

Summary of Findings from the Public Consultation on Proposed Learning Requirements for Specified Expanded Scope Activities

Background

In March 2026, the Ontario College of Pharmacists' (OCP) Board of Directors approved an open consultation on Proposed Learning Requirements for Specified Expanded Scope Activities. These requirements were related to expanded scope of practice changes for the authorization to prescribe for acute pharyngitis, otitis externa, herpes zoster and the administration of buprenorphine extended release. The consultation also included a proposed self-declaration for having completed the required learning. These requirements were some of the safeguards the Board has discussed to date to support safe implementation of [expanded scope activities](#). Members of the profession, system partners, and the public were invited to comment through open consultation.

Public Consultation Process

The consultation was held for 60 days from April 1 to May 31, 2026. Registrants, system partners, and members of the public were informed of the consultation through the College's primary communication channels as well as targeted outreach to key system partners.

The College received a total of 107 responses to the consultation. There were 101 comments received on the consultation page, and six system partners submitted a response to the consultation inbox directly. There were two comments not posted as they did not meet the posting guidelines and are not part of the total count. Respondents included four pharmacy technicians, four members of the public, and four respondents identifying as 'other', with the remaining 89 responses from those who identified themselves as pharmacists.

System Partner Engagement

Six system partners, listed below, submitted responses to the consultation:

- The Leslie Dan Faculty of Pharmacy (LDFP)
- The Neighbourhood Pharmacy Association of Canada (NPAC)
- The Ontario Pharmacists Association (OPA)
- The Otolaryngology-Head and Neck Surgery section of the Ontario Medical Association
- PharmaChoice Canada
- Speech-Language & Audiology Canada (SAC)

Summary of System Partner Comments

Value of Self-Declaration

Among the system partner responses, four were from system partners representing the pharmacy profession. Among them, there was a shared view that self-declaration is unnecessary and administratively duplicative, given the existing regulatory framework that exists for the profession. Several expressed that the College's existing professional and ethical framework, including the Quality

Assurance Program, Standards of Practice, and Code of Ethics to which pharmacists are bound, already serves the same purpose that is intended by a self-declaration.

The LDFP also expressed this view of the proposed self-declaration, but only with respect to new graduates of their program, noting that throughout the program, graduates will have acquired the knowledge, skills, and abilities needed to engage in these activities.

Conversely, there were two system partners, the SAC and the otolaryngology-head and neck surgery section of the OMA, who were supportive of self-declaration and noted that it alone may not be sufficient, suggesting that external/third party evaluation, continuing education requirements, and a standardized curriculum may be needed. While comments from the OMA branch were applicable to all the expanded scope activities, the SAC's feedback was specifically limited to otitis externa.

Learning Requirements and the Draft Guidance

NPAC, OPA, and Pharma Choice noted that pharmacists, as with other self-regulated health professionals, understand their legal authority, continuously assess their own competence, and seek out continuing professional development when needed. However, there was also acknowledgement that relative to this expansion of scope, it is important that registrants review relevant learning expectations and ensure they are competent before taking on these new activities.

Pharma Choice agreed with the learning requirements as laid out in the draft guidance but reiterated that such learning requirements should exist as guidance only and not trigger a mandatory self-declaration. Similar to Pharma Choice, NPAC indicated agreement with establishing requirements in policies or guidelines (from OCP's perspective, the draft guidance would fall under this description) and reiterated that compliance could be ensured through existing regulatory mechanisms. However, NPAC and OPA felt the learning requirements provided in the draft guidance were too detailed. While both acknowledged there were specific clinical considerations and assessment techniques that were novel (e.g., otoscope use), they felt that foundational clinical knowledge should not necessarily be included as requirements. OPA also noted that certain parameters should be defined more explicitly, so it is clear to registrants what 'past experiential learning' means, for instance.

Among the non-pharmacy system partners, SAC agreed with the learning requirements included in the draft guidance, and offered additional detail related to otitis externa specifically. And the OMA branch did not specifically mention the draft guidance but highlighted the importance of pharmacists being able to distinguish these conditions from others, utilizing the appropriate tools to do so (e.g., lab testing, otoscopy). The OMA branch also reiterated their discomfort with pharmacists managing shingles of the face or eye.

The College values the input from all system partners, and considers individual registrant comments from the consultation, and past Board discussions related to assessment of risk when proposing a way forward that is balanced and addresses the spectrum of viewpoints.

