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Ontario College of Pharmacists

Public Consultation on Proposed Amendments to the Standards of Operation for Pharmacies

Neighbourhood Pharmacy Association of Canada

August 15, 2026

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, Neighbourhood Pharmacies works in Ontario and across the country to support policymakers in developing innovative solutions that enable pharmacies to meet public health and primary care needs in their communities, while advancing a thriving and sustainable pharmacy sector. Our pan-Canadian mandate gives us a unique perspective, informed by the experience of pharmacy operators working across multiple provincial regulatory environments and a diverse range of pharmacy models.

We appreciate the opportunity to provide feedback on the Ontario College of Pharmacists' proposed amendments to the *Standards of Operation for Pharmacies*, intended to support the safe and effective operation of pharmacies and compliance with requirements under the *Drug and Pharmacies Regulation Act, 1990*.

Overall Considerations

Neighbourhood Pharmacies supports the College's objective of modernizing the Standards to reflect the evolution of pharmacy practice and operations. Expanded scope of practice, evolving technologies and new service-delivery models require the operational environment supporting pharmacy professionals to evolve as well.

Our longstanding position is that regulators should establish clear, outcomes-focused standards defining what pharmacies must achieve to protect patients, while pharmacy operators retain appropriate flexibility to determine how those outcomes are achieved. Pharmacy size, patient populations, services, staffing models, workflow, technology and premises vary considerably. Different operational models can and do achieve the same high standard of care.

Our understanding of the regulatory framework is informed by a useful principle: **pharmacy operators are responsible for establishing the systems, resources and conditions that enable safe professional practice, while regulated professionals remain accountable for the clinical and professional decisions they make within those systems.** Some proposed provisions appear to bring professional-practice concepts into the operational accreditation framework. This may create uncertainty about accountability and potentially duplicate requirements already addressed through the Standards of Practice, Code of Ethics, professional guidance and the College's existing oversight of registrants. We believe this interaction between operational and professional accountability is an important consideration as the amendments are finalized, particularly in maintaining an outcomes-focused approach and appropriate operator autonomy.

Overall, many of the proposed revisions appropriately reflect contemporary expectations relating to expanded scope, accessibility, privacy, technology and quality systems. Several amendments may also introduce more specific operational expectations with potential

implications for staffing, workflow, infrastructure, documentation, training and pharmacy management. Our comments focus on these areas.

Governance and Legal Compliance:
Accessibility, Accommodation and Human Rights

Neighbourhood Pharmacies strongly supports accessible and equitable pharmacy services and respect for the dignity and individual needs of patients.

The proposed revisions place greater emphasis on accessibility, accommodation and human rights, including consideration of physical, cognitive and sensory abilities and levels of health and digital literacy. We understand and support the intent.

These obligations, however, already apply to pharmacies through other Ontario statutory regimes with their own oversight and enforcement mechanisms. OCP also maintains existing professional and ethical resources addressing human rights obligations. Incorporating these concepts directly into operational accreditation standards raises considerations about overlapping accountability, potential accreditation consequences, and how these requirements interact with existing legal and professional frameworks.

There is also an important difference between operational accessibility and individualized patient care. Ensuring premises, systems and service processes are accessible is naturally connected to pharmacy operations. By contrast, adapting communication or care to an individual patient's abilities, communication needs, health literacy or digital literacy may more directly engage the professional judgment of the pharmacy professional delivering the service.

Health and digital literacy are particularly broad concepts and may encompass circumstances that are difficult to translate into an objective operational accreditation requirement. If the principal objective of these provisions is education and awareness, existing mechanisms such as guidance, educational resources, the Code of Ethics and Standards of Practice may also be relevant considerations.

Management and Employee Relations:
Staffing and Workflow

The proposed staffing provisions are among the changes with the greatest potential operational impact. The draft would require pharmacies to be staffed "at all times" with the number of qualified and trained staff required for pharmacy professionals to maintain the Standards of Practice.

Neighbourhood Pharmacies supports the underlying outcome: pharmacy operations must enable professionals to provide safe care and meet their professional obligations.

Staffing adequacy, however, is inherently contextual. It is influenced by prescription volume and complexity, patient needs, services offered, staff mix and competencies, workflow design, automation, centralized services, technology, physical layout and fluctuations in demand. Emerging technologies, including AI-enabled tools, will continue to change how pharmacy work is organized.

