



October 20, 2024

Hon. Sylvia Jones  
Deputy Premier and Minister of Health  
Health Workforce Regulatory Oversight Branch  
Nursing and Professional Practice Division  
438 University Avenue, 10<sup>th</sup> Floor  
Toronto, ON. M5G 2K8

Dear Minister Jones,

**Re: Consultation on Proposed Changes to Advance the Pharmacy Sector in Ontario**

I am writing to you on behalf of the more than 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates represented by the Ontario Nurses' Association (ONA). ONA's membership, which includes RNs, nurse practitioners (NPs), and health-care professionals, is dedicated to advocating for improvements to timely access to health care for all.

In this consultation, the Ministry of Health (the Ministry) is seeking feedback to once again expand the scope of practice for pharmacists. Proposed changes include the ability for pharmacists to treat and prescribe 14 more ailments, ordering certain laboratory tests and performing more point-of-care tests, communicate a diagnosis for specific minor ailments. However, ONA has serious concerns that no feedback has been provided, or at least not shared publicly, on the evaluation related to the quality of, patient or client outcomes from the previous changes to the pharmacists' scope expansion that occurred in 2023.

Further, no information has been provided on what evidence or data was used to create the list of 14 additional 'common ailments' and what health care disciplines participated in the creation. Without a fulsome evaluation that includes both quantitative and qualitative data, as well as an in-depth risk analysis, informed decisions are near impossible. For these reasons, ONA does not support the Ministry's proposals. We continue to have significant concerns related to the intent of this proposal and the added implications and risks it adds to the public.

**Interdisciplinary Care Teams**

ONA supports an interdisciplinary team approach to care. Each discipline brings a unique set of accountabilities or scope of practice to the team based on education, knowledge and experience thus ensuring the best, safest, quality outcome for patients or clients. Similar to

concerns expressed by the Ontario Medical Association (OMA), ONA is concerned that patients or clients who could present at a pharmacy with a symptom such as a ‘mild headache’ could indeed be a symptom of something more severe that requires further assessments and investigations.

NPs already possess the education, competence, and quality assessment skills to perform the initial assessment in determining the patient’s needs. The Canadian Federation of Nurses Unions (CFNU) explains that the NP role combines clinical diagnostic and therapeutic knowledge that emphasize health promotion.<sup>1</sup> NPs are nurses with additional graduate or post-graduate education and clinical practice experience who specialize in both nursing and medical skills. In addition to their four years of baccalaureate nursing education, they receive two years of NP education, typically at the master’s level, and a minimum of two years of full-time clinical experience. As a regulated health-care profession, NPs are legally responsible for their own practice and clinical judgment. Their practice includes a strong emphasis on prevention and wellness. Within their current scope, NPs already diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment. Therefore, ONA’s position is that NPs are the most appropriate care provider to expand their scope of practice with many of the proposed scope expansions in this consultation.

### **The Right Care in the Right Place**

The Ministry of Health’s *Your Health Plan* states that it is built on the premise of providing “The Right Care in the Right Place.”<sup>2</sup> ONA’s position is that expanding the pharmacist scope is contrary to providing the right care in the right place.

Pharmacists are experts in medication management. They do not have the capacity to order and interpret lab and other point-of-care tests. There is no follow up with individuals to determine the efficacy of the treatments or the medications ordered. We are concerned that Pharmacists will rely on a verbal assessment of the patient or client and not a physical examination. Pharmacists would not have the space or scope to conduct a proper assessment of the patient to rule out any other underlying conditions that could contribute to a “simple” presentation.

There is no head-to-toe assessment conducted – there is no time nor space to do this – thus comorbidities are not assessed. This means that treatment is ordered without a thorough assessment or consideration of other medication, test results, or symptom management. As a result, there is an increased risk of misdiagnosis and jeopardy to patient or client outcome.

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<sup>1</sup> “Fulfilling Nurse Practitioners’ Untapped Potential in Canada’s Health Care System: Results from the CFNU Pan-Canadian Nurse Practitioner Retention and Recruitment Study.” *Canadian Federation of Nurses Unions*. June 2018. [CFNU\\_UntappedPotential-Final-EN.pdf \(nursesunions.ca\)](#)

<sup>2</sup>“Your Health: A Plan for Connected and Convenient Care.” *Ontario Ministry of Health*. [Your Health: A Plan for Connected and Convenient Care | ontario.ca](#)

Further, pharmacies do not have the infrastructure to ensure that there is safe testing and disposal of contaminated samples and equipment. As a result, the risk of cross contamination is high. For example, if an assessment for a urinary tract infection is needed, there are no bathrooms at most pharmacies that can be used to obtain samples.

For these reasons, we are concerned that the Ministry's proposed scope changes will increase the risk of missed diagnosis or negative patient or client outcomes. Not only is this detrimental to the patient or client's health, but it also increases the caseload in hospitals and emergency departments since patients or clients will end up there with a more severe condition. This proposal also does not account for the number of visits to emergency rooms or physician's offices related to misdiagnosis or negative patient or client outcomes.

We are aware that the provincial government is focusing on faster access to care and "convenience for the public" but there must be a focus on the different accountabilities and expertise within health care disciplines and the role they play in ensuring the best care for all. These proposed changes may bring about faster access to care but they do not resolve the issue of appropriate medical care, prevention and health promotion. For this reason, it is ONA's view that these proposals are a band-aid solution at best.

### **Identifying Barriers in Hospital Settings**

The Ministry's regulatory posting seeks feedback on the barriers to pharmacists practicing to full scope in the hospital setting such as ordering of labs and Point of Care Testing (POCT). In the hospital setting, patients are already under the care of a physician who performs an assessment and determines, based on symptoms or lack thereof, if additional laboratory testing is required. If ordered, the physician is then responsible for reviewing and following up with interventions or treatments if required and evaluating the effectiveness of these treatments.

ONA's position is the Ministry should not negatively impact the primary role of pharmacists, who possess the knowledge and expertise on medications as a whole, including drug interactions, potential allergies etc., by adding to their current scope. Pharmacists play a pivotal and vital role as the expert in medications and they are the last line of defence and safeguard in the overall checking, dispensing and education for hospital patients in the medication process. These proposed changes illustrate once again that the Ministry is only focused on overall numbers and costing per visit rather than quality care.

### **No expansion of privatization in the health-care system**

ONA opposes any expansion of privatization in the health-care system. The public needs to be made aware that payments to pharmacists are received by the pharmacy, not the pharmacist directly. This poses an ethical concern as pharmacies will benefit financially from the increased ability of pharmacists to prescribe and dispense medication. Big pharmaceutical companies like Shoppers Drug Mart (Shoppers), owned by Loblaw

Companies Limited (Loblaw), should not profit from public health-care funding. As reported by The Globe and Mail, hundreds of pharmacists employed by Loblaw say they feel pressure to put the bottom line ahead of patient care.<sup>3</sup> In April 2024, several current and former Shoppers' pharmacists filed a class-action lawsuit against Shoppers and Loblaw, alleging that they were pressured to bill for unnecessary services to increase corporate profits. Without safeguards, public payments to private pharmacies will be misused and increase private profiteering within the health-care system.

### **Additional costs to the system**

In addition to the cost of privatization, the Ministry has not accounted for the dollar amount required to provide pharmacists with the education, training, and experience (clