Public Consultation on Proposed Learning Requirements for Specified Expanded Scope Activities

Feedback deadline was: 4:00 PM on May 31, 2026

OCP is seeking your input on proposed learning requirements for acute pharyngitis, otitis externa, herpes zoster and the administration of buprenorphine extended-release (Sublocade®). The consultation closes on May 31, 2026, at 4:00 p.m. EST.

Background

At its December 2025 meeting (see page 244 for details), and following a request from the Minister of Health, the OCP Board of Directors approved regulations that would authorize pharmacists to prescribe for an additional 14 minor ailments and to administer injectable buprenorphine extended-release (Sublocade®), among other activities. These regulations were subsequently submitted to the Minister. At the time of this consultation launch, the government has not yet authorized the proposed expansion of scope activities.

Informed by a risk analysis of the expanded scope of practice activities included in the regulation package to the government, the OCP Board also determined at its December 2025 meeting that certain expanded scope activities (assessing and prescribing for acute pharyngitis, otitis externa, herpes zoster, and the administration of Sublocade) may pose a higher risk to the public if not managed appropriately. Accordingly, it resolved that it is in the public interest to establish learning requirements for these specific activities in order to ensure pharmacists have the knowledge, skills, abilities and competence to engage in them safely.

At its March 2026 meeting, and based on direction provided to staff in December 2025, the OCP Board approved for the purposes of consultation a series of learning requirements for pharmacy professionals who might engage in these activities, along with a proposed self-declaration process. Members of the profession, system partners, and the public are invited to comment through this open consultation, which ends May 31, 2026 at 4:00 p.m. EST.

What are the Proposed Learning Requirements?

1. The proposed learning requirements for assessing and prescribing for acute pharyngitis, otitis externa, and herpes zoster, are listed on pages 2-3 of the draft Guidance – *Requirements for Engaging in Specific Minor Ailments*.

2. The proposed learning requirement for the administration of injectable extended-release buprenorphine (Sublocade®) is the completion of the manufacturer's certification program. This program is free of charge and can be completed in under 30 minutes.

Exploring self-declaration as an appropriate way to assure requirements are met

The College has proposed that each activity's respective learning requirements are self-declared through the registrant's online OCP profile, similar to past declarations related to completion of the Minor Ailments Module, with the expectation that the need for these declarations would be reassessed as the new scope becomes standard practice. Proposed declaration statements are available under "Helpful Links".

What are we consulting on?

The purpose of this consultation is:

1. To obtain feedback on the draft mandatory learning requirements for specified minor ailments (acute pharyngitis, otitis externa and herpes zoster) as outlined in the draft Guidance – *Requirements for Engaging in Specific Minor Ailments*
2. To obtain feedback on the proposed requirement that a pharmacist must complete the Sublocade™ Certification Program prior to administering extended-release buprenorphine (Sublocade®)
3. To obtain feedback on the value and proposed declaration process of confirming that pharmacy professionals have met these requirements as outlined in the corresponding draft revised documents:

a. *Draft Revised Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline*

b. *Draft Revised Administering a Substance by Injection Guideline*

When providing your specific feedback, please consider these questions:

Learning Requirements:	The Process for Determining How Learning Requirements Are Met:
1. To what degree will mandatory learning requirements for acute pharyngitis, otitis externa, herpes zoster and the administration of buprenorphine extended-release (Sublocade®) promote the public's confidence in the ability of pharmacists to consistently perform these tasks safely? 2. Are there potential drawbacks or concerns with mandating learning requirements for pharmacy professionals who practice these activities? If so, what are they? 3. What else must the College consider prior to moving forward with any mandated learning for those who plan to practice these activities?	1. Should the College take additional or alternative steps to assure the public that any learning requirements established by the Board for the specified minor ailment activities noted above have been met? 2. Would establishing a self-declaration mechanism, such as what is proposed in the draft guidelines, serve as an appropriate and effective way to assure the public that registrants engaged in these activities have the required learning prior to practicing them safely? a. If so, please comment on the draft declaration requirement found in the associated guidelines (linked below) b. If not, why not? 3. What else must the College consider before making a decision?

How You Can Provide Your Input

You can submit your feedback using the online form below. Please allow 1-3 business days for your feedback to be published. All comments provided as part of the consultation, whether published or not, will be reviewed and considered as part of the analysis provided to the Board.

Feedback must be submitted by **Sunday, May 31 at 4:00 p.m EST**.

The feedback we receive via the online form or email is published in accordance with our posting guidelines. Under the guidelines, the College has the right to refuse to publish or remove comments that do not meet the posting guidelines.

Next Steps

Information gathered from this consultation will be brought to an upcoming Board of Directors meeting for discussion and consideration for final approval.

Helpful Links

- Sublocade Certification Program
- Draft Guidance – Requirements for Engaging in Specific Minor Ailments
- Draft Revised Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline
- Draft Revised Administering a Substance by Injection Guideline
- Proposed Declaration Statements

Read The Feedback

108 COMMENTS

Other - POSTED MAY 31, 2026

This response was submitted by the Ontario Pharmacists Association (OPA). Read the full submission here.

Other - POSTED MAY 31, 2026

This response was submitted by PharmaChoice Canada. Read the full submission here.

Other - POSTED MAY 31, 2026

This response was submitted by the Neighbourhood Pharmacy Association of Canada. Read the full submission here.

Other - POSTED MAY 31, 2026

This response was submitted by the Leslie Dan Faculty of Pharmacy. Read the full submission here.

Other - POSTED MAY 31, 2026

This response was submitted by SAC. Read the full submission here.

Pharmacist - POSTED MAY 31, 2026

This response was submitted by Brett K Barrett. Read the full submission here.

Pharmacist - POSTED MAY 29, 2026

I am writing to express my strong agreement with the College's position that assessing acute pharyngitis, otitis externa, herpes zoster, and administering injectable extended-release buprenorphine represent higher-risk activities requiring enhanced oversight to protect the public interest. While I fully support the College's objective to ensure competency, I suggest achieving this through an Advanced Practice Establishment Licensing Model rather than condition-specific individual declarations. This approach leverages the College's existing site-licensing mechanisms to ensure the environment of care is safe, structured, and fully equipped before these advanced services are delivered.(You would then follow this introduction with the 5 strategic points brainstormed above: 1. Strategic Realignment, 2. Operational Benchmarks, 3. Supporting Autonomy, 4. Optimizing QA, and 5. Registry Transparency.)This approach keeps your communication highly professional, solution-oriented, and directly aligned with the College's public protection mandate.

Other - POSTED MAY 29, 2026

Thank you for the opportunity to provide feedback on the proposed learning requirements. Students at the University of Waterloo School of Pharmacy receive extensive instruction on Minor Ailments, including the conditions included in this proposed expansion. Training for future graduates will further emphasize physical assessment focused on ENT assessment, including otoscope use. As such, we are confident that students graduating in 2027 and beyond will meet the learning requirements for these activities through their University of Waterloo training, without the need for a self-declaration or additional in-person instruction.

We are fortunate to have faculty with expertise in infectious disease, who understand the importance of appropriate patient selection for group A streptococcal assessment, avoiding inappropriate use of the Centor score and rapid antigen detection testing. In addition, pharyngeal assessment is a skill requiring deliberate practice and will be developed through lab-based simulation with a structured competency assessment. Demonstration of this competency will be a required component of our curriculum, addressed through existing courses and labs. Without adequate training in pharyngeal assessment, there are significant antimicrobial stewardship implications. We also have some concerns about the requirement for in-person training for all pharmacists in Ontario, as those practicing in rural or remote communities (and therefore also the patients they serve) may be disadvantaged. We would encourage training models that allow for remote participation, "train-the-trainer" models, simulations, and/or other opportunities that would not limit participation of all pharmacists in the province.

Pharmacist - POSTED MAY 28, 2026

Pharmacists are wasting their time giving injections while the registered techs are doing product checks and data entry checks. Most pharmacies are under staffed and the pharmacist is working under stressful conditions lacking basic human rights including exemptions from rest periods and overtime pay. The counseling room is not appropriate for dealing with emergency cases of injections. Pharmacists are not getting any financial imbursments from their expanded scope of practice. Pharmacists need a union to protect their human rights. Pharmacy owners are business oriented not profession oriented and are interested in quantity of work not quality of work. They are putting too much pressure on pharmacists and nobody is protecting the human rights of the pharmacists.

Pharmacist - POSTED MAY 28, 2026

Pharmacist should not prescribe for any conditions that require hands on physical examinations such as otitis externa and strep throat. They were not trained for that. There will be enormous pressure from corporate offices to engage in these activities once it's approved whether or not pharmacists are willing to participate and are comfortable enough to do it or not. More so, it will put other vulnerable patients at risk as it will invite people with acute respiratory conditions to come into pharmacies seeking care which will be provided in the same exam rooms as vaccination and medication reviews with no proper infection control. There is no proper air flow and no one trained and available to disinfect the room properly.

Pharmacy Technician - POSTED MAY 28, 2026

So when will our wages match all our expanded scopes- which is less expensive than having a doctor or nurse or pharmacist do the job? Definitely deserve at least a 30% wage increase at least. Expanded scopes should equal expanded pay and respect.

Pharmacist - POSTED MAY 28, 2026

As many have stated this is no longer minor ailments. Pharmacists are in general facing multiple requests on their time without proper compensation. These new ailments require extensive training and education which will involve both time and money being invested who pays for this and the required tools and space requirements. We are not physicians,we are the drug experts let us do that including changing a drug within a therapeutic class adding a new drug for a stated disease when needed and being paid for counselling patients at a reasonable rate for time involved as medication reviews if done properly take an enormous amount of time.We still cannot prescribe for diabetic supplies or blood pressure monitors. Training involved is going to be needed and where and with who?We have neither the time or space for this in the current framework and no reimbursement model.The healthcare system is failing and we are being burdened with more work.

Pharmacist - POSTED MAY 26, 2026

I became a pharmacist to help patients to take their medications properly and ensure they get the right medications. I did not ever anticipate I would be spending the vast majority of my day administering vaccines, basically I have become a public health nurse that is privately funding. Meanwhile, i am rushing through checking 200 plus prescriptions a day and rushing through counseling or having other staff answer questions for me while I administer yet more vaccines. I already feel like I am pulled in a million directions, I don’t feel comfortable using an otoscope and I have no interest in learning. I am a pharmacist, not a doctor and not a nurse. I already don’t get a lunch break so I am not sure which other area of my current practice will suffer so that I can administer yet more vaccines. I have noticed that physicians were able to reduce their nursing staff at their offices because pharmacists are doing the vast majority of vaccines, so I guess that means more money in physicians and corporate pockets and the same salary for me. i don’t think any level of education, mandatory or otherwise, can convince me that I am capable to distinguish between all the ENT diagnoses that physicians spend many years learning!

Pharmacist - POSTED MAY 25, 2026

I support the OCP's goal of ensuring pharmacist competence for the 2026 expanded scope, but I respectfully disagree with the proposed mandatory "Declarations of Meeting Expectations." The proposal appears to conflate clinical complexity with high risk. Introducing condition-specific sign-offs is an unnecessary administrative step that departs from the OCP's own precedent with the first 19 minor ailments. It also misaligns with other Ontario health regulators, such as the College of Nurses, which successfully manages expanded prescribing without requiring condition-by-condition declarations. The current draft also introduces unintended consequences. By framing foundational clinical skills like differential diagnosis as specialized requirements for these specific ailments, the OCP risks creating a two-tiered standard of care. Additionally, explicitly naming "Sublocade" in a regulatory declaration compromises vendor neutrality, acting as an implicit endorsement of one brand while failing to future-proof the regulation for alternative therapies. Instead the OCP should simply establish clear "Expected Competence for Expanded Scope Services" through a formal Practice Policy/Guideline. We are already strictly bound by the statutory Quality Assurance Program and the OCP Code of Ethics, which dictate that we must only practice when competent. The existing professional misconduct framework gives the College all the authority it needs to hold us accountable without adding a duplicative administrative burden.

Pharmacist - POSTED MAY 23, 2026

1. mandatory learning requirements for the new minor ailments/the administration of buprenorphine extended-release will significantly (9/10)promote the public's confidence in the ability of pharmacists to consistently perform these tasks safely. 2. Time and money is always a factor for mandating these learning requirements. Grandfathering those with previous minor ailment prescribing should be granted for 12months to allow time for employees to get the requirements done. Employers should encorporate paid time, supplemental funding and PLE to incorporate these into their staffs routine work hours. 3. The time to get trained should be allowed for before the official law is passed. 1) the college should track the completion of the mandatory training. 2. I don't believe a self-declaration mechanism is necessarily effective as there will always be those minor few whom may bend the truth. 3. The College should consider before making a decision the importance of effective training (make it quality, easy to do, free and easy to update), standardized training, mandetory to encorporate into new students curriculum and offer multiple forms of training ie. virtual and in person, multiple sessions and annual updates and review if they are using it

routinely in practice (ie. hospital pharmacists should have initial training and less review if not using routinely in practice).

Pharmacist - POSTED MAY 21, 2026

How on earth can OCP report the findings of the 2025 Business pressures survey that shows how burnout and overwhelmed pharmacists are and still give us more work!?! Fix the business pressures FIRST – in the 2025 survey, the analysis of registrant feedback shows that: • Nearly two-thirds of pharmacist respondents are still experiencing business pressures. • More than half of all pharmacist respondents indicated that business pressures affected their ability to meet standards of practice. • Business pressures are a significant factor affecting the well-being of pharmacist respondents. Hello? Are you reading your own work? how about this line – The demands being placed on pharmacy professionals are resulting in respondents feeling overworked and overwhelmed. There is a concern that understaffing and lack of time to properly perform services and care may lead to greater risk to patient safety or result in complaints to the College. Many respondents have indicated that they have no capacity to safely implement new scope of practice changes, with some expressing they have no capacity to operate safely and effectively within their current scope!!!! HELLO!!!! LISTEN TO THE PRACTICING PHARMACISTS!! NO!!!

Pharmacist - POSTED MAY 21, 2026

There is obviously a big disconnect between the people who want the expanded scope (OCP, MOH, big chain pharmacies) and those that actually have to do it (PHARMACISTS!). Yesterday, I had a patient tell me that the big chain pharmacist said they couldn't do the tdap shot (with delegate physician authority for pharmacist to give) because they didn't have a nurse on site. What a joke! The same store has a big empty pharmacist led clinic awaiting July 1st! We don't want this extra work and responsibility. If we are comparing the Ontario system to Saskatchewan or the UK to determine what ailments to add there is a big difference. Pharmacists there are often incorporated in primary health care teams with multidisciplanary health care providers doing appointment based visits where they had the clinical time and focus to do these assessments. It is not mandatory, it is not every pharmacist. Is it optional and requires post graduate education. OCP can't apply this model to Ontario, where pharmacists are often solo practitioners spending their time on technical functions like dispensing methadone and verifying prescriptions. This is not the appropriate practice model to add assessments requiring diagnostic tools like swabs or otoscopes. I have approximately 1 minute to talk to a patient over a counter while other irriate patients

stare at me because I am talking to long to other people and not verifying their prescriptions. The Ontario practice model for community pharmacists is about 10 years behind UK and Saskatchewan. You need to free up the pharmacist from technical dispensing BEFORE you add advanced scope of practice activities. OCP already had to add more staff to their discipline and compliants committees due to the backlog, I can hardly wait to see all the malpractice and prescribing compliants starting 2027 when this is implemented forcefully on pharmacists who lack the time, desire and payment motivation to do this extra work!

Other - POSTED MAY 20, 2026

On behalf of the Otolaryngologists-Head and Neck surgeons in Ontario, the OMA section of Otolaryngology-Head and Neck Surgery appreciates your effort in drafting learning requirements for the minor ailments. We have a few comments pertaining to the mandatory learning requirements for acute pharyngitis and otitis externa. 1. In regards to the self-declaration mechanism, how do you ensure, based on the self-declaration mechanism, that your members meet the competency? Should there be any external evaluation in addition to self-declaration? What resources are available for members as this is outside of the normal scope of practice? Is there a standardized curriculum that needs to be reviewed before making it available for members? Would there be continuing medical education set up to ensure members stay up-to-date about properly diagnose these minor ailments? 2. As for acute pharyngitis, how do you ensure you are distinguishing viral vs. bacterial vs. non-infectious causes? Will you have access to labs to be able to test for strep throat? We do not want to see patients going to their pharmacists with sore throat, which could be from acid reflux, walking out with a prescription of antibiotics. 3. As for otitis externa, would all pharmacists be required to carry an otoscope to examine the ears? How comfortable are they in using an otoscope? Again, we do not want to see patients going to their pharmacists with ear pain, which could be TMJ dysfunction or Eustachian tube dysfunction, walking out with a prescription of antibiotic ear drops. Ear pain can be caused by several different conditions, one of which is bacterial otitis externa. This is likely the least common reason we see patients with ear pain. 4. ALL suspected cases of herpes zoster (shingles) affecting the face should be directed to either the emergency department or family doctor in a timely manner, as there are significant complications associated with facial herpes zoster.

Pharmacist - POSTED MAY 14, 2026

Our workload is community pharmacist is already very heavy and the environment is stressful.we, as pharmacist, should take care of while clinical care steps plus having great

customer service, and constant phone ringing at the pharmacy. At each moment, there is a phone call or walk-in patients looking for our advice. Adding extra on our shoulder, may result in more distraction and thus resulting in probable mistake in our main duty as providing clinical care to patient. Please consider that in your decision. Thank you

---

Pharmacist - POSTED MAY 14, 2026

I do support the expansion of scope of practice with respect to prescribing for more minor ailments and administering additional vaccines and extended release buprenorphine. I think every pharmacist should fulfill their learning needs by mandatory CE requirements with practical training as different skill set is required. This will definitely have a positive impact on community health and make pharmacists more involved in the therapeutic process as health care professionals.

Pharmacist - POSTED MAY 14, 2026

We are not trained as doctors. Adding high risk scope will put the public at risk for misdiagnosis and eventually will cost the healthcare system even MORE due to hospitalizations, which in turn will defeat the purpose of helping the system.

Pharmacy Technician - POSTED MAY 14, 2026

LESS PAY AND MORE RESPONSIBILITIES. SCHEDULE B INJECTIONS FOR PHARAMCY TECHNICIAN IS TOO MUCH WORK.I WOULD PREFER JUST THE FLU,COVID AND RRSV VACCINES.PAY IS VERY LESS COMPARED TO PHARMACIST.BUT THESE ALL INJECTIONS FOR PHARMAY TECHNICIAN IS TOO MUCH WORK LOAD. THANK YOU!

Pharmacist - POSTED MAY 14, 2026

Specific training is required and must be posted in college website as injection training.

Member of the Public - POSTED MAY 14, 2026

I support the expansion of pharmacists' scope of practice, including prescribing for minor ailments and administering medications such as extended-release buprenorphine. Pharmacists are highly trained healthcare professionals with significant education, experience, and day-to-day exposure to patient care and medication management. Enabling

them to take on additional responsibilities is a positive step toward improving access to care and reducing pressure on the broader healthcare system. That said, the following considerations are important to ensure safe and sustainable implementation: 1) Training and Competency Support: Where additional learning requirements are introduced, there should be accessible, structured, and ideally paid or funded training opportunities. This will ensure pharmacists are properly prepared and supported to safely assume expanded clinical responsibilities without financial or personal burden. 2) Workload and Staffing Considerations It is critical to recognize the existing workload pressures within community and hospital pharmacy environments. As scope expands, there must be clear expectations and safeguards around workload balancing, staffing levels, and scheduling practices. Pharmacists must not be placed in situations where increased responsibilities are added without corresponding adjustments in workload capacity, as this could compromise patient safety. 3) Compensation and Role Alignment As pharmacists take on additional clinical responsibilities and liability, compensation and benefits should be reviewed and adjusted accordingly. Compared to their current workload, deliverables, and level of responsibility, pharmacists are already not compensated at a level that is comparable to other healthcare and professional fields when considering the full scope of their role. Expanded scope further increases accountability and risk, and compensation should reflect this increased professional contribution, including the value they provide in improving access to care and reducing strain on the healthcare system. 3) Employer Accountability Measures should be in place to ensure employers adhere to appropriate staffing, workload, and operational standards that support safe practice. This is essential to ensure that expanded scope is implemented in a way that prioritizes patient safety and sustainable practice environments. Overall, I am supportive of the proposed expanded scope, provided it is implemented with appropriate safeguards around training, workload management, and fair compensation to ensure pharmacists are positioned to deliver safe, high-quality care to the public.

Pharmacist - POSTED MAY 14, 2026

Would like ocp to develop online learning webinars for these new minor ailments – module based delivered by recognized experts in the field – preferably specialists md's like infectious disease specialists, dermatologists et al

---

Pharmacist - POSTED MAY 14, 2026

I welcome the addition but there must be clear guidelines to the public on the limitations

---

Pharmacist - POSTED MAY 13, 2026

Way to go Ms Jones and the Ford government, another step towards privitization of Ontario's health care on the backs of pharmacists! What a great initiative to shift funding of $65 per visit to MD/NP to $19/ "assessment" for pharmacy OWNER. Why not just have pharmacists be able to do referrals to specialists and eliminate family physicians altogether? What's left for family MD's? I already refill prescriptions because it takes two weeks for family MDs to get around to responding to them.

Pharmacist - POSTED MAY 13, 2026

In principle, I do support expanding scope of practice to enable minor ailment prescribing for acute pharyngitis, herpes zoster, and otitis externa and could see some benefits in reducing wait times at emergency rooms, thereby improving the timeliness of patient care. I also think that communicating that pharmacists have met the requirements for assessment, management and prescribing of these conditions could and would improve comfort and confidence in being prescribed for the three conditions by a pharmacist. However, I do have some concerns in the practicality of acute pharyngitis prescribing, specifically at the assessment stage, where I anticipate some time constraints imposed by having to perform the actual swabbing of patients on top of other pharmacist duties (dispensing, injections, medication reviews, other minor ailments prescribing, etc.). This constraint can be mitigated through a pharmacist-led clinic (necessitating the presence of an additional pharmacist) but not every pharmacy, in fact, a large majority, might not have this luxury. As for the "Declaration of Meeting Expectations for Specific Minor Ailments" as a whole, that is going to be based on each individual's subjective judgement of their knowledge and competency and whether or not it meets expectations (one can consider a reading of Dipiro or e-CPS in addition to the instructions of the rapid kit tests as meeting expectations). I realize that a solution to this might be to have a mandated baseline of knowledge and competency established via a mandatory education/training course for all pharmacists. It would have to be administered by the College as a course administered by a third-party like HealtheLearning or PharmAchieve would have limited intake due to potential financial and time constraints [I was fortunately enough to have my workplace cover the cost of the additional minor ailments course] and it would have ideally be virtual to accommodate the varying schedules of pharmacists (which introduces the issue of virtual education not providing hands-on experience of swabbing a patient and using an otoscope to visually assess for the presence of acute otitis externa [as opposed to otitis media given their overlapping clinical presentations] and having the hands-on experiences being through another staff member without the presence of a knowledgeable assessor to ensure that it is

performed properly, potentially imposing a barrier to pharmacists to learn better with concrete experiences and thus, might not complete the self-declaration). Another area of concern consider is the impact of pharmacist prescribing for acute pharyngitis on the ever-present issue of antimicrobial resistance (based on what I've found so far, there isn't any significant resistance against penicillin among group A streptococci though other antibiotic stewardship measures could prove to be beneficial).

Pharmacist - POSTED MAY 12, 2026

As a practising community pharmacist with over 20 years of experience, I strongly urge the government and OCP to STOP!!! I see that additional 9 ailments and 6 injections are already approved for July. That is enough. We are doing our part to help the health care system. Saskatchewan just did more minor ailment funding, where is Ontario's? We are not doctors, we don't have time for complicated assessments with diagnostic tools. That is not a minor ailment. I agree with the ones that werte added as most of them are administrative burden to physicians to get prescriptions for insurance coverage. There is no reason why physicians or NP's shouldn't make time for acute conditions like shingles or OE. Or just make ciprodex otc, you used to be able to buy polysporin OTC so what is the difference if it is in fact minor? I for one, will not be participating in ANY strep or otitis or shingles assessment because I value my licence and I don't want to be sued for malpractice.Pharmacists already do some many emergency extensions of prescriptions and now patients just expect us to be prescription writing service because they "don't have time" to see their doctor. This discourages patients from actually attending Dr appointments, booking follow up and ensuring they have enough medication until their next appointment. It encourages beligierent and entitled patients that demand and expect emergency authorizations and threaten to transfer pharmacies if you suggest faxing the doctor for a refill first. I know a patient that was recently fired from his family doctor because he obtained all his refills from the pharmacist! What kind of health care system are we encouraging here? Just go to the pharmacist for everything because we are the most accessible, even when its not in the patient's best interest!

Pharmacist - POSTED MAY 12, 2026

I strongly recommend to leave upto registrant for learning needs. I believe every registrant will fulfill their learning need but mandatory learning requirements open up registrant for exploitation from many educator and organization. College should make mandatory about CE requirements for registrant for 2 to 3 years with minimum credits or build portfolio specially for owner operator. I recommend to put administrative burden such as space

requirements, minimum staffing g requirement, storage, learning opportunity to staff etc must be placed on director or owner of pharmacy. This will help designated pharmacist manager to focus more on staff and patients well being as owner/director do not listen to manager about administrative regulations once pharmacy up and running.

Pharmacist - POSTED MAY 12, 2026

I think it is reasonable to have criteria for these minor ailments as it requires a different skill set . I feel the public will feel comfortable with pharmacist's self identifying for these ailments. My main concern is the criteria of learning the otoscope in person. I feel that in this day and age we should be able to learn by video link, direct interraction video etc. I feel that many pharmacists live in isolated communities and getting to an in person course might be very difficult. These are the very pharmacists that we want to have that skill. thank you.

Pharmacy Technician - POSTED MAY 12, 2026

Good day, I'm inquiring about a possible change of scope for pharmacy technicians and witnessing methadone and or safe supply doses. I understand that we are able to inject patients with various vaccines but we still can't assist pharmacists with witnessing. Expanding our scope on this matter would really allow the pharmacist to focus on more important issues.

Pharmacist - POSTED MAY 11, 2026

I support the proposed self-declaration approach. Training should be self-reported once only through the OCP profile to reduce unnecessary administrative burden and speed up implementation of expanded scope services. Pharmacists remain professionally accountable to practice within their competence while ensuring timely patient access to care.

Pharmacist - POSTED MAY 11, 2026

I agree with the previous comments. No need for any mandatory training. A pharmacist knows what they'll need to know to practice competently. Let's not add to our already busy workload with potentially unnecessary training. I'm all for expanded scope and for pharmacists practicing to their fullest potential. But we have more pressing matters in my honest opinion. Like OHIP billing numbers for example. We're expected to do extra work but

not being directly compensated for this. The money goes to your employer, so it's up to the individual to negotiate. There's no fixed system like physicians. We're essentially accepting more liability for no guaranteed change to our compensation. And most of us are already overworked for the pay we receive. Not to mention we have super expensive annual license renewal fees and it keeps increasing yearly. We also don't have an adequate policy in place for parents going on leave. Receiving reduced pay and expecting to pay the same renewal fee is absurd. So these issues need to be sorted out before we expand our scope.

Pharmacist - POSTED MAY 11, 2026

I would like to express concern regarding the expansion of pharmacist authority to administer Sublocade (buprenorphine extended-release) injections without sufficient safeguards and operational support in place. While improving access to opioid agonist treatment is important, Sublocade administration involves complex clinical assessment, monitoring, management of opioid use disorder, and follow-up responsibilities that may exceed the practical capacity of many community pharmacy settings. Concerns include assessment of treatment stability, management of precipitated withdrawal or inadequate response, handling missed doses, monitoring ongoing substance use, and coordinating care with prescribers and addiction teams. There are also significant workflow and staffing pressures already present in community pharmacies. Expanding responsibilities without appropriate staffing, training time, private assessment resources, and sustainable remuneration may negatively impact both patient safety and pharmacist workload. The expansion of pharmacist scope is often presented as a way to reduce pressure on the healthcare system and relieve burden from physicians. However, many frontline pharmacists feel they are already functioning at or beyond capacity. Community pharmacists have absorbed increasing responsibilities over the years — vaccinations, minor ailments, medication reviews, opioid stewardship, prescribing adaptations, and extensive documentation requirements — often without proportional staffing or operational support. At some point, it becomes reasonable to ask: if this is intended to relieve pressure from physicians, who will relieve the growing pressure placed on pharmacists? In addition, pharmacists may face increasing corporate or operational pressure to provide specialized services despite limitations in experience, staffing, or clinical infrastructure. The legislation should ensure that participation remains voluntary, competency-based, and supported by clear clinical guidelines, documentation standards, and collaborative care pathways. I support improving access to treatment for patients with opioid use disorder; however, implementation should prioritize patient safety, pharmacist readiness, adequate training, and realistic workplace conditions before broad expansion of these responsibilities.

Pharmacist - POSTED MAY 11, 2026

I believe the College must seriously consider the current realities of pharmacy practice before expanding pharmacists' responsibilities further. Community pharmacists are already working under significant workload pressures, staffing shortages, increasing administrative demands, and high levels of stress and burnout. Expanding scope without ensuring adequate support, staffing, time, and protection for pharmacists may negatively affect both pharmacist wellbeing and patient safety. While additional learning requirements may improve public confidence, they do not address the larger systemic issues pharmacists face every day. Pharmacists are often expected to take on more clinical responsibilities while working in environments driven by business pressures, high prescription volumes, and limited resources. I am also concerned that the current complaints and discipline processes can feel unfair and punitive to pharmacists, especially when errors or delays may be linked to unsafe workloads and system-level pressures rather than individual negligence. This contributes to fear, stress, and burnout within the profession. Before implementing additional scope activities or mandatory learning requirements, the College should consider: Workload and staffing standards Protected time for training and clinical assessments Better support for pharmacist mental health and wellbeing Clear protections and expectations for pharmacists practicing under high workload conditions Fair and balanced complaint assessment processes that recognize workplace realities If these broader concerns are not addressed, there is a risk that increasing responsibilities will further strain pharmacists and could ultimately impact the quality and safety of patient care.

Pharmacist - POSTED MAY 11, 2026

I am a practicing pharmacist in Ontario and I support the proposed expanded scope activities, including pharmacist assessment and prescribing for acute pharyngitis, otitis externa and herpes zoster, as well as administration of injectable buprenorphine extended-release where appropriate. In my opinion, these services will improve patient access to timely care, reduce unnecessary walk-in clinic and emergency department visits, and allow pharmacists to use their clinical knowledge more effectively in the community. Pharmacists are often the most accessible healthcare professionals, and patients already present to pharmacies with these conditions. I support mandatory learning requirements for these higher-risk minor ailments because they will help ensure a consistent standard of care and improve public confidence. However, the requirements should be practical, accessible, and not create unnecessary barriers for pharmacists who are already competent through education, experience, or continuing professional development. For acute pharyngitis, pharmacist education should include clinical presentation, differential diagnosis, red flags,

modified Centor scoring, proper throat swab technique, rapid strep testing or lab testing where available, infection prevention, antimicrobial stewardship, appropriate antibiotic selection, non-drug treatment, documentation, monitoring, and referral criteria. For otitis externa, education should include differentiating otitis externa from otitis media, red flags, safe use of an otoscope, in-person otoscope training, infection prevention, treatment selection including topical antibiotics or steroid combinations where appropriate, counselling, follow-up, and referral criteria. For herpes zoster, education should include clinical presentation, differential diagnosis, red flags, high-risk patients, special populations such as immunocompromised patients, renal dosing considerations, antiviral selection and timing, pain management, infection prevention, monitoring, follow-up, and counselling about shingles vaccination. For Sublocade®, I support requiring completion of the manufacturer certification program before administration, because this medication has specific handling, preparation, administration, and safety considerations. I believe self-declaration through the pharmacist's OCP profile is a reasonable and efficient method to confirm completion of learning requirements. Pharmacists should be expected to maintain proof of training or learning and provide it if requested by the College. The College should also consider providing clear clinical algorithms, referral criteria, documentation templates, and patient education tools. Safe implementation will also require appropriate pharmacy workflow, privacy, staffing support, access to necessary tools such as otoscopes and testing supplies, and public education so patients understand that pharmacist prescribing requires a proper assessment and is not automatic. Overall, I support this expansion of scope with practical mandatory learning requirements and self-declaration. This approach balances patient access, pharmacist competence, and public safety.

Pharmacist - POSTED MAY 11, 2026

I truly believe the best standard is to let the pharmacists meet their skills and knowledge needs. Any course or knowledge material will not last for ever but the self improvement and responsibility to keep self updated will last. Thanks

---

Pharmacist - POSTED MAY 8, 2026

• As common condition scope continues to expand, advocating to have this education included as part of the University curriculum will help to best prepare future pharmacists and reduce the need for additional, ad hoc, mandatory training. • We are supportive of the Sublocade manufacturer's certification program and self-declaration of completion in the registrant's OCP online profile • We are supportive of the necessary required learning

components without a specified course for the common conditions listed but feel that if otitis externa included a differential diagnosis from otitis media, then otitis media should also be listed as part of the scope expansion. We are in agreement with self-declaration of the competency and the required learning components.

Pharmacist - POSTED MAY 8, 2026

Hello, I am of the opinion that responsible pharmacists will always make sure they are performing according to standard even if training is not mandated. This is an attempt to punish all of us for the few who do not behave professionally. I agree with many other comments here. OCP would protect the public interest far better by developing standards about the delivery of care (such as appointment only, private room, approving decision platform tools,). Then they need to invest in educating the MOH, the physicians and the patients about how that care should be delivered. For example, there is a doctor who regularly refers parents I do not know to obtain prescriptions for anti allergy medication so there is an acceptable label for the daycare. They don't bring the child and they don't want to answer questions or provide a Health Card because they are told. The doctor said you would write the prescription. The general public do not understand that this is an ASSESSMENT, not a prescription writing service and that expectation is widespread resulting in conflict in the pharmacy. The government has promoted it this way and OCP has not called them out on it even though they should because it is in the PUBLIC interest that the assessment is done properly and that the pharmacist not face conflict in attempting to do so.

Other - POSTED MAY 6, 2026

Access to Sublocade remains limited in Ontario. Based on clinical experience and consistent feedback from frontline providers, fewer than half of opioid agonist therapy (OAT)-dispensing pharmacies currently offer this treatment, with even lower availability in non-OAT settings. While appropriate training is important given the differences in administration, current and proposed requirements risk reinforcing existing barriers to uptake. In particular, the training model creates practical challenges that may deter uptake, including a "catch-22" in which pharmacists are expected to have patients and medication in place before completing training. In addition, limited remuneration for both the medication and its administration reduces the incentive for pharmacies to provide this service. Taken together, these factors raise concern that additional or poorly structured learning requirements could further restrict access to an already underutilized but clinically valuable treatment. We recommend that the Ontario College of Pharmacists ensure that learning requirements can

be completed independently of patient or medication access, reflect real-world pharmacy practice environments, and are designed to support—rather than inadvertently limit—access to care.

Pharmacist - POSTED MAY 6, 2026

I agree with previous respondants – why does all the training have to be mandatory? I currently inject sublocade under a medical directive from a telemedicine addictions program. I personally sought out the drug rep, did the online course, had experienced injectors teach me. Nobody had to make it mandatory. I did not do an injection until I felt comfortable. And I did it all free on my own time. As an educated, regulated HCP I don't need to be told what courses to take to make me competent. Also, isn't that why OCP took away the number of minimum practice hours to mantain part A of licence and just left it up to our professional judgement? Isn't that why there is no minimum hours required for continuous learning?

Member of the Public - POSTED MAY 2, 2026

PLEASE accept and implement these expanded recommendations as soon as possible. Accessing a walk-in clinic in this province, much less an FP, is outrageous (and you've known this issue has been brewing since at least 1986). In the meantime, I have to hope this h. zoster outbreak doesn't get worse. Don't bother with a letter from your stable of letter-writers unless you want genuine recommendations based in evidence-based policy AND want me to contribute my expertise.

Pharmacist - POSTED MAY 1, 2026

I was not at all suprised to read in the OCP connect that they are receiving reports of pharmacists doing point of care testing already BEFORE approved and before any "mandatory" training. What did you think was going to happen when you support greedy corporations lust for driving more business? If a pharmacist has to choose between losing their job or doing a POC test before its "officially" approved, what choice do they have? If a pharmacist has to chose between losing their job or quotas on minor ailment prescribing, do you think that the prescribing will be all required and documented up to the ridiculous standards set by OCP? I agree with the previous sentiments, I have provided feedback on all the last initiatives and OCP doesn't listen. Fix the workflow and staffing BEFORE giving us more work because we are already seeing the consquences of pharmacists being forced to expand their scope without any safeguards in place!

Pharmacist - POSTED APRIL 30, 2026

I have concerns about instituting mandatory learning requirements for the elements in this consultation. As a pharmacist with 15 years of experience, I'm not going to do something I do not know how to do or am not familiar with. I would look it up and teach myself how to do what it is I need to do because that is part of the commitment we take to continuous learning and professional development. Things change at such a rapid pace nowadays with technology and new drugs coming to market every day that you are always in a state of learning. I fear there is a trend towards mandatory training for this, for that, and a whole bunch of other things. After awhile, all of such mandatory training creeps up and you have to wonder, why is all this mandatory for a pharmacist? Physicians do not have such mandatory training for the individual elements of the care they provide. Did anyone conduct an evaluation of the mandatory training pharmacists had to do on cannabis or the initial minor ailment offering to see whether making those aspects mandatory actually improved care or performance? We are all healthcare professionals who undergo practice assessments and the periodic random MCQ knowledge check assessments, so why not build something into these performance assessment modalities to check competency rather than pursuing mandatory learning requirements? My patients will tell you they have confidence in me as a pharmacist and my ability to deliver effective and safe quality care. Whether I've done a mandatory training on this and that is not something that is going to make them feel safer or more comfortable with the care I provide. I kindly ask you take a moment to pause and think about the long-term precedent that will get set by whatever decision is made as a result of this consultation… Thank you for this consultation.

Pharmacist - POSTED APRIL 30, 2026

Why does the OCP repeatedly solicit feedback when we consistently provide the same information? For the expanded scope to succeed as it has elsewhere, direct input is essential from frontline pharmacists and technicians, not from business management executives focused on profit. Increased public and government advocacy is crucial to highlight pharmacy's critical role, as many still view us merely as pill dispensers, which is absurd. Frontline staff require mandatory and safe staffing ratios to manage increased workloads, along with higher pay, similar to wage increases seen in other healthcare fields since the COVID-19 pandemic, except for pharmacy!!!! The OCP must prioritize the safety and well-being of frontline pharmacy workers. To advance our scope of practice successfully, there must be greater recognition and compensation for the care we provide, alongside safer staffing ratios.

Pharmacist - POSTED APRIL 29, 2026

Minor ailment prescribing in Ontario is a joke! The last "education module" provided by OCP was absolutely not helpful. Let me tell you about the minor ailment prescribing I have done so far today. First patient called their dialysis unit and stated they had a UTI. Dialysis unit directed them to ask the pharmacist for a prescription and make sure to tell the pharmacist that the patient is on dialysis. I tried (unsuccessfully) to deny the request since it was a red flag until the dialysis unit called me and asked me to prescribe fosfomycin for them because the nephrologist was busy! Second patient was seen by wound care nurse who told the patients partner to come and ask the pharmacist for a mid potency steroid for the rash. My question – why not have the nurse who is assessing the wound or maybe the doctor she is working for prescribe it?? It had all been bandaged and they were unwilling to let me look at even! Third patient – did the whole assessment and patient then requested I fax the prescription to Walmart because that is their insurance's preferred pharmacy. When I asked why they didn't just do the assessment at Walmart, they said the pharmacist there is too busy! Like I'm not busy… How about OCP deals with insurance companies selecting pharmacies on their patient's behalf? People just come in and ask for what they want (by the way, the last patient states only fosfomycin works for her). I feel like just asking everyone "Do you want fries with that?" And thanks so much for adding more things that people can order, create more work for me with zero compensation and increased professional liability! Way to protect the public

---

Pharmacist - POSTED APRIL 28, 2026

Nobody asked for this. Could OCP focus on the actual problem: low quality care because of ridiculous workload expectations. How are we supposed to lump 'ear examination' into our task list?

Pharmacist - POSTED APRIL 27, 2026

I am a pharmacist who has worked in Alberta, and experienced firsthand a broad expanded scope for pharmacists. We collaborated with physicians, performed prescribing assessments, and had a highly clinical practice at my pharmacy. In Ontario, I work in primary care at a Community Health Centre. I have been shocked by the pharmacy practice in Ontario. I feel like I've stepped backwards a decade in pharmacy scope of practice, professional awareness/promotion, and quality of care. Especially in a province where the physician shortage and attachment to care is a critical issue for many, utilizing multiple prescribers can be helpful. Prescribing for shingles is definitely a service pharmacy

professionals can and should provide to the public. Early intervention is key, and the condition is often easily identified/diagnosed. I believe this can and should be provided to the public. There is definitely training that should be mandatory if anyone is prescribing for strep throat or ear infections. Physical assessment is mandatory; in-person, hands-on training should be mandatory. There should be a differentiation between pharmacists who can prescribe for minor ailments, and those who have the additional training to prescribe for these new conditions. Even with Alberta's broad scope, I never prescribed for ear infections because I didn't have the adequate physical assessment training, and yes, some patients were angry, but they understood. If you build good rapport with your patients, they will respect your clinical decision making. I agree with many of the comments here about improving the compensation model in Ontario. We should be respecting the profession and advancing our scope of practice, while also showing value in that care by appropriate compensation.