For that reason, we believe staffing adequacy cannot readily be reduced to a fixed number, ratio or operating model. Two pharmacies with similar volumes may use very different staffing and workflow models while achieving the same safety and quality outcomes. An outcomes-focused standard should accommodate continued innovation in workflow, technology, centralized services and other models that enable pharmacy professionals to practise safely and effectively.

The phrase “the number of staff required” may also lend itself to differing interpretations by operators and assessors. In our view, the more appropriate regulatory focus is whether the pharmacy’s overall staffing, systems and workflow enable pharmacy professionals to meet their obligations and provide safe and effective care.

Guidance or illustrative tools may be helpful in supporting a shared understanding of relevant staffing considerations, provided they remain flexible and do not evolve into de facto staffing ratios or quantitative thresholds.

Professional Wellbeing and “Adequate Time”

We understand the concern underlying the proposed references to “adequate time” and “professional wellbeing,” particularly where workplace conditions may affect a pharmacy professional’s ability to practise safely.

However, both concepts are broad and subjective. It is not clear how “professional wellbeing” would function as an operational accreditation standard, what aspect of wellbeing an operator would be expected to ensure, or how an operator or College assessor would objectively determine whether that expectation had been met.

There is also a broader regulatory consideration. OCP has a clear interest where staffing, workflow or other operational conditions affect a professional’s ability to practise safely and meet the Standards of Practice. It is less clear how “professional wellbeing,” as a distinct concept, translates into an objective operational accreditation requirement or how an operator or assessor would determine whether that outcome has been achieved.

A standard focused on whether workflow and operational conditions support patient safety and enable pharmacy professionals to meet applicable Standards of Practice would more directly connect the operational requirement to the intended public-protection outcome.

Incentives and Targets

While OCP has not proposed changes to the existing provision on incentives and targets, we believe the current language warrants consideration as the Standards are modernized. Neighbourhood Pharmacies supports the underlying principle that incentives or targets must not compromise patient safety or a pharmacy professional’s independent professional judgment.

At the same time, as currently written, the provision may create uncertainty for operators regarding legitimate performance expectations. Ontario’s pharmacy model includes publicly funded professional services delivered on a fee-for-service basis, and operators must be able to manage performance and support the appropriate delivery of these services. The existence of a performance expectation or target should not, in itself, suggest that professional judgment has

been compromised, provided decisions regarding individual pharmacy services remain based on clinical appropriateness and applicable Standards of Practice

Pharmacy Premises:
Privacy and Consultation Spaces

Neighbourhood Pharmacies strongly supports protecting patient privacy, particularly as pharmacies provide an increasing range of assessments, prescribing services, injections and other clinical care.

The proposed revisions appear to expand the existing expectation for acoustical privacy to include visual privacy, with privacy to be appropriate for the service and "determined to be acceptable by the patient." This may create new infrastructure expectations for some pharmacies, while the patient-determined standard introduces a subjective threshold that may be difficult for operators to design to and for assessors to apply consistently.

Visual privacy also needs to be balanced against safety and access considerations**.** In some circumstances, visibility can support monitoring following an injection, rapid response to an adverse event, participation by a caregiver or support person, or staff safety and security. This may be particularly relevant in smaller pharmacies operating with a single pharmacist. OCP's existing requirements contemplate a pharmacist being physically present while the pharmacy is open and available to support activities requiring pharmacist involvement. Complete visual separation while that pharmacist provides a service in a consultation space may therefore affect their ability to remain aware of and readily responsive to activity elsewhere in the pharmacy

There are also practical infrastructure considerations. Many pharmacies operate in leased, older or space-constrained premises where structural changes can require landlord approval, permits and significant investment. A pharmacy that routinely provides expanded-scope clinical services on-site may also have different privacy requirements from one that does not.

If the revised Standard creates a materially new visual privacy requirement, the nature of services actually delivered on-site, the safety implications of complete enclosure and reasonable implementation time are all relevant considerations.

