Ontario College of Pharmacists: Public Consultation on Proposed Amendments to the Standards of Operation for Pharmacies

OPA Submission
August 13, 2026

Table of Contents

Executive Summary

As pharmacy professionals take on expanded scopes of practice to strengthen Ontario's primary care system, the Ontario Pharmacists Association (OPA) supports refining, modernizing and clarifying the Standards of Operations for Pharmacies to ensure effective and proportional operational safeguards protect public safety. However, following a thorough review, several areas of concern were identified that require further consideration to ensure the final requirements are clear, feasible, and practical to implement without introducing unintended consequences or adversely affecting equitable patient access to care.

Key Risks and Implications

- **Regulatory overlap and unclear accountability:** Incorporating existing legislative and regulatory requirements, as well as introducing new requirements outside of the legislative framework, into the Standards may create confusion regarding roles, responsibilities, and oversight.
- **Subjective and ambiguous compliance requirements:** Use of undefined terms, subjective standards, and patient-determined compliance thresholds may result in inconsistent interpretation, implementation, and enforcement across pharmacy settings.
- **Operational burden and financial barriers to care:** Lack of clarity around requirements related to staffing, workflow, resources, and physical infrastructure may result in variations in implementation and create unnecessary administrative and financial burdens that could affect operational viability and directly reduce patient access to care.
- **Inconsistent terminology and application:** Variations in terminology and application across the Standards may lead to unintended gaps or exclusions in scope, resulting in uncertainty regarding accountability, compliance obligations, and stakeholder expectations.
- **Implementation challenges:** Insufficient transition timelines may create operational disruptions and compliance challenges given the capital, staffing, and infrastructure investments required to meet the revised Standards.

Recommendations

1) **Provide additional guidance and resources:** Develop educational resources to help pharmacy professionals better understand their legal obligations and responsibilities, including clarifying the College's role in assessing compliance, and how the Standards complement existing legislative and regulatory requirements. Consolidate resources into a centralized repository to support accessibility.
2) **Enhance consistency:** Ensure consistent use of defined terms, e.g., "hospital pharmacy administrator" and "supplies", throughout the Standards.
3) **Establish clear and objective compliance expectations:** Provide additional guidance, concrete examples, and objective criteria to help pharmacy operators understand how compliance will be assessed. The focus should be on a requirement for documented, site-specific staffing and workflow plans, rather than relying on subjective terminology or introducing prescriptive staffing ratios.

4) **Clarify workflow expectations and support operational flexibility:** Explicitly confirm that multiple approaches may be used to meet the Standards and that compliance does not require separate workflows or staffing structures for dispensing and professional services.
5) **Clarify expectations regarding incentives and performance targets:** Revise the existing standard to emphasize that incentives and targets may be appropriate but only when they are designed and implemented in a manner that protects patient safety, supports quality care, and preserves the professional judgement and independence of pharmacy staff.
6) **Revise the privacy standard to support objective compliance expectations:** Remove the subjective patient-determined privacy threshold and rely on professional judgement to determine the appropriate level of privacy based on factors including but not limited to the service provided and patient needs.
7) **Adopt a principles-based approach:** Clarify the meaning and compliance expectations associated with "clinical decision support tools", "reference databases", and "patient health information", while allowing pharmacy professionals to exercise professional judgement in determining the tools, resources, and technologies appropriate for their practice setting that would support safe and effective patient care outcomes. The standard should also recognize that access to patient health information may depend on third-party provincial digital health systems and that pharmacies should not be held non-compliant for temporary disruptions beyond their control.
8) **Highlight the importance of pharmacy staff health and safety:** Revise the standard regarding having the appropriate facilities, systems and equipment needed to safeguard the health, safety, and wellbeing of patients and the public to include pharmacy staff.
9) **Clarify maintenance and documentation expectations for equipment and supplies:** Revise the standard to explicitly distinguish between the completion of equipment maintenance, calibration, and certification activities and the documentation of those activities.
10) **Establish an appropriate transition period:** Ensure a phased implementation timeline for the proposed Standards to provide pharmacies with sufficient time to plan, secure approvals, budget for, and complete any necessary capital renovations. This will help mitigate potential unintended consequences including operational disruptions that may impact patient care.