Pharmacist - POSTED APRIL 27, 2026

I'd suggest reviewing the CPSO's education policy for treating new conditions as a starting point. And frankly, if any profession is going to err on the side of caution here, it's pharmacists. Pharmacists will do their homework. The real question is whether they'll have the time, space, and independence to actually act on it.

Pharmacist - POSTED APRIL 23, 2026

The mandate of the Ontario College of Pharmacists (OCP) is public protection. How does increasing the workload of the pharmacist protect the public? I can easily think of a dozen ways to protect the public – how about mandating that physicians can not handwrite prescriptions (unless in emergency)? I agree with the last post that workload and volume needs to be mandated BEFORE more minor ailments can be added to protect the public. Pharmacists need to be reimbursed for the value they provide and maybe even incentivized to take on more workload. such as given a portion (or all) of the fees that they earn. Regardless of what education is given, errors happen when there is increased workload and pharmacists are rushing!

Pharmacist - POSTED APRIL 22, 2026

Since the expansion of pharmacists' scope to include assessment and prescribing for minor ailments, the expectations placed on frontline pharmacists have increased significantly.

However, the operational, regulatory, and compensation frameworks surrounding these services have not evolved in parallel. This has created a growing gap between what pharmacists are being asked to deliver and the resources, protections, and remuneration available to support this work. 1. Inadequate Staffing and Unsafe Workload Pressures Many corporate pharmacy environments (Shoppers) have reduced technician and assistant hours despite the increased clinical responsibilities now required of pharmacists. These staffing reductions are often attributed to head office labor-budget directives. As a result, pharmacists are frequently left working alone or with minimal support during peak hours while being expected to manage both dispensary operations and minor ailment assessments. Unlike medical clinics, pharmacies do not have receptionists or triage personnel to manage patient flow. When a pharmacist is already operating at maximum capacity, there is no mechanism to safely decline additional assessments without facing patient frustration or complaints. This places pharmacists in an untenable position and creates conditions that are not conducive to safe, high-quality care. 2. Lack of Appropriate Clinical Infrastructure Most community pharmacies do not have dedicated clinical spaces or workflow systems designed to support medical assessments. Walk-in patients often stand at the consultation counter requesting treatment for conditions such as UTIs or conjunctivitis, expecting immediate service. This environment is not aligned with the standards of privacy, assessment time, or clinical focus required for safe prescribing. 3. Compensation and Billing Inequities Currently, pharmacists perform assessment, diagnosis, documentation, and follow-up for minor ailments, yet the compensation model does not reflect the level of responsibility or clinical risk involved. Physicians bill OHIP/ODB directly for comparable services at significantly higher rates, whereas pharmacists often receive no direct compensation. In many corporate settings, the payment flows to the business rather than the clinician providing the service. If pharmacists are to function as accessible primary care providers, the compensation model must be revised to allow direct billing to the pharmacist, subject to audit, similar to other regulated health professionals. 4. Need for Stronger Regulatory Oversight Given the rapid expansion of minor ailment services, I respectfully request that OCP consider implementing clearer regulatory requirements, including: minimum staffing standards when minor ailment services are offered mandatory dedicated clinical space for assessments guidelines allowing pharmacists to defer or decline assessments when workload compromises safety oversight of corporate practices that may pressure pharmacists to provide services under unsafe conditions structured training and competency requirements for all staff involved in minor ailment workflows advocacy for a fair and sustainable compensation model that reflects pharmacists' clinical responsibilities Pharmacists are committed to supporting patient care and expanding access to essential health services. I personally welcome the opportunity to take on greater

clinical responsibilities. However, the current system places disproportionate burden and risk on pharmacists without the necessary structural, financial, or regulatory support.

Pharmacist - POSTED APRIL 21, 2026

The College needs to go beyond a self -declaration mechanism in order to assure the public that registrants engaging in specified minor ailments prescribing and administering Sublocade are doing so safely, particularly since these have been identified as posing higher risk than other expanded scope activities. Mandatory learning and evaluation are recommended that test pharmacist knowledge, judgment, diagnostic ability, and in the case of Sublocade administration, hands on skills including assessment of potential adverse skin reactions.

Pharmacist - POSTED APRIL 21, 2026

Why is OCP reinventing the wheel? Just look at BC minor ailments. Those are actually minor ailments and a course is provided free of charge. Otitis externa and Strep throat are not minor ailments, these require physical assessment (= NOT MINOR) and should not be mandatory. How will OCP distinguish to the public that some minor ailments are mandatory and some are not? Without a high quality diagnositic platform and no full assess to patients chart = MEDICAL ERRORS and MISDIAGNOSES!!! Will it be clear to the public that physical assessment is required, a patient already called me this morning for a “refill” of her ciprodex and could it be delivered? She has the same symptoms as last time, why does she need to be assessed? She’s housebound. Etc etc etc. Customers are demanding when they are paying. This is not the right environment for antimicrobial stewardship and complex physical assessments. Like others have said, the customer is always right. I will just give oral and topical drops to all because I am not going to be held liable for missing otitis media coinfection. Everybody gets amoxicillin for strep! Let the resistance begin!

Pharmacist - POSTED APRIL 20, 2026

Serving patients when they need urgent care is a truly rewarding experience. The expanded scope for minor ailments will undoubtedly make a massive difference for the people of Ontario; there is no question about the positive impact it will have on community health. Regarding the discussion on additional training, while some feel that university studies should suffice, there is a strong argument for continuous learning. Human cognition and memory naturally shift over time, and regular reinforcement is essential to stay sharp and

prevent errors. Staying updated isn't just about learning new facts; it's about refining judgment to ensure the highest standard of safety. To support this transition, it would be beneficial if the College provided a standardized, high-quality diagnostic platform for all practitioners—similar to the tools used at Shoppers Drug Mart, or perhaps even more robust. Since the College already collects renewal fees, a slight adjustment to fund a province-wide, uniform platform would be a worthwhile investment. Having one consistent system would create a significant, positive impact across the entire province, ensuring every pharmacist has the best tools available to provide top-tier care.

Pharmacist - POSTED APRIL 20, 2026

THIS DEFINITELY HAS TO BE OPTIONAL. THE PHARMACISTS SHOULD DECIDE WHETHER THEY WANT TO PARTICIPATE OR NOT. ANY CORUSE SHOULD BE ACCOMPANIED WITH APPLIED PRACTICAL TRAINING (WITH REAL PATIENTS). SIMPLY COMPLETING A THEROTECIAL COURSE IS INADEQUATE. PHARMACISTS SHOULD BE RESPECTED FOR THEIR EXTREMELY BUSY SNHIFTS AND MAY NOT BE AVIALABLE TO ATTEND TO THESE AILMENTS AND EXAMINING PATIENTS. I AM NOT SURE THIS A STEP IN THE RIGHT DIRECTION.

Pharmacist - POSTED APRIL 17, 2026

Once again, OCP is putting the cart before the horse. In hospital pharmacy, I was one of the first champions of eliminating pharmacy assistants and hiring only regulated pharmacy technicians. This freed up the pharmacists to do their clinical role. I believe that OCP should first mandate only regulated pharmacy technicians in the community and offer a practical bridging program THEN the pharmacists would be available to perform a clinical role.

Pharmacist - POSTED APRIL 17, 2026

I have no doubt that I could accurately diagnosis and treat all those minor ailments, given sufficient time, education, resources and payment structure. Physicians are given 20 minutes usually to do the exact same assessment and we would be expected to do this all in a 1 min consult over a pharmacy counter while other patients wait to get their prescriptions checked.Also without access to the patient full medical history and without proper diagnosis tools with patients who often know how to hide red flags. However, unless this is mandated (which it is not) I absolutely cannot in a high volume competitive money driven pharmacy while checking hundreds of prescriptions and dispensing methadone. I currently inject

sublocade after doing a ridculous online course and had to learn by trial and error not to hurt and bruise the patients. Online modules do not teach hands on skills that require clinical supervision under the guidance of experienced practitioners. I have zero desire to increase my professional liability when my hourly rate of pay will stay exactly the same. Yet, patients will threaten to take their prescriptions elsewhere unless given exactly what they want for their minor ailment the moment they want it. Physicians can book appointments and take 2 weeks and charge fees to renew prescriptions yet we are expected to do all those same things. ONtario should be looking at the Quebec model where labour and work load for pharmacists are regulated. That would be actually "protecting the public" by insuring that pharmacists have time to do their job properly and not sucuumbing to the corporate pressures and ministry of health funding reductions that they are supposed to be protecting the public from! Shame on OCP!

Pharmacist - POSTED APRIL 17, 2026

Just reading through the comments. Have to say I agree with the comments from April 7th and April 14th re: appointments and medication errors/management. Our approach to patients has to change. We need to focus on providing pre-existing services at a higher standard rather than taking on random ailments. Basically, pharmacists are looking for appointment structures to manage the workload – the number one issue in the profession, and the OCP wants us to take on more patients off the street without appointments. Also I have worked in Australia. It is insane that Salbutamol is not OTC yet, but I can buy 4 bottles of Benadryl without seeing a single human being (self-checkout)

Pharmacist - POSTED APRIL 16, 2026

I agree with mandatory training with no cost and with option to pharmacist to decline same like injection training.

Pharmacist - POSTED APRIL 16, 2026

Mandatory training is needed . And on hands training for special injections , online courses are not enough.i would prefer something organized by U of T or University of Waterloo.

Pharmacist - POSTED APRIL 16, 2026

I disagree with some of the phrasing within the document entitled – GUIDANCE – Requirements for Engaging in Specified Minor Ailments Specifically regarding the examples of CCAP programs, CCCEP accredited courses for education and training. I believe these competencies can simply be learned through self teaching (e.g. reading an up to date version of JT Dipiro's Pharmacotherapy or even therapeutic choices. I find the college unnecessarily promotes programs that are high cost, and there is little acceptance that pharmacists can seek out information on their own to learn new skills.

Pharmacist - POSTED APRIL 16, 2026

I believe it's a great initiative. We can already see patients are getting benefit from minor ailments and adding otitis externa and phyrangitis in the list will definitely make live of patient easy and also benefit to reduce the burden on physicians. Looking forward to hear a great news on it.