Infection Prevention and Cleaning

Neighbourhood Pharmacies supports appropriate infection prevention and control practices. The proposed requirement for cleaning on a "regular and as needed basis" may raise practical questions about how compliance will be demonstrated. We would caution against an interpretation that automatically results in additional cleaning logs or administrative records where the intended outcome can be demonstrated through other reasonable means.

Consistent with an outcomes-focused approach, pharmacies should retain appropriate flexibility in how they demonstrate that required infection prevention and cleaning outcomes are being achieved.

Delivering Services:
Documentation and Pharmacy Records Systems

The proposed Standards include requirements relating to timely and consistent documentation, training on pharmacy records systems, protocols describing documentation responsibilities and processes for managing documentation delays.

There is a clear operational role for pharmacy operators in providing appropriate records-management systems, access, functionality and training so that regulated professionals can meet their documentation obligations. At the same time, the content and adequacy of an individual professional's clinical documentation remain closely connected to existing professional practice and documentation requirements.

The proposed wording may create uncertainty about whether the pharmacy management system itself is expected to perform functions beyond patient record keeping or whether particular integrations, workflows or technologies are contemplated.

As pharmacy technology is evolving rapidly, operational requirements should remain sufficiently technology-neutral to accommodate different systems, centralized models, automation and emerging technologies where they achieve the same safety and quality outcomes.

Equipment and Technology

Neighbourhood Pharmacies supports the general approach reflected in the proposed Equipment and Technology provisions. These requirements provide a useful example of operational standards focused on matters within the operator's control, such as ensuring appropriate equipment and systems are available, maintained and calibrated, and that relevant maintenance information is retrievable. They demonstrate how objective and measurable operational requirements can support safety outcomes while allowing flexibility in how pharmacies operate.

Clinical Decision Support and Access to Patient Health Information

Neighbourhood Pharmacies also supports ensuring pharmacy professionals have access to appropriate decision-support resources and relevant patient information. As pharmacists exercise expanded prescribing and other clinical authorities, access to high-quality information is increasingly important.

Operator accountability, however, should reflect what is reasonably within the operator's control. Access to provincial clinical information systems, interoperability between platforms and the availability of external health data may depend on government infrastructure, technology providers or other third parties. A pharmacy should not face accreditation consequences for infrastructure or information that it does not control or cannot reasonably obtain.

Cumulative Operational Impact and Implementation

We encourage the College to consider the cumulative operational impact of the proposed amendments. Requirements relating to staffing, accessibility, privacy, documentation, training, technology and information access may each be reasonable in isolation but, collectively, can require meaningful changes to pharmacy processes, infrastructure and administrative systems.

This is particularly relevant as pharmacies take on a growing range of clinical services while maintaining access to core medication services. Requirements that create administrative effort without a commensurate patient-safety benefit can reduce capacity available for patient care. Where the final Standards create materially new expectations, particularly involving premises, technology, training or documentation systems, reasonable implementation time and practical guidance will be important.

As a final consideration, we encourage the College to maintain a principles-based and adaptable regulatory approach that can accommodate continued evolution in technology, centralized services, workforce models and pharmacy practice. Given the increasingly interprovincial nature of pharmacy operations, we also encourage consideration of approaches taken in other Canadian jurisdictions and, where appropriate, greater regulatory alignment. Avoiding unnecessary variation between provinces can reduce complexity for operators, support innovation and enable efficient models of care, while maintaining strong patient-safety outcomes.

Conclusion

Neighbourhood Pharmacies supports the College's work to modernize the *Standards of Operation for Pharmacies* and shares OCP's objective of ensuring that pharmacy operations support safe, effective and increasingly comprehensive patient care. We believe this is best achieved through an outcomes-focused framework that provides meaningful accountability while preserving appropriate operational flexibility.

We also recognize that operators and designated managers must navigate an increasingly complex range of requirements relating to the operation of an accredited pharmacy. **Neighbourhood Pharmacies would welcome the opportunity to work collaboratively with OCP and our members to explore practical resources or other supports that could help pharmacy operators understand, navigate and meet operational compliance requirements across different pharmacy models.**

As Canada's pan-Canadian pharmacy operator association, we can bring practical experience from Ontario and other jurisdictions to this work. We look forward to continued collaboration with OCP toward a regulatory framework that protects patients while supporting effective, sustainable and evolving pharmacy operations.