OPA remains committed to working collaboratively with the College to ensure the revised Standards are reasonable, feasible, and effective in supporting the provision of safe, high-quality patient care, while enabling pharmacy professionals to continue expanding access to care for Ontarians.

Introduction

The Ontario Pharmacists Association ('OPA', the 'Association') is pleased to provide its comments and recommendations to the Ontario College of Pharmacists ('OCP', the 'College') on proposed amendments to the Standards of Operations for Pharmacies (the 'Standards') that aim to support the safe and effective implementation of expanded scope of practice.

OPA is committed to evolving the pharmacy profession and advocating for excellence in practice and patient care. With more than 8,500 members, OPA is Canada's largest pharmacy-based advocacy organization and continuing professional development provider for pharmacy professionals. By leveraging the unique expertise of pharmacy professionals, enabling them to practice to their fullest potential, and making them more accessible to patients, OPA is working to improve the efficiency and effectiveness of the health care system.

The Standards of Operation for Pharmacies outlines the requirements needed to ensure pharmacies in Ontario provide safe, effective care and comply with regulations under the *Drug and Pharmacies Regulation Act, 1990*. Pharmacy professionals are integral to the province's primary care system, and they continue to take on larger roles through expanded scopes of practice to provide equitable and convenient access to care for patients across the province. As such, OPA supports the College's objective to ensure that as the scope of practice for the profession expands, pharmacies maintain effective and proportional operational safeguards to protect public safety.

As trusted healthcare professionals, patient safety is a fundamental priority for Ontario's pharmacy professionals. However, following a thorough review of the proposed amendments and in consultation with our members, several areas of concern were identified. Any changes must be clear, feasible, and practical to implement without adversely affecting patient access to care. Furthermore, it is critical to avoid unintended consequences, such as duplicating existing regulatory requirements, or introducing subjective compliance measures. The following comments and recommendations are intended to support a framework that is both effective and operationally achievable.

Feedback on Proposed Amendments

Terminology and Definitions

OPA agrees with the changes made to the Terminology and Definitions section as they support consistency and clarity while reflecting the evolving scope of practice of pharmacy professionals. These updates also help future-proof the Standards by providing flexibility to accommodate future changes and evolving needs.

Governance and Legal Compliance

With respect to the proposed amendments to include references to pharmacies' legal obligations under provincial human rights and accessibility for persons with disabilities legislation and associated regulations, OPA is aligned with the College that it is important for pharmacies to be aware of and comply with all applicable legal requirements. However, incorporating these obligations into the Standards may create confusion regarding roles, responsibilities, and oversight, as compliance with these requirements is already governed and enforced by established provincial statutory bodies. As a result, the proposed additions may introduce unnecessary regulatory overlap without providing additional clarity or accountability. Furthermore, the draft standard applies the legal framework of accommodation "up to the point of undue hardship" to a patient's "level of health literacy" and "level of digital literacy". While these are important clinical considerations, they are not recognized as accommodation categories under the *Accessibility for Ontarians with Disabilities Act* (AODA) or the *Ontario Human Rights Code*. Introducing them as pharmacy standards creates potentially significant new legal obligations for operators to comply with.

OPA recommends that the College provides additional guidance and resources to support pharmacies in meeting these proposed standards. This could include educational materials to help pharmacy professionals better understand their obligations and responsibilities, as well as information clarifying the College's role in assessing compliance and enforcement, and how that complements the applicable legislation. Providing this additional support would help promote consistent understanding and application of the standards across the profession, reduce uncertainty regarding regulatory expectations, and facilitate implementation in a manner that is practical and achievable for pharmacies of varying sizes and practice settings. Clear guidance would also help pharmacies proactively identify and address potential gaps in their policies, processes, and services, ultimately supporting greater accessibility, improving the patient experience, and advancing the shared objective of equitable access to pharmacy care for all patients.