Pharmacist - POSTED APRIL 15, 2026

I am in favor of the expansion of the Minor Ailment Program. I'm not in favor of the remuneration professional pharmacists are getting paid. Pharmacist are making and continue to make significant positive impact on OHIP and MOH by savings Millions of Health Care dollars by preventing Ontario citizens from accessing these Minor Ailments from the ED Department in hospitals. For example, for a typical, uncomplicated case like a UTI treated and discharged from the emergency department, the Ontario Ministry of Health is generally paying on the order of ~$300–$500 per visit. Why are pharmacist getting paid $15 to $19.00!! This is actually insulting! Why should pharmacists continue to offer their services for almost free to the MOH? This is something which requires a change ASAP!

Pharmacist - POSTED APRIL 14, 2026

I would strongly encourage OCP and fellow pharmacists to read the CBC series on pharmacist medication errors across Canada before mandating additional mandatory minor ailments. OCP is modeling minor ailments after other provinces, yet where is the evidence that this actually reduces burden on physicians? There is evidence that additional workload and burnout increases medication errors! https://www.cbc.ca/news/gopublic/pharmacists-prescriptions-medication-errors-near-miss-health-canada-9.7156873 You can say "book appointment" all you want but what help will appointments make for a solo pharmacist working alone? PLEASE LET US JUST DO OUR JOB TO REDUCE MEDICATION ERRORS AND

COUNSEL PATIENTS ON MEDICATIONS!!! Do not make this mandatory – if other pharmacists have practices that allow them thats fine but I don'g

---

Pharmacist - POSTED APRIL 13, 2026

Subject: Feedback on Proposed Learning Requirements for Expanded Scope Activities Thank you for the opportunity to provide feedback on the proposed learning requirements. While the intent to improve patient access is appreciated, the proposal does not fully reflect the realities of community pharmacy practice. Pharmacists are currently managing high prescription volumes, limited staffing, and multiple competing responsibilities. Introducing higher-risk activities, including more complex assessments and Sublocade administration, without addressing these constraints may affect the ability to provide care safely and consistently. There is also concern regarding the corporate practice environment, where new clinical services can become performance targets. Previous experience with MedsChecks has shown that pharmacists may face pressure to meet quotas. Expanding into more complex and higher-risk services may lead to similar pressures, where care risks becoming volume-driven rather than based solely on clinical need. In addition, these activities require meaningful time for proper documentation and follow-up. Thorough assessments must be documented clearly, and appropriate follow-up with patients and prescribers is necessary to ensure safe outcomes. In current practice settings, pharmacists often do not have sufficient protected time to complete these responsibilities to the standard expected, which may impact continuity and quality of care. Learning requirements alone may not be sufficient to ensure safe implementation. Adequate time, staffing, workflow support, and safeguards against inappropriate performance expectations are essential to support pharmacists in delivering these services responsibly. Consideration of these factors would help ensure that any expansion of scope is implemented in a way that supports both patient safety and professional judgment.

Pharmacist - POSTED APRIL 8, 2026

I think there needs to be a mandatory learning requirement via individual, accredited courses for each high risk condition to promote the public's confidence in the ability of pharmacists to consistently perform these tasks safely and also ensure a standard level of competency in regards to these conditions. As someone who works at a high volume, corporate retail pharmacy, one concern I have is the added workload with probably no additional pay. Maybe this can rolled out as an additional certification (i.e. Diabetes educator), in which can be optional as per each professional.

Pharmacist - POSTED APRIL 8, 2026

Let's be real here, this is just a formality. There is no way OCP or big box stores are going to listen to any of this feedback. I have already seen Shoppers put out signs with pharmacists assessing a child's throat! If it's self declaration I will lie. I am not paying a single red cent for any of these courses when my return on my investment is exactly zero dollars. I already inject sublocade and get $0 from the government for administration fee. When customers come in for a "UTI", my assessment is "What antibiotic do you want this time" and I give it to them. I will do the same for strep, OE, shingles whatever. Because I can't afford $3000 complaint to OCP! I am eagerly waiting to see the first pharmacist charged with malpractice or refusing to give an antibiotic. There will be ZERO ability to say no to customers because they do not view themselves as patients when they are paying for a prescription!

Member of the Public - POSTED APRIL 7, 2026

The College is in an appropriate position to mandate specific continuing education courses to ensure competency in the suggested Minor Ailments. With successful completion of an approved continuing education course, a declaration would provide confidence to the public. However, do NOT mandate these courses to every licensed pharmacist. Allow these professionals to explore their own healthcare path. If they choose to take some or all of the courses then they can provide those services, but allow them the choice NOT to take these courses and to then NOT provide these services. These are educated professionals, let them exercise their free will.

Pharmacist - POSTED APRIL 7, 2026

I welcome the debate on expanding practice in the province. However, I feel these are steps in the wrong direction. Right now: 16% of all hospital admissions are related to poor medication management As many as 30% of dementia patients manage their own medications Only 25% of patients are counselled on the side effects of their medications All these issues exist, but our discussion is whether we should be examining people's ears and diagnosing shingles? There are more simple, easy ways to help physicians: Salbutamol inhalers have been OTC products in Australia & New Zealand for 20 years, with a large body of evidence to support the practice. Why are we wasting physician time, when the evidence to support pharmacist involvement already exists. Counselling is abysmal in the province. With reports of pharmacists filling over 400 scripts per shift, how are they able to provide 10 minutes of counselling to every patient, which is the gold standard in literature. If we focused on doing this properly we would be preventing hospital admissions, and creating a lot more

value for patients, engaging them in their health decisions. We are the only health profession that does not do appointments. Mandating appointments would manage the insane workload that community pharmacists have to deal with and ensure that counselling actually happens and pharmacies are appropriately staffed.

Pharmacist - POSTED APRIL 7, 2026

Big corporations like Shoppers make the system (Health watch) smart for assessment (this would be true for diagnosis in case of strep throat and ear infections or whatever ailments need proper diagnosis) as more and more minor ailments are approved. The associates are reducing the hours for the assistants and technicians as everyone says it's pressure from the head office. But you can't tell that to the patient if someone comes during peak hours or when a pharmacist is working alone. The only option for the pharmacist is to make an excuse to decline the services or to take on extra burden to avoid client frustration as their is NO receptionist like in doctor office saying we are NOT taking any more patients. Here the pharmacist has to face all these issues and their frustration. Doctors bill ODB directly which is much higher than what the pharmacy is getting and the worse part is that's going into the associate/corporation pocket no matter the risk and burden was taken by someone else. I don't mind taking extra responsibilities and going to the next level for the patients BUT the compensation model needs to be revised as this was NOT part of the university curriculum to provide assessment, diagnosis and to get paid nothing for these extra services. There should be direct billing for these services that goes to the pharmacists (subject to audit) and enough staff with structured learning and training. The pharmacy should have a separate area to accomodate all minor ailment appointments, as most of the time walk in patients stand at the consultation area and demand medications for UTI or pink eye, as they it's much easier to get it from the pharmacy than through a clinic. OCP should make minor ailments in the pharmacy more regulated for the safety of the patients and pharmacist as I don't see any initiative for direct billing, pay and regulating the big corporations enough on these areas.

Pharmacist - POSTED APRIL 5, 2026

Additional education would be very helpful to empower pharmacists to provide assessments for the new minor ailments with utmost confidence. However, with the advent of modern technology especially after COVID times, there should be more flexibility to allow finish the supplemental training. Online training solutions are widely available and should be an acceptable form of training. For example, UofT pharmacy students were given state of the art e-platforms to complete assessments for range of motion and lung auscultations during

the peak pandemic to complete their learning outcomes. Feedback received from the affected cohorts expressed this learning approach was easy to use, accessible, comfortable, and more flexible. Similar platforms exist for otoscope use and pharyngeal swabs; moreover, oropharyngeal swabs were already conducted by pharmacists during the peak demand of SARS-COV-2 throat sample collection for PCR testing, and for COVID-19 RATs. Restricting training to in-person modules may pose hindrance to completing training in a timely manner and significantly strain rollout of the scope expansion to most pharmacists eager to practice at their fullest scope. Training should be as accessible to the pharmacist as pharmacists are accessible to patients.

Pharmacist - POSTED APRIL 5, 2026

I think self declaration is a poor substitute for actual hands on training . If we are going to be required to use an otoscope correctly there must be an assessment of that by another trained professional . And that goes for throat swabbing too. If we as professionals can make the time for hands on injection training , we can make the time to attend a session for this too. To say that we are too busy is a copout – if we want to provide this service we will make the time available to be trained properly. And if we want physicians to respect our role in minor ailments we need to at least demonstrate a substantive level of training. Personally I have no interest in doing either of those assessments , or in injecting Sublocade. Professional burnout due to heavy dispensary workload plus minor ailment prescribing is very real. There must be some regulation of staffing levels to accomodate the growing list of minor ailment activities to prevent the deterioration of other pharmacist duties . As a profession committed to patient safety , we need appropriate pharmacist staffing in place to prevent harm. We cannot rely on owners to put that staffing in place. At some point OCP needs to get involved in that and provide some direction.

Pharmacist - POSTED APRIL 5, 2026

No to anything needing antibiotics. Even UTI is a stretch.

Pharmacist - POSTED APRIL 4, 2026

There are many varieties of pharmacists, but there needs to be a minimum standard of care to ensure the public trust. No pharmacist should be mandated to provide these assessments, however I believe those who wish to should complete a course. Whether the pharmacist self-declares competence through CE or completes a mandatory course is not

something I have taken a side on. With that said, if those courses are mandated, they should not cost the pharmacist any money. The training is for the public benefit and to ensure the public trust, and thus should be publicly funded.

Pharmacist - POSTED APRIL 4, 2026

As a relief pharmacist, having worked in many different pharmacies, rarely it there enough staff support or time to do all these extra minor ailments. Patients come in expecting instantaneous service which is usually not able to be accommodated. Patients are learning the system to get what they want. Once I made a referral due to a red flag and the patient responded that next time she would know how to answer that basically insinuating that she would lie to get the prescription. Another patient said that she knew enough time had passed since the last time she came for this, so the pharmacist would have to give it to her. I would rather have these addition minor ailments regulated to a dedicated clinical pharmacy appointment style to ensure enough time for each assessment, easing the pressure and workload off of the pharmacist which would ensure more safety for the patient. In most every pharmacy I have worked relief, I have still had to go to the cash register and count pills at times yet somehow there will be an expectation there will be adequate time and resources to do over 30 minor aliments. For the safety of the pharmacist and patients, there should be some kind of regulation to allow for adequate time and resources such as mandating a ratio of assistants and technicians to the number of pharmacists and minor ailments. OCP needs to protect the pharmacists as well against unrealistic pressures and burn out.

Pharmacist - POSTED APRIL 3, 2026

I reject this proposal. What do pharmacists gain from increased work load? Let someone else deal with it. Pharmacists have a lot more on their plate than we can chew.