Otoscopy Training

OPA and Pharma Choice noted the importance of otoscopy training, in the context of otitis externa assessment requiring a novel skill or assessment technique. They noted that virtual training should remain an acceptable option, recognizing that in-person training would create barriers to access to care, and be disproportionately more difficult for those practicing in rural and remote areas to acquire.

NPAC acknowledged that certain conditions do require becoming familiar with a new assessment technique, or disease-specific clinical considerations; however, their comment was made in the context of the underlying expectations that registrants will independently address their own knowledge or skill gaps. NPAC did not specifically speak to the need for virtual training options but suggested the otoscopy training requirements should be detailed in one of the College's policy tools.

The non-pharmacy system partners both expressed the importance of proficient otoscopy use in managing otitis externa. SAC provided additional details regarding learning requirements for assessing and differentiating conditions of the ear.

Other Shared or Notable Comments

In addition to the above key themes that specifically addressed the consultation's purposes, other common or notable comments included the following:

- Respondents noted that the concept of 'higher risk' and 'clinically complex' may have been conflated by the College. System partners noted there may be unintended consequences to referring to these activities as 'higher risk', such as erosion of the public's trust in pharmacists.
- Respondents suggested that the College should remain neutral with respect to naming drug products. Several system partners noted that while Sublocade is currently the only available injectable buprenorphine product, that more options may be available in future. Continuing to specify a brand, or a training resource specific to a brand, risks the integrity and long-term applicability of College resources and communication materials.
- One system partner noted that the public and other regulators continue to lack a full understanding of the '*rigorous clinical competencies pharmacy professionals already possess*' and encouraged the College to engage in such public awareness efforts.
- Another noted that collaboration with the pharmacy sector on the process of implementing expanded scope activities will facilitate alignment between operational and training capacity, and that the College should ensure that any requirements put forth are done in a manner that provides registrants with an adequate and reasonable timeframe for implementation.

Summary of Individual Respondent Comments

Most individual comments received were from those who identified themselves as pharmacists (n=89). Key response themes are described below.

Support for learning requirements or self-declaration

There were 43 pharmacist respondents who specifically expressed opinions on learning requirements and self-declaration. Among these, 33 (out of 43; 77%) indicated support for mandatory or additional learning for these expanded scope activities, 23 indicated support for the self-declaration mechanism (either by specifically stating this or indirectly by alluding to 'mandatory' training), and 10 indicated agreement with additional learning and training for the expanded scope activities, but not specifically self-declaration. Of note, no comments were made related to the draft guidance itself.

- In relation to the required learning, these 33 respondents who were in support felt:
 - In person training is not feasible and virtual training should be an option (n=5)
 - There is a financial and administrative burden to pharmacies and pharmacists for completing this training, and that they hoped there would be paid time off or supplemental funding for training (n=4)
- These respondents also expressed concerns that have been raised with the College in the past and are described further in the section below entitled 'Other Comments'.

Not supportive of required learning or self-declaration

Among pharmacist respondents who specifically responded to either supporting or not supporting the idea of learning requirements and self-declaration, 10 felt that mandatory learning requirements were not needed, and that pharmacists already have the knowledge, skills, abilities, competence and professional judgment to engage in these activities, and to seek out continuing professional development opportunities independently, as required. Similar to many of the comments heard from system partners, these respondents felt that as a trusted health profession, pharmacists already have the professional obligation to identify their own learning needs, and to only engage in activities once they have the knowledge, skills, abilities, and competence to do so, and also that such requirements do not exist for other regulated health professions when scope of practice changes.

Comments specific to expansion of scope

A significant portion of pharmacist respondents did not comment on the consultation topic specifically but instead commented on their disagreement with the additional expanded scope activities (n=27; 30%). Among these 27 respondents, the following specific concerns were raised:

- Feeling that the College is focusing on the wrong topics, and that instead of further expanding scope, that issues related to workload, staffing, business pressures, the pharmacy technician role in community pharmacy, and compensation should be addressed first (n=14)
- Certain expanded scope activities should not move forward including otitis externa, acute pharyngitis, ailments involving antibiotics, and the administration of injectable buprenorphine (n=5).

These individuals felt that these specific activities carry more complexity than what should be considered a 'minor ailment'.

- Feeling that pharmacists are being used as 'cheap labour' and expected to function as physicians (n=4)
- That further expansion of scope increases the risk of medication errors (n=2)

Conversely, a small portion of respondents (n=6) who also did not specifically comment on the consultation topic simply expressed general support for the expansion of scope. Among these respondents, some noted they wanted scope of practice to expand even more, while also raising concerns related to compensation, expectations of the public, and the need to keep participation in expanded scope activities voluntary.

