

**Submission to Ontario College of Pharmacists (OCP)**  
**Public Consultation on Proposed Learning Requirements for Selected High-Risk**  
**Expanded Scope Activities**

Submitted by: PharmaChoice Canada

PharmaChoice Canada appreciates the opportunity to provide feedback on the proposed learning requirements for selected high-risk expanded scope activities.

PharmaChoice Canada supports expanded scope of practice where it improves timely access to care while maintaining patient safety. Our position is grounded in confidence in the professional judgment of regulated pharmacy professionals and in the existing framework of self-regulation. Pharmacists and pharmacy technicians are already required to practise within their competence, identify and address knowledge gaps, and are accountable through existing quality assurance, professional standards, and complaints and discipline processes. The draft prescribing guideline itself already requires pharmacists to possess sufficient knowledge and skill respecting the drug and the patient's condition to prescribe safely and effectively.

**1. General position on declarations**

PharmaChoice Canada does not support the proposed declaration model for specified minor ailments, and does not support creating a broader precedent that future condition-specific scope expansions will routinely require declarations.

This approach creates a cumbersome administrative layer without clear evidence of a corresponding public safety benefit. As the profession's scope continues to evolve, the declaration model risks becoming increasingly difficult to administer, monitor, update, and understand. It diverts regulatory and registrant resources into a tracking exercise that does not meaningfully improve patient access and may not materially improve patient safety. The better approach is to continue relying on professional judgment, existing standards of practice, and established self-regulatory mechanisms.

This position is further supported by the experience in other Canadian jurisdictions. For example, in Alberta, pharmacists have long-standing authority to assess and prescribe for a broad range of conditions, including through Additional Prescribing Authorization (APA) and minor ailment services, without any requirement for condition-specific declarations of competence. Similarly, in Nova Scotia, pharmacists are authorized to assess and prescribe for minor ailments and provide a range of clinical services without a declaration-based model. In both jurisdictions, expanded scope has been implemented using existing frameworks of professional judgment, standards of practice, and regulatory oversight, without evidence that additional declaration requirements are necessary to ensure patient safety.

## **2. Public transparency and practical utility**

PharmaChoice Canada is also not persuaded that declarations provide meaningful value to the public. If declarations are intended, directly or indirectly, to signal service readiness, that signal is unlikely to be useful in practice. Most members of the public will not consult the register or understand the significance of a declaration before seeking care. In reality, patients typically locate services through pharmacy websites, local awareness, direct outreach, referrals, or general marketing of available services.

More importantly, the existence or absence of a declaration does not replace the real patient safety safeguard: the professional obligation of the pharmacist to determine, in the moment, whether they are competent and whether the service is appropriate for the patient. If a pharmacist is not comfortable assessing or treating a condition, the correct response is not reliance on a registry marker; it is a professional conversation with the patient and a decision not to proceed where competence is lacking.

## **3. Comparison to broader self-regulation**

PharmaChoice Canada is concerned that the declaration model may unintentionally erode confidence in the ordinary principles of self-regulation. No comparable profession-specific declaration process is typically imposed every time a regulated health professional gains or exercises authority to assess and treat a new condition.

The default expectation across self-regulated practice is that professionals understand their legal authority, assess their own competence, obtain training where needed, and remain accountable for unsafe or incompetent care. That same principle should apply here. Current systems for measuring competence, setting expectations for practice, and responding to incompetence or misconduct are already in place and are sufficient.

## **4. Feedback on the proposed learning requirements for specified minor ailments**

PharmaChoice Canada agrees that pharmacists who choose to assess and treat acute pharyngitis, otitis externa, or herpes zoster should review the relevant learning expectations and ensure that they are competent before engaging in those services.

The draft guidance appropriately identifies important areas of knowledge and skill, including differential diagnosis, red flags for referral, current clinical guidelines, treatment options, and follow-up expectations. For acute pharyngitis, the guidance also includes physical assessment, scoring tools, swabbing techniques, infection prevention and control, and testing considerations. For otitis externa, it includes differentiation and physical assessment expectations. For herpes zoster, it emphasizes diagnosis, treatment, follow-up, and patient counselling.

PharmaChoice Canada supports OCP publishing these expectations as guidance, but not as conditions that trigger a mandatory declaration process.

Further, PharmaChoice Canada is concerned with the characterization of risk presented in discussions related to these activities. In particular, language used in recent Board discussions suggesting a significant risk of harm associated with otoscopy, in our view, is not supported by evidence or current practice experience. Overstating risk in this way may lead to disproportionate regulatory responses that are not aligned with real-world practice or patient outcomes.

## **5. When additional training is appropriate**

PharmaChoice Canada recognizes that not all activities carry the same risk profile. Where an activity requires a physical manipulation or practical technique that may not be reliably acquired through reading alone—such as administering injectable medications, swabbing a throat, or using an otoscope—there should be readily available training that includes a live, interactive, virtual, or in-person component.

However, even in those circumstances, we do not believe a College-managed declaration is necessary. The appropriate expectation is that the professional obtain the training required and remain accountable for their competence.

## **6. Feedback on Sublocade and manufacturer training**

PharmaChoice Canada does not support requiring manufacturer-specific training as a condition to administer Sublocade.

Pharmacists routinely administer injectable medications, including complex or long-acting therapies, based on the product monograph, clinical judgment, and existing standards of practice. Examples include other depot or long-acting injectable therapies where no additional manufacturer certification is required.

The product monograph, combined with professional judgment and existing regulatory expectations, should be sufficient to support safe administration. Introducing a manufacturer-specific training requirement in this instance creates inconsistency with how other injectable therapies are managed and introduces an unnecessary barrier to care.

If OCP determines that additional emphasis is needed, this should be addressed through guidance and educational resources rather than mandatory training or declaration requirements.

## **7. Recommended approach**

- Not proceed with condition-specific declarations for minor ailments
- Maintain learning expectations as guidance only
- Continue to rely on professional judgment and existing regulatory frameworks
- Support access to training resources where appropriate, particularly for physical or technique-based activities

- Avoid creating an administrative model that expands with scope without clear evidence of benefit

## **8. Closing**

PharmaChoice Canada is committed to patient safety but does not believe the proposed declaration model is the right mechanism to achieve it. It does not materially improve access, does not clearly solve a demonstrated public safety problem, and risks creating an increasingly burdensome administrative process as scope evolves.

Existing standards of practice, competence expectations, quality assurance processes, and complaints and discipline mechanisms are sufficient. OCP should continue to rely on professional judgment and only introduce additional requirements where there is clear evidence they are necessary.