Pharmacist - POSTED APRIL 3, 2026

A self-declaration strategy is not sufficient in ensuring licensed pharmacists are adequately prepared and competent to provide the new scope of activities. There should instead be a mandatory learning assessment and subsequent certification for pharmacists who pass this learning assessment.

Pharmacist - POSTED APRIL 3, 2026

Dear OCP, First, I absolutely support the motion to expand the scope of practice for Pharmacists to cover these areas as it would be very beneficial to the general public and improve our clinic skills. I feel really sorry for patients that needs treatment especially on weekends (when most doctors are closed) or when they don't have family doctor and cannot afford to use the various online clinics. These expanded scope would really be accepted by the public. Next, as a UK and Canadian licensed Pharmacist, I can share some ideas. In the UK, Pharmacists are currently provide these services and prescribing antimicrobials for Shingles, Otitis Media, Acute Pharingitis, UTI, Insect Bite among others and the scope is expected to expand. When the program was launched in the UK, as expected there were many opposition and concerns from Pharmacists, Physicians, etc, however, the public embraced it and it is going very well. Training were mandatory and the Pharmacist has to self declare at the end of the training that they are competent and willing to provide the services. Employers were mandated NOT to compel Pharmacists to provide these services. This allowed Pharmacists to freely decide what they wanted to do. The program is currently in the 2 year now, most of my UK Pharmacist colleagues that were not initially interested to provide these services are now championing it. Learning and relearning is never too much. Yes, Pharmacists do have these knowledge, however, updating it is not a bad idea. Mandatory training would boost public confidence, prevent avoidable errors (mistakes) and improve the overall process. The world is changing rapidly. The global trend is clinical Pharmacist. Traditional dispensing is no longer enough to meet the growing health gap. Pharmacists do have a vital role to play. Absolutely, I appreciate and understand some Pharmacists would not want anything clinical. They want to stick to the traditional dispensing role. Let us not force them. Roll out the scope of work. As it progresses and successful, others would join. Thank you.

Pharmacist - POSTED APRIL 2, 2026

am generally supportive of the expanded scope of pharmacy practice. I believe that if educational programs are offered free of charge and participation remains optional, I would certainly be interested in taking advantage of those training opportunities. However, regarding the implementation of these services within the pharmacy setting, I believe it is time to reconsider the compensation model. While pharmacies may receive funding from the government for providing these minor ailment or expanded services, pharmacists themselves do not directly benefit from this increase in responsibilities. As the number and variety of services we provide continue to grow, our compensation as pharmacists has remained unchanged for many years. If a portion of the funding allocated for these services could also be directed toward pharmacist compensation, it would create a much stronger incentive for pharmacists to fully engage with and support the expanded scope. If this issue

is addressed, I would be fully supportive of expanded scope services and would be willing to complete the necessary training programs, even if they are offered outside of regular working hours.

Pharmacist - POSTED APRIL 2, 2026

As per the many comments made already, Sublocade should be restricted only to OATC/ACT/Methadone clinics. Indeed further training is required for these ailments for which the College should be providing at no charge for all registrants. Further to this, all pharmacies wishing to engage in this activity should be inspected and approved with this being listed on OCPs website as they do for methadone providers. Sites need to show they have the space, capacity, staffing and workflow to safely and effectively provide this service to the public. Some pharmacies who use different software may not have access to the proper tools for differential diagnosis. Should this not also be part of the College's directive to provide registrants with the right tools for these higher risk minor ailments to enable safe patient care?

Pharmacist - POSTED APRIL 2, 2026

I agree with the proposal as it is set out. Pharmacists have the necessary background to expand their scope and extra training will help insure public trust and pharmacist confidence. However, I believe that expectations need to be better layed out to the public and other health care providers about what a pharmacist can do. The greatest misconception I hear from the public is that we are now just dispensing medications for minor ailments without assessment. That these medications have essentially taken the place of a schedule 2 drug; that they are available without a prescription but must be kept behind the pharmacy counter. The disconnect between expectation and reality needs to be better addressed for the safety of pharmacists and the public. I should be able to feel that I can deny a patient a prescription, refer them to the appropriate provider, and not fear retaliation on the part of he patient. Essentially, we need better PR!

Pharmacist - POSTED APRIL 2, 2026

With proper set up in the pharmacy and continuous learning, I believe this would be a great opportunity for all the pharmacists in Ontario. This will help streamline our healthcare system, as at present patients have no choice BUT to wait in ER for what a pharmacist can help. Most of us know what Rx a patient is getting from the ER after a long wait. This would

provide an opportunity for better patient care especially during weekends, and stat holidays. The scope would expand to consider skin conditions (infections from S.aureus, burns etc.) where almost every physician prescribe Cephalexin course and Flamazine for burns.

Pharmacist - POSTED APRIL 2, 2026

One question is , does Pharmacy need to do this? We are busy already!!!! WE are doing 16 minor ailments already! Sheesh! If A Pharmacist needs to be educated more than the payment for that minor ailment should be higher or forget about it! I'm not working harder and getting paid less!

Pharmacist - POSTED APRIL 2, 2026

Hi, I worked in a minor ailment clinic. I'm a big advocate of pharmacists prescribing. PHARMACISTS NEED TO THINK EXACTLY LIKE A DOCTOR. ITS THE SAFEST AND MOST EFFECTIVE WAY TO GET THE BEST TREATMENT FOR THE PATIENT. The scenario and thought process a pharmacist faces at 7 pm on a sunday is exactly the same as a doctor. don't make it "easier" and "lighter" for pharmacists. Pharmacists should know all DIFFERENTIAL DIAGNOSES, and what likelihood ratios (BS podcast talks about this) are. Everything. This will take a lot of studying, fine. That's the way to go. The more learning the better for the patient, or else you get "hmm not sure, let's give a steroid cream and see what happens"- exactly what you don't want. learningshould be Not from "weak" Resources, the resources need to be WRITTEN BY PHYSICIANS, who have experience with hundreds of real patients. Not someone from . example, Pearhealth, who's read the chapter in minor ailments book and then made a few slides. thank you BScBiochem, BScPharm,

---

Pharmacist - POSTED APRIL 2, 2026

We use Medessist's access to care system to treat strep throat (works through medical directives). When following the centor score assessment through their system it has been easy to implement. We have many people get screened and very few qualify for the swabbing. Rolling this out more broadly should ensure more appropriate use of antibiotics and better access for those who need treatment. Broad view of expanding scope: I feel the ability to expand our scope safely is primarily determined by the ability of the secondary software market to access our current patient data. If we don't push the legacy systems (Kroll, Propel…etc) to allow us to access to reasonably priced APIs then the workflows become inefficient, the variation in service levels between pharmacies increases and more

errors will occur. There's so much potential to unleash in the pharmacy profession, but I feel that access to our data is the bottleneck that will hold us back.

Pharmacy Assistant - POSTED APRIL 1, 2026

I am writing in response to the consultation on proposed learning requirements for selected high-risk expanded scope activities. I respectfully oppose the introduction of additional mandatory training requirements for pharmacists in order to perform these expanded scope activities. Pharmacists in Ontario already undergo extensive university-level education, national board examinations, and ongoing continuing professional development requirements to maintain licensure. This training includes pharmacotherapy, patient assessment, and clinical decision-making. The proposed additional requirements risk duplicating competencies that pharmacists are already expected to possess and demonstrate in practice. Imposing further mandatory training may create unnecessary barriers to care, particularly at a time when the healthcare system is facing significant access challenges. Community pharmacists are often the most accessible healthcare professionals, and requiring additional certification could delay or limit the availability of timely treatment for patients, especially in underserved or rural areas. It is also important to recognize that pharmacists are regulated professionals who are already held to standards of professional judgment, accountability, and scope limitations. Pharmacists are expected to practice within their competence and to refer patients appropriately when a condition falls outside their expertise. This existing framework provides a flexible, patient-centered safeguard without the need for prescriptive additional training mandates. Furthermore, mandatory training requirements may impose financial and administrative burdens on pharmacists and employers, which could discourage participation in expanded scope services altogether. This would ultimately undermine the intent of improving access to care. A more balanced approach would be to: Continue relying on pharmacists' professional judgment and existing competencies Encourage voluntary continuing education rather than mandating additional certification Provide guidelines and resources instead of rigid training requirements In conclusion, while patient safety must remain a priority, the current regulatory framework already ensures that pharmacists practice responsibly and within their competence. Additional mandatory training requirements are not necessary and may inadvertently reduce access to important healthcare services. Thank you for the opportunity to provide input on this important matter.

Pharmacist - POSTED APRIL 1, 2026

I do not want to do any of the activities listed. I vote “NO” to all.

Pharmacist - POSTED APRIL 1, 2026

Dear OCP, The expanded scope of acute pharyngitis would be very beneficial for the public health. Where a boundary for additional training is important is Sublocade due to the higher risk nature of the activity if done incorrectly. I would reserve this for specific locations (i.e OAT Methadone/Suboxone clinics) where every pharmacist must have specific training and skills, and must require subspecialized training such as post-graduate residency or training that is self-registered and initiated because not everyone is ready nor comfortable with injecting suboxone and would be a significant barrier in pharmacist uptake and consentual agreement if it was a mandatory requirement for employment because pharmacy schools do not routinely train pharmacists on this (as well as the significant risk danger profile) and according to general consensus across the profession, the current pharmacists are already hesitant to uptake minor ailments prescribing (which I fully support) which is already a major step and improvement. I would continue to add towards minor ailments prescribing, but am hesitant to add injectable sublocade to that may cause patient harm and barriers. Also OATC clinics typically have a physician right next to them on site which allows for ease of Sublocade adjustments if there is a drug therapy problem when the clinic, pharmacy, and doctor are all open or if the physician decides to prescribe something else entirely. The significant concern is if a patient came into an arbitrary Walmart or Rexall pharmacy at 9pm on a Friday night with no medical history demanding for last minute Sublocade injection and say there was a genuine drug therapy problem that cannot be reconciled due to the timing if the OATC physician is not available. The major concern is that patients will start routinely demanding for last minute / lack of clinical context service at random pharmacies at random times more frequently if this were to become live, without the ability to clinically check appropriateness or safety or context with the OAT doctor, and/or that pharmacist is not fully trained in it, leading to potential patient harm.