Other Comments

As noted already, comments from pharmacists were related to the consultation topic (required learning and self-declaration), to scope expansion in general, or related to other concerns that have been raised previously to the College. Although unrelated to the consultation topic at hand, the prevalence of these comments suggests they should be included in this summary. Prevalent comments raised were related to:

- Continued concerns related to workload, business pressures, and inadequate staffing (n=23)
- Insufficient compensation for additional work and scope of practice (n=19)
- The need for adequate and appropriate physical spaces in the community pharmacy to be able to take on expanded scope of practice activities (n=15)
- The need to address public expectation and demands by educating the public on the pharmacist role, as well as educating other professions about the pharmacist role and training (n=13)
- The need for a distinct certification of pharmacists or licensure of pharmacies to distinguish the various tiers of practice scope and service provision (n=3)

Non-pharmacist respondents

Among the comments received from four pharmacy technicians, none were related to the consultation at hand. Comments included a disagreement with administration of injectable buprenorphine by pharmacists, and with pharmacy technicians administering more vaccines, a request to expand scope further for pharmacy technicians, and concerns regarding compensation.

Among the four members of the public who responded, comments were supportive of the expansion of scope in general, with only one specifically noting that learning requirements and a self-declaration are appropriate measures for the College to implement. Another commented on the need for financial support, staffing and workload adjustments, and appropriate compensation to support implementation of mandatory learning requirements.

The four comments among those identifying as 'Other', included one who was in support of the learning requirements, and suggested that pharmacies are staffed according to pharmacists' autonomous practice decisions (i.e., choosing to engage in expanded scope activities versus not). While the other three did not feel that mandatory learning nor self-declaration would be needed noting pharmacists' 'extensive

university level education, national board examinations, and ongoing continuing professional development requirements to maintain licensure.' These individuals felt that mandatory learning requirements and self-declarations can create barriers to care, and that mandating training, especially in-person training, imposes financial and administrative burdens.

OCP response to feedback

The College has reviewed and considered all the feedback received through the consultation. A response along with post-consultation recommendations and proposed next steps are included below. In drafting this response, the College considered not only the consultation feedback, but also past discussions with the Board and system partners, the mandate of the College to protect the public interest, and principles of risk-based (responding to areas of defined or potential risk) and right-touch (proportionality) regulation.

Most individual submissions were made by pharmacy professionals and pharmacy system partners, which is a common response pattern to the College's consultations on any topic. The College appreciates the importance of feedback from a broader range of system partners as well as from members of the public and will continue to look at ways to promote robust contributions to consultations in the future.

Self-Declaration

The consultation analysis revealed that pharmacy system partners and a subset of the individual consultation respondents expressed that self-declaration is administratively duplicative given the existing regulatory framework, including existing declaration devices and quality assurance activities, and opposed self-declaration of the mandated learning requirements that were the subject of the consultation. Most of these same system partners also opposed the learning requirements generally. Conversely, there was support from non-pharmacy system partners and several pharmacist respondents for the concept of required learning and associated self-declaration to ensure pharmacists reflect on their practice and acquire necessary learning.

After considering this feedback and previous inputs related to self-declaration, including deliberations at the Board prior to the approval to proceed with the consultation, and in consideration of the recommended adjustment to Guidance as outlined below, the College has determined that distinct self-declarations for each activity is not needed to achieve the intended benefits to patients and the profession. It is nevertheless important for the College to still consider what regulatory tools or processes may be needed to promote registrant recognition of the more complex activities being authorized, and that they reflect on their knowledge, skills and abilities prior to engaging in these activities.

The current regulatory programs and processes set very clear expectations for the profession regarding continually assessing one's competence and continuing professional development. Given the expansion of scope of practice of the profession since 2023 (and earlier for specific activities in response to the pandemic) and given the government's sustained focus on identifying ways to maximize the scopes of practice of regulated health professions in Ontario to help promote timelier access to quality care, it is reasonable to conclude that pharmacy professional scope of practice will continue to evolve for the foreseeable future. This will further result in a higher degree of pharmacy professional involvement in the delivery of a wider range of services provided to Ontarians, who must continue to be assured that these services are delivered ethically and safely at all times.

Acknowledging the current and future evolution of the profession as it takes on broader and more complex scopes of practice, the College has instead proposed moving forward with an amendment to

the *existing declaration statements* currently required of pharmacy professionals upon registration or annual renewal. While the College carefully considered whether the current statements should stand, the intent of these amendments reinforces the importance of continually assessing one's competencies and skills especially as they are authorized to take on expanded scopes of practice presently and in the future.