Additionally, OPA supports the College's efforts to use more inclusive language and to ensure that individuals responsible for the operations of both community and hospital pharmacies are appropriately reflected within the Standards. In addition to including reference to hospital pharmacies in Line 21 of the draft Standards of Operations for Pharmacies, it should also be

included in Line 25 where owners and designated managers are referenced. For consistency, OPA also recommends revising the term "hospital administrator" in the proposed amendment to "hospital pharmacy administrator" to align with terminology used in the Standards and other College documents, including the *Supervision of Pharmacy Personnel Policy* and the *Protecting the Cold Chain Guideline*.[1,2]

To further support hospital pharmacy administrators in understanding their roles and responsibilities, OPA recommends that the College consolidate relevant policies, guidance documents, fact sheets, FAQs and other references into a single location. For example, the College offers a variety of practice resources to support pharmacy professionals with meeting the legislation, regulations, standards of practice and policies that guide pharmacy practice, one of which being the Practice Topics which bring together information about a specific practice topic into one place.[3] The College could leverage this existing support mechanism by either revising the *Hospital Pharmacy Accreditation and Operation Practice Topic* or developing a dedicated practice topic for hospital pharmacy administrators, like that available for Designated Managers of community pharmacies, to consolidate applicable resources for hospital pharmacy administrators. This would improve accessibility, promote consistency in implementation, and better support compliance with the Standards.

Management and Employee Relations

OPA strongly supports ensuring that pharmacies have appropriate staffing levels and effective workflow management, as both are critical to safe and effective pharmacy operations and optimal patient care. However, the proposed standards for staffing and workflow do not currently provide clear, easy-to-understand minimum requirements. We appreciate the College's intent to incorporate flexibility within the standards to accommodate the diverse operational realities of pharmacies; nevertheless, the current language relies heavily on subjective measures that are open to interpretation. Without objective evaluation criteria, this could result in inconsistent implementation by pharmacy operators and variable enforcement by the College's operational advisors. To ensure the standards are reasonable and feasible, additional guidance, concrete examples, and clear baselines are required for pharmacy operators to understand how compliance will be assessed and demonstrated in practice, while preserving the flexibility needed to address the unique needs of individual pharmacy settings.

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[1] Ontario College of Pharmacists. Supervision of Pharmacy Personnel Policy. Published October 1, 2024. Accessed July 30, 2026. https://ocpinfo.com/pharmacy-professionals/rules-and-standards-of-the-profession/practice-policies-guidelines/supervision-of-pharmacy-personnel-policy/

[2] Ontario College of Pharmacists. Protecting the Cold Chain Guideline. Published September 2012. Last Updated July 2021. Accessed July 30, 2026. https://ocpinfo.com/pharmacy-professionals/rules-and-standards-of-the-profession/practice-policies-guidelines/protecting-the-cold-chain-guideline/

[3] Ontario College of Pharmacists. Practice Resources. Accessed August 5, 2026. https://ocpinfo.com/pharmacy-professionals/practice-resources/

Furthermore, while OPA understands that it is not the College's intention to suggest that two distinct workflows and labour schedules (i.e., one for dispensing and one for other professional services) be established to meet the proposed standards, the current language could be interpreted in that manner. Given the highly integrated nature of contemporary pharmacy practice, attempting to separate these operations would introduce significant operational challenges and barriers to care. OPA recommends that the College provide explicit clarification that there are multiple valid approaches to meeting these standards, which do not require maintaining separate workflows. Greater operational flexibility is necessary to reflect current practice realities and support the delivery of integrated patient care.

OPA commends the College for acknowledging the importance of pharmacy professionals' wellbeing through its inclusion in one of the proposed standards. OPA wholeheartedly agrees that addressing workplace pressures, burnout and other factors that may impact the health and wellbeing of pharmacy professionals is essential, as a healthy workforce is fundamental to the delivery of safe and effective patient care. However, incorporating an undefined term like "professional wellbeing" into a formal operational standard creates significant regulatory ambiguity. If a standard cannot be objectively defined and accompanied by clear expectations for how compliance will be assessed during an operational assessment, it should not function as a facility-level requirement. This also risks creating confusion and overlap with existing workplace regulations already in place. To provide pharmacy professionals with certainty while preserving operational flexibility, the College should focus the operational standard on the requirement for a documented, site-specific staffing and workflow plan, rather than relying on subjective terminology or introducing prescriptive staffing ratios.