Pharmacy Technician - POSTED APRIL 1, 2026

The expanded scope of acute pharyngitis would be very beneficial for the public health. Where a boundary for additional training is important is Sublocade due to the higher risk nature of the activity if done incorrectly. I would reserve this for specific locations (i.e OAT Methadone/Suboxone clinics) where every pharmacist must have specific training and skills, and must require subspecialized training such as post-graduate residency or training that is self-registered and initiated because not everyone is ready nor comfortable with injecting

suboxone and would be a significant barrier in pharmacist uptake and consentual agreement if it was a mandatory requirement for employment because pharmacy schools do not routinely train pharmacists on this (as well as the significant risk danger profile) and according to general consensus across the profession, the current pharmacists are already hesitant to uptake minor ailments prescribing (which I fully support) which is already a major step and improvement. I would continue to add towards minor ailments prescribing, but am hesitant to add injectable sublocade to that may cause patient harm and barriers. Also OATC clinics typically have a physician right next to them on site which allows for ease of Sublocade adjustments if there is a drug therapy problem when the clinic, pharmacy, and doctor are all open or if the physician decides to prescribe something else entirely. The significant concern is if a patient came into an arbitrary Walmart or Rexall pharmacy at 9pm on a Friday night with no medical history demanding for last minute Sublocade injection and say there was a genuine drug therapy problem that cannot be reconciled due to the timing if the OATC physician is not available. The major concern is that patients will start routinely demanding for last minute / lack of clinical context service at random pharmacies at random times more frequently if this were to become live, without the ability to clinically check appropriateness or safety or context with the OAT doctor, and/or that pharmacist is not fully trained in it, leading to potential patient harm.

Pharmacist - POSTED APRIL 1, 2026

The college should absolutely require additional mandatory learning for the proposed minor ailments and Sublocade injection. These ailments and procedures are higher risk and require greater assessment skills, and knowledge of current guidelines. The self-declaration method would be sufficient for ensuring completion. The college should additionally be providing an approved learning course at no cost. This is not to assure the public of our competency as pharmacists, but for the safety of the public. The rolling out of the minor ailments program, and ability of pharmacists to administer injections, has led the public to believe that we are able to prescribe for any type of condition and give any injection. Community pharmacists are regularly being pressured by the patient to provide prescriptions so that the patient can avoid the inconvenience of visiting their doctor, whether it is within our scope or not. In light of this, the college should reconsider adding prescribing for conditions such as herpes zoster which can potentially be dangerous if misdiagnosed.

Pharmacist - POSTED APRIL 1, 2026

I do not want to be forced to do a minor ailments I am not comfortable with. Example I do not want to do swabs of any kind. I do not want to be forced to expose myself to close contact with patients who may have Covid, RSV, or other upper respiratory conditions while they are seeking help for "pharyngitis". I am primary care giver for my mother in a nursing home and do not wish to increase risk of infection. I see no consideration in the development of these higher risk minor ailments for the pharmacist. Doctors work in a very controlled environment taking appointments one at a time in an appropriate examination room. I believe some high volume pharmacy sites are not appropriate for certain minor ailment evaluation. Is there going to be college certification that each physical pharmacy site is appropriate for doing swabs? For example, a store i work at has only 1 patient assessment room that is approximately 4 feet by 3 feet. Simply put, I do not want to feel pressured by my employer to do these higher risk minor ailments. It is easy for me, as I am in a position where I can just retire. I feel for other pharmacists that may not afford the choice.

Pharmacist - POSTED APRIL 1, 2026

I think having mandatory education is great. I think the public will expect that and it is easy to do. We should all be doing education. I feel self declared is appropriate.

Pharmacist - POSTED APRIL 1, 2026

The discussion that needs to be had is whether these so called "minor ailments", particularly acute pharyngitis and otitis externa, are feasible for pharmacists to assess and prescribe for. They are not. Enabling pharmacists to assess and prescribe for acute pharyngitis, and notifying the public of such change, will result in a torrent of ill patients at every community pharmacy demanding antibiotics even when their use is not warranted (e.g. in cases that appear to be of a viral etiology). I've had patients lambast and verbally assault me for refusing to prescribe antibiotics for other conditions when their use is precluded due to the presence of red flag symptoms that necessitated referral, even though not issuing a prescription is in the patient's best interest in these cases. The College is all too happy to promote these scope expansions to the public without adequately educating them on their limitations. Additionally for otitis externa, my workplace, along with many other community pharmacies I'm sure, does not have a suitable layout to install an otoscope. Furthermore I myself would not feel comfortable using one and giving patients the false impression that pharmacists are now (far) more accessible alternatives to physicians.

Pharmacist - POSTED APRIL 1, 2026

I do not believe that Pharmacists can safely prescribe for Otitis externa as many of the symptoms overlap with Otitis media and require at minimum examination of the inner ear for proper diagnosis as per the Canadian family physician guidelines. As someone who has actively engaged in minor ailment prescribing, unfortunately I have experienced many instances where the patient will deny or misrepresent their symptoms to prevent the detection of Red flags and attain a prescription from me. Unlike with Pharyngitis, where a swab is diagnostic, pharmacists will not be able to definitively confirm the condition which will inadvertently lead to patient harm. I do not believe any further education on the pharmacists' behalf will prevent this. The public is facing a shortage of primary care and frankly I do not think they are particularly aware or interested in how much learning the Pharmacist has to allow for safe prescribing. To them it is about convenience. It is the Colleges responsibility to ensure that these high risk prescribing Minor ailments do not lead to further patient harm. As for sublocade, due to the necessity of atleast 2 doses to curb withdrawals I believe for patient and pharmacist safety Pharmacists should not be administering the first or second dosing of this medication. Further more, specific criteria needs to be on place to ensure that patients are to return to the original prescriber if there are missed doses. The college should not prioritize patient convenience over treatment success in this scenario.

Other - POSTED APRIL 1, 2026

I would suggest that, until these particular scope expansions are common professional practice eg. 5 years, that the mandatory learning be assessed and proven to third party assessors eg. take an approved course, pass it successfully and submit the certificate ie. more than self-declaration. There is only one chance to get this right. I would further suggest that pharmacy employers prepare for staffing situations where some pharmacists are certified to perform these new assessments and some are (voluntarily) not. This sounds like a small obvious thing but having community pharmacist groups with different certifications and skills may be new to the work environment in Ontario.

Pharmacist - POSTED APRIL 1, 2026

We need to support our community and provide best care when it is needed. Yes it's a great initiative. Patient doesn't need to wait for weeks to see physician or wait in emergency room. I am excited and looking forward to more expanded scope of Pharmacist in future as well.

Pharmacist - POSTED APRIL 1, 2026

I think Mandatory learning for higher risk minor elements must be mandatory to achieve confidence in prescribers and pt. Courses outlined for that can achieve that purpose. Self declaration for that course can achieve necessity of requirement.

Pharmacist - POSTED APRIL 1, 2026

I support the proposed expansion of minor ailments and the introduction of mandatory learning for higher-risk activities, as it will help improve public confidence in pharmacists. However, I think self-declaration alone is not enough. Instead, there should be a short MCQ-based assessment for each new activity, such as strep testing or Sublocade administration, with at least a 90% passing requirement. This would make sure pharmacists are truly prepared and would add more transparency if this certification is reflected on their profile. I also believe that for services like strep testing, there should be a dedicated room separate from the regular consultation or injection area to reduce the risk of infection spread. Another important concern is compensation. Right now, although the government pays for these services, the payment usually goes to corporates and not the pharmacists actually providing care. Like other healthcare professionals, pharmacists should be compensated directly for the services they provide. This would be fairer and would also encourage better quality care and more willingness to take on these expanded roles. Overall, I agree with the proposal and would also like to see even more responsibilities added for pharmacists in the future, as we are trained and capable of providing these services safely.

Pharmacist - POSTED APRIL 1, 2026

Hello, Several states in USA has online CE being offered by state and free of cost to the pharmacist for such training. These one-time training online CE would be good option. Training would lose its importance if every new scope would require repeated training again and again. It would be like tax on tax. Adding paid training would add burden to pharmacist, and lot of pharmacists would prefer to avoid it which would directly affect public at large. It would also create confusion among people why one pharmacist can prescribe and the other can not. Thank you

---

Pharmacist - POSTED APRIL 1, 2026

I don’t believe , with the current load of work and lack of assistant hours, that we the capacity to perform these tests. The public always assumes any pharmacist can do it , and if a pharmacist refuses due to lack of training , they tend to get frustrated and that creates

issues and lowers the trust they have in pharmacists I don't believe it's in the public best interest to have high risk conditions assessed by the pharmacist

---

Pharmacist - POSTED APRIL 1, 2026

With increasing numbers of patients presenting symptoms like pharyngitis and herpes zoster when timely intervention is crucial. I would be very interested to receive appropriate training to deal with these conditions. The public trust in pharmacists has increased significantly since the introduction of minor ailments. Pharmacists have the capacity and knowledge to offload our healthcare system and contribute in enhancing patient experience.

Member of the Public - POSTED APRIL 1, 2026

Let pharmacist do the max to their capacity . The health care way behind when it comes to what pharmacists can do compared to other provinces and countries . It will help us alot get treated instead of going through long waiting time at hospitals and or walk in clinics .

Pharmacist - POSTED APRIL 1, 2026

Due to the variable hours for all pharmacist, learning needs to be virtual. Ideally it needs to be set up so pharmacists are actively listening and learning. For initial roll out – can webinars be organized, cameras on, with participation? If not then virtual online tutorials work. I would suggest a mandatory refresh every 2-3 years that may not be as intensive as the original certification.

Pharmacist - POSTED APRIL 1, 2026

It is frustrating that, as a licensed pharmacist, the College and the Ontario government treat us as if we practice daily without meeting a certain standard to practice. This is seen with prior limitations placed on prescribing minor ailments (e.g. unable to prescribe anti-histamines for allergic rhinitis but being able to prescribe for urticaria) and is seen again with the required reading we must do to prescribe for future minor ailments. Do physicians need to take a course in order to prescribe each and every medication available? No. So why do we?

Pharmacist - POSTED APRIL 1, 2026

I appreciate concern about public safety. Of course patients are first. Pharmacists are highly trained but most underused health professionals. With scope being expanded, They should have the updated knowledge about everything including all ailments and consultations. Identifying higher risk ailments helps for sure. Great work is being done into right direction by expanding scope. This will ease the burden on health care system and will most definitely help the ailing humanity !

Pharmacist - POSTED APRIL 1, 2026

I agree with proposed training and declaration Addition continuing education credit can be done periodically to ensure pharmacist aware of any guidlines updates or further recommendations

---

Pharmacist - POSTED APRIL 1, 2026

I believe Pharmacists are capable of prescribing for conditions mentioned above and have ability to inject sublocade. This expanded scope will ease burden on doctors and allow prompt and easy care for patient.