Since this annual declaration is a routine requirement of all Part A pharmacy professionals, there is no additional administrative burden associated with these amendments. Instead, this approach enables a broader applicability as scope of practice further evolves, acknowledges the concerns regarding potential redundancy of new self-declarations, and still enables the College to build in an explicit expectation related to engaging in new or complex expanded scope activities with greater flexibility.

Current Declaration Statement	Amended Declaration Statement
I acknowledge that I am required to participate in self-assessment and continuing professional development activities and maintain a portfolio of such activities to ensure that I can maintain the Standards of Practice of the Profession and provide optimal patient care.	I acknowledge that I am required to assess my knowledge, skills and competence regularly and participate in continuing professional development, as needed and as my scope of practice evolves , and maintain a portfolio of such activities to ensure that I meet the Standards of Practice and provide optimal patient care.
I declare that I remain competent to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics, and optimizes patient care.	I declare that I remain competent in my areas of practice to provide safe, quality care to patients, which meets the Standards of Practice, Code of Ethics and optimizes patient care.

This approach also acknowledges that longer-term opportunities may exist in updating components of the College's existing quality assurance activities to address new expectations as scope of practice further expands, which was a common theme among system partner consultation respondents.

Post-consultation recommendation:

Amend the existing self-declaration statements as reflected.

Learning Requirements

Learning requirements were detailed for otitis externa, acute pharyngitis, herpes zoster, and administration of injectable buprenorphine in the draft guidance [Requirements for Engaging in Specific Minor Ailments](#).

Consultation feedback was mixed. The analysis revealed that, while many consultation submissions supported establishing learning requirements to support this expanded scope including many of the individual respondents who self-identified as pharmacy professionals, all but one of the pharmacy system partners that submitted responses felt the guidance was overly detailed and/or that inclusion of what they viewed as foundational knowledge as a learning requirement would potentially lead to future decisions to establish additional learning requirements related to other skills and competencies that also

may be viewed as foundational. Those who opposed the learning requirements being established in this way objected to them on the basis that they are already universal and non-novel competencies and thus do not justify being established as a mandated requirement. System partner respondents also referred to their assessment of other provincial jurisdictions where similar scope is already authorized without a learning requirement established.

When first proposed, the learning requirements were based on the College's assessment of the complexities and associated potential risks associated with these specific minor ailment conditions and activities. This assessment was complemented by a jurisdictional review and analysis of the existing scopes of practice and any established learning expectations as these were implemented. The details of these assessments, performed in accordance with overall Board direction to consider where learning requirements may need to be established, can be found in the meeting materials in a number of Board meetings going back to late 2024, and more recently since December 2025.

At its March 2026 meeting, the Board approved the draft learning requirements based on this assessment which determined that any potential risk or clinical complexity of specific expanded scope activities would be best managed by establishing learning requirements to ensure consistency across the province amongst the 16,000 pharmacists who may choose to engage in these activities as they, over time, become standard practice. Within two years of establishing this expectation, the College would then re-evaluate these requirements.

It is important to emphasize that no additional learning would be required by those who already have the competencies to practice in these areas, such as those acquired through formal academic training or professional development. In these situations, registrants would simply indicate their competency through the amended declarations, satisfying the obligation to meet the defined learning expectations set out by the College. Those who have not yet acquired the competencies to perform the specific practices safely and effectively would be expected to take the necessary learning in order to satisfy the amended declaration statements.

Doing so maintains the College's desire to establish guidance that sets out a registrant's obligation to assess themselves against specific learning expectations, complete any professional development they assess is needed to achieve this expectation and practice within their competencies, but without a specific requirement to declare each of these competencies separately. Implemented in this way, this approach achieves the following:

- Consistency
Expanded prescribing authorities are available to pharmacists regardless of when they entered practice. Proceeding with stated learning expectations supports a consistent standard of care across a profession with diverse practice and education backgrounds and experience. Those who determine that they have already acquired these learning expectations through continuing professional development or academic training would consider this objective met.

As official guidance documents are important tools the College uses to reinforce practice expectations, and as an amended existing declaration would still be required, this assures the public that they can rely on consistently high quality and competent care from their pharmacy professionals as they take on this new scope.

- Self-assessment support for registrants

Learning expectations expressed in this way under a guidance instrument also assists pharmacy professionals in identifying and addressing potential gaps in knowledge. This directly supports their existing obligation to routinely assess their skills and competencies related to the practice in which they are engaged. As many of the respondents and system partners indicated the need to utilize existing quality assurance mechanisms, establishing these as expectations instead of defacto requirements is an appropriate risk-based and right-touch regulatory solution that considers valuable consultation feedback and maintains the objective behind the original direction set by the Board.

