the interim, we encourage the province to explore strategies that will achieve more seamless communication between pharmacists and family physicians – with clear documentation of the pharmacist assessment and treatment directly transmitted to the family physician's (if there is one) EMR.

The OCFP will be pleased to contribute to, and help advance, this effort.

## 2. Ensuring appropriate prescribing

Some of the ailments being proposed through this consultation cannot always be reliably self-diagnosed or determined based on symptoms alone. For example, conditions like swimmer's ear and acute pharyngitis require a physical exam and point-of-care testing – in turn requiring a private space to assess and counsel patients as well as timely interpretation and follow-up on testing to ensure effective treatment.

As the principles of [Choosing Wisely](#) are increasingly being adopted, and often enforced, in all healthcare settings across the province, it will be important to ensure that the current standards of practice in pharmacy are aligned and ultimately protect patients from unnecessary treatment. This includes contributing to provincial antimicrobial stewardship efforts, similar to the expectations placed on family physicians.

Finally, the OCFP recommends that prescriptions be time-limited to sufficiently address the ailment where appropriate, and that the patient be encouraged to seek medical attention from their family physician should it not resolve in a reasonable amount of time. This referral pathway for follow-up care is not clear through this consultation and needs to be defined.

### Prescribing for Additional Minor Ailments

Below, the OCFP has provided key considerations and cautions on certain proposed minor ailments.

Minor Ailment	OCFP Feedback
Nasal Congestion	There are risks associated with intranasal decongestants due to misuse and rebound effects. Appropriate counselling and patient safeguards must be developed to mitigate any associated harm.
Jock Itch	A physical exam, in a private exam room, is required to assess and diagnose jock itch and rule out a differential diagnosis.



Acute pharyngitis (sore throat)	The assessment and management of acute pharyngitis require a combination of clinical history, physical examination, and laboratory/POCT testing, with established risk assessment systems to prevent overtreatment with antibiotics.
Dry eye	Dry eye may be associated with certain autoimmune diseases or could be iritis. Any diagnostic delay could cause permanent vision loss.
Ringworm	A physical exam, possibly requiring a private exam room, is needed to assess and diagnose ringworm and rule out a differential diagnosis.
Swimmers' ear	A physical exam, including otoscopy is required to assess and diagnose swimmer's ear. There is a high risk of mis/overdiagnosis without otoscopy.
Acute insomnia	<u>OCFP strongly opposes the inclusion of acute insomnia as a proposed ailment for pharmacy-based prescribing.</u> Non-pharmacological management is first-line treatment (i.e., first consider sleep hygiene, CBT for insomnia, etc.) and medication should be a last resort.
Shingles	A physical exam, in a private exam room, is required to assess and diagnose shingles and rule out a differential diagnosis or identify a severe case of shingles.

### Ordering Specific Laboratory and Additional POCTs

The OCFP does not support authorizing pharmacists to order select laboratory and point-of-care tests. Currently, there is not a clear process outlined for follow up of test results, and without a shared communication infrastructure in Ontario, this proposed change brings additional risks related to duplication and ordering of unnecessary tests.

### Authorizing Pharmacists to Administer Partial Opioid Agonists and Antagonists

The OCFP is supportive of the proposal to authorize pharmacists to administer injectable partial opioid agonists and antagonists.

It is required by the [College of Pharmacists of Manitoba](#) and recommended by the [College of Pharmacists of British Columbia](#), that pharmacists that administer Sublocade successfully complete the manufacturer's Sublocade Certification and any other appropriate continuing education training on Opioid Agonist Therapy. The OCFP recommends that similar requirements be developed in Ontario.

### Vaccines in Community Pharmacies

The OCFP welcomes any efforts that can increase vaccine uptake. As previously mentioned, we encourage the government to work towards establishing a common patient health record and provincial immunization registry to support improved data sharing and record keeping across sectors.

- Enabling this shared communication infrastructure is a fundamental part of ensuring continuity, quality and appropriate immunization.



- Until those are in place, we recommend in the short term that the province explore strategies to achieve more seamless communication between pharmacists and family physicians.

The OCFP will be pleased to contribute to, and help advance, the efforts outlined above.

We also urge the government to work towards consistent public health messaging for patients and health providers on vaccines, especially with this potential expansion. This will help to reduce some existing confusion among both patients and providers about where to access vaccines and the patient populations that are eligible, as well which vaccines covered by OHIP and when patients may incur out of pocket expenses.

Finally, it will also be critical to ensure that expanding vaccination in pharmacy does not dilute supply of vaccines in other settings, including in community-based family practices.

We appreciate the opportunity to share this feedback and look forward to our continued collaboration.

Sincerely,

Deepy Sur, MSW, RSW, PhD  
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Ontario College of Family Physicians