Finally, while not part of the proposed amendments, OPA recommends that the College reviews the standard under Lines 62 and 63, which states that "Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff". As currently written, this standard may be interpreted as prohibiting the use of ordinary business incentives or performance targets within pharmacy operations.

OPA strongly condemns the use of incentives or targets that may negatively impact patient health and safety, compromise quality of care, or prevent pharmacy staff from exercising their professional judgement. However, it is important to recognize that, like other healthcare professionals, pharmacies operate as both healthcare service providers and businesses and receive fees for the services provided. When appropriately designed and implemented, business incentives and targets are legitimate management tools that help establish expectations, measure performance, align individual and team efforts with organization priorities, drive continuous improvement, promote accountability and recognize achievement. As such, OPA recommends that the standard be revised to "Incentives or targets **must be designed and implemented so that they** do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff". This amendment would make it clear that incentives and performance targets are not inherently

inappropriate. Rather, the focus would be on ensuring that they are structured and applied in a manner that protects patient safety, supports quality care, and preserves the professional independence and judgement of pharmacy staff.

Pharmacy Premises

Consistent with our recommendations regarding Governance and Legal Compliance, OPA recommends that the College provides additional guidance and resources to support pharmacies in meeting the proposed standard referencing provincial accessibility legislation and associated regulations. As accessibility requirements can vary depending on the size of the organization and the services provided, greater clarity would help pharmacy operators determine which obligations apply to their pharmacy and how to comply with them. This would facilitate consistent implementation of the standard while supporting equitable access to pharmacy services for all patients.

With respect to the new proposed standard for patient counselling areas, OPA strongly agrees that protecting patient privacy and confidentiality is a fundamental professional obligation. However, OPA disagrees with codifying a subjective patient preference for visual and acoustical privacy as a facility infrastructure requirement. By requiring privacy levels to be "determined to be acceptable by the patient", the College would establish a subjective, third-party compliance trigger that pharmacy operators cannot reliably guarantee. Individual patients have varying expectations, perceptions and comfort levels regarding privacy. As a result, pharmacies would be forced to design and construct counselling areas to the highest possible standard of privacy in order to mitigate the risk of non-compliance.

This concern is amplified if the College continues to rely on binary assessment standards. Currently, both the *Checklist for Opening a New Pharmacy (Community)* and the *Community Pharmacy Assessment Criteria* require that a pharmacy must have a separate and distinct patient consultation area that provides "acoustical privacy".[4,5] If these requirements are revised to incorporate both "visual and acoustical privacy", pharmacies may reasonably conclude that they must implement the highest achievable level of privacy to ensure compliance, regardless of whether such measures are necessary or proportionate in all circumstances.

OPA is concerned that the costs associated with creating or modifying private counselling spaces may be prohibitive for many pharmacy operators. Compliance may require renovations that are contingent on landlord consent, municipal approvals, or building permits. Some pharmacies may also need to construct an extension to create the required space; however, this may not be financially or physically feasible. Certain pharmacies may operate within footprints that are simply

[4] Ontario College of Pharmacists. Checklist for Opening a New Pharmacy (Community). Last Updated October 2025. Accessed August 5, 2026. https://ocpinfo.com/wp-content/uploads/2025/05/Checklist-for-Opening-a-New-Pharmacy.pdf

[5] Ontario College of Pharmacists. Community Pharmacy Assessment Criteria. Last Updated June 2026. Accessed August 5, 2026. https://ocpinfo.com/wp-content/uploads/2025/05/Community-Pharmacy-Assessment-Criteria.pdf

too small to accommodate an acoustically and visually private counselling room, even with renovations. As a result, some pharmacies may be unable to comply despite reasonable efforts. These challenges could disproportionately affect smaller, independent pharmacies, potentially leading some pharmacies to decrease or discontinue certain professional services, resulting in reduced access to care for patients.

While OPA has consistently advocated for measures that support the financial sustainability of the pharmacy profession, including but not limited to increasing dispensing fees under Ontario's publicly funded drug programs and establishing public funding for all pharmacy professional services such as prescription adaptations and renewals, the current financial and operational realities of pharmacies must be considered when assessing the feasibility of this proposed requirement.

If the College's intent is to provide flexibility for pharmacy operators in determining the level of acoustical or visual privacy required, OPA recommends that the standard be revised to retain only the phrase "as appropriate for the service provided". The subjective, third-party compliance threshold of being "determined to be acceptable by the patient" should be removed. Determining the appropriate level of privacy should be a matter of professional judgement exercised at the point of care, considering factors such as the nature and sensitivity of the information being collected, the service being provided and the patient's preferences. In some situations, complete separation from the dispensing area using a visually and acoustically private counselling room may not be appropriate, particularly when considering staff and public safety. For example, a pharmacist working alone may be unable to leave the dispensary unattended due to medication security concerns. Anchoring privacy requirements to professional judgement empowers pharmacy professionals to consider when employing situational mitigating strategies (e.g., adjusting voice volume, utilizing a quieter area of the pharmacy, or scheduling during lower traffic times) may be appropriate to safely deliver care. This assessment should remain a practice standard applicable to the regulated pharmacy professional rather than a compliance standard dependent on an individual patient's subjective determination.

Finally, while the proposed changes apply to both community and hospital pharmacy settings, some pharmacy professionals provide pharmacy services in off-site locations, such as long-term care homes, retirement residences or mobile clinics, and expectations for these environments are currently unclear. Clarifying that privacy during clinical service delivery remains a professional standard attached to the pharmacy professional regardless of where the service is delivered would resolve these ambiguities and support consistent implementation across all practice settings.

Delivering Services

While OPA supports the principle that pharmacy professionals must have access to the necessary tools, resources and technology they need to provide patient care, it is not currently clear what the College means by "clinical decision support tools, reference databases, and patient health information", nor how compliance will be objectively measured.

First, the current language suggests that “clinical decision support tools” are separate and distinct from reference databases. However, in some cases, the reference database *is* the resource needed to support clinical decision-making. This artificial distinction introduces confusion, especially because the College’s current *Required Reference Guide for Ontario Pharmacies (Pharmacy Library)* does not include a category for clinical decision support tools.[6] This implies that they are a new, separate, and distinct mandatory requirement.

To align with the goal of empowering pharmacy professionals to exercise independent authority within their scope of practice to optimize patient care, fulfill professional obligations, and protect the health, safety and wellbeing of patients and the public, they should be enabled to use their professional judgment to determine the tools, resources, and/or technologies necessary to support safe and effective patient care. Needs vary significantly depending on the pharmacy practice setting, patient population, scope of services provided, and individual practitioner needs. Prescriptive requirements risk creating unintended consequences, including unnecessary operational and financial burdens for pharmacies forced to acquire clinical decision support tools that are not relevant to their practice.

A principles-based approach that focuses on achieving safe and effective patient care outcomes, rather than mandating specific tools, resources or technologies, would provide pharmacy professionals with the flexibility to determine the most appropriate supports needed for their practice. This approach accommodates the diversity of pharmacy practice settings across Ontario and avoids unintended barriers to implementation, while continuing to uphold patient safety and quality of care.

Second, regarding access to "patient health information", OPA recognizes the importance of ensuring access to facilitate clinical decision-making and is supportive of moving toward more consistent access requirements, such as mandating pharmacy access to the province’s clinical viewers, provided there is collaboration with the pharmacy sector through OPA, an appropriate transition period and sufficient support for onboarding. OPA supports the College's overall intent to keep the standard broader at this time while work continues to ensure that any future requirements can be implemented thoughtfully and effectively. However, in anticipation that the use of clinical viewers will ultimately be mandated, OPA recommends that the College clarify expectations in circumstances where access to patient health information depends on provincial clinical information systems that are unavailable. Pharmacies should not be found non-compliant during an operational assessment where access to patient health information is impaired due to system outages, connectivity issues, maintenance issues or other technical limitations affecting provincial digital health platforms that are completely outside of the pharmacy operator's control. The standard should recognize that access to these systems is dependent on third-party infrastructure

[6] Ontario College of Pharmacists. Accreditation and Operation of a Pharmacy Guidance. Published August 2016. Last Updated September 2025. Accessed July 29, 2026. https://ocpinfo.com/pharmacy-professionals/rules-and-standards-of-the-profession/practice-policies-guidelines/accreditation-and-operation-of-a-pharmacy/

and that temporary disruptions may occur despite the pharmacy's reasonable efforts to maintain access and continuity of care.

Equipment and Technology

Overall, OPA agrees with the proposed changes to differentiate between equipment and supplies. To ensure consistency throughout this section, we recommend the College makes additional updates to align with this distinction. First, OPA recommends that the section title be revised to "Equipment, **Supplies** and Technology" to reflect the differentiation between equipment and supplies. Second, the term "supplies" should be added to the proposed standard "The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation…", to reflect the introduction of this new terminology. Third, the statement "The necessary equipment for the pharmacy services provided…" should be revised to include both equipment and supplies to ensure consistency throughout the Standards.

OPA also recommends that "pharmacy staff" be included within the standard "The pharmacy has the facilities, systems and equipment needed to meet the requirements established in legislation, and to safeguard the health, safety and wellbeing of patients and the public…". While protecting patients and the public is undeniably a core responsibility, it is equally important to recognize the need to protect the pharmacy workforce. Pharmacy professionals operate in environments that can present significant occupational risks, including exposure to infectious diseases, which can negatively impact staff wellbeing and, in turn, affect the quality, safety, and continuity of patient care. Explicitly including pharmacy staff in this standard would acknowledge that safe, continuous patient care fundamentally depends on a safe and healthy workforce.

Regarding the proposed amendments related to equipment calibration and certification, we appreciate the College's intent to clarify that the act of performing maintenance is distinct from the act of documenting it. However, the current proposed phrasing remains slightly unclear. To provide absolute clarity, OPA recommends revising the standard to read "Documentation **demonstrating that required** equipment maintenance, calibration, and certification **activities have been completed** is available and readily retrievable". This change would provide greater clarity by distinguishing between the completion of maintenance, calibration, and certification activities and the documentation of those activities.

Information Management

OPA is aligned with the proposed change in the Information Management section as it provides greater clarity and the emphasis on needing procedures in place for the management of patient records is consistent with the language used in other parts of the Standards.

Other Considerations

Given the substantial capital, equipment, and human resources required to adapt to these proposed amendments, OPA urges the College to establish an appropriate transition period and/or phased implementation timeline should the revised Standards be approved. Providing pharmacies with sufficient time to plan, secure approvals, budget and complete any necessary renovations would help mitigate unintended consequences, including disruptions to pharmacy services and reduced patient access to care that may result from a pharmacy's inability to comply within a shorter implementation timeline.

Conclusion

The Ontario Pharmacists Association appreciates the opportunity to participate in this consultation on behalf of Ontario's pharmacy professionals. We are committed to helping refine, modernize and clarify the Standards of Operations for Pharmacies to ensure they continue to be relevant and reflect the evolving pharmacy landscape.

Overall, OPA supports the College's intent to revise the Standards of Operations for Pharmacies to support the safe implementation of expanded scope of practice. As pharmacy professionals continue to take on greater responsibilities in delivering primary care services and improving equitable access to care, ensuring patient safety remains of utmost importance.

To support effective implementation, OPA encourages additional clarity, education, and guidance in several areas, particularly regarding staffing and workflow considerations, physical space requirements, and access to information necessary to support evolving pharmacy services. It is also critical that the College carefully considers the operational feasibility of the proposed Standards and establishes appropriate, phased implementation timelines.

OPA remains committed to supporting the continued evolution of pharmacy practice in Ontario and ensuring that changes are implemented in a safe, practical and patient-centred manner. We would welcome further engagement with the College to help support the successful refinement and rollout of these proposed changes.