Post-consultation recommendation:

Amend the draft Guidance so that these learning requirements are expressed as “learning expectations” to support the promotion of consistency in pharmacy practice and registrant self-assessment of their competency before engaging in these practice activities. These would not be tied to the completion of any individual learning declaration but would instead be relevant to the amended general self-declarations stated above and subject to monitoring through the College’s well-established quality assurance activities.

Amend the name of the document to “Guidance for Engaging in Specified Expanded Scope Activities” and make other editorial changes for clarity based on consultation feedback.

Schedule a review of this Guidance for consideration by the Board in two years, or earlier subject to future expansion of the profession’s scope of practice.

Otoscopy Training

After reviewing the consultation feedback and considering previous inputs from system partners and the profession, the College recommends that both in person and virtual training options are reasonable ways for registrants to become trained in otoscopy use. This decision considers the impact of accessibility of in-person training programs across the province on uptake, as well as the feasibility for continuing professional development providers to offer in-person training.

Some consultation respondents emphasized that proficiency in otoscopy comes with hands-on experience and learning from those who are experienced in otoscopy. Accordingly, while registrants should choose the training format that best suits their needs, the College emphasizes the need for registrants to assess their competencies against learning expectations before engaging in this practice and should consider hands-on learning opportunities, either through established training programs or by collaborating with interprofessional health care provider colleagues to gain the proficiency and comfort with otoscopy that is needed before engaging in this activity.

Post-consultation recommendation:

Maintain otoscopy training as an expectation for otitis externa and confirm that in-person and virtual formats of training delivery are acceptable.

The College's Role

There continues to be a need to clarify some misconceptions for the profession itself, as well as for the public and other health care professions, related to the College's role. These include:

1. Confusion on whether the College directly develops and delivers clinical resources or continuing education materials
2. Confusion over whether pharmacy professionals are required to deliver specific services under their expanded scope authority
3. A lack of clarity and understanding of the public-interest role of the College relative to the role of other organizations such as professional associations including a perception that the College has a role to play in advocating for the profession or influencing compensation/remuneration
4. Uncertainty about the College's role in public education related to pharmacy services and the profession.

Post-consultation recommendation:

Continue to explore ways for the College to engage the profession, develop and disseminate relevant resources for registrants, health system partners and the public, and promote public awareness of the role of the College and of the profession as a trusted healthcare provider.

Description of Expanded Scope Activities

The College acknowledges that when the consultation launched, the activities were described in the consultation posting as "higher risk". This was inconsistent with past characterization of these activities, during discussions with the Board of Directors for example, as "more clinically complex". Following the launch of the consultation, the language within the consultation posting was adjusted.

Post-consultation recommendation:

Confirm changes to communication and related resources to reflect this feedback, and consider same for future consultations.

Use of Specific Drug Brand Names

Although Sublocade is currently the only injectable buprenorphine medication available and approved in Canada, the College acknowledges the concerns raised with regard to mentioning a specific brand name when discussing injectable buprenorphine. The intention of including the brand name to date was to support clarity and specificity of the medication being discussed, however, the College acknowledges the limitations and potential risks of mentioning a specific brand and will only refer to 'injectable buprenorphine' moving forwards. Similarly, the College acknowledges the potential risks and limitations of referring to a specific manufacturer's training program and will revise the language related to this in the draft guidance.

Post-consultation recommendation:

Confirm changes to discontinue the use of the brand name in this instance and consider feedback in future consultations where specific medications are involved.

Additional Concerns

With the expansion of scope in recent years, the College has consistently heard concerns from the profession related to their workload, working conditions, staffing issues, and compensation. The College has ongoing work to address some of these concerns.

Post-consultation recommendation:

Share insights from the consultation internally and in consideration of future work related to Strategic Goal One.

Next Steps

The content of this consultation, summary document and any decisions from the Board of Directors are related to scope of practice activities that are anticipated but not yet approved by the Ministry of Health (i.e., acute pharyngitis, otitis externa, herpes zoster, acute insomnia, onychomycosis, and administration of injectable buprenorphine). Therefore, while general amendments to the existing self-declarations may be able to proceed once approved by the Board, implementation of approved Guidance is subject to the government's approval of the associated expanded scope activities. Once authorized, the College will work to establish a reasonable timeline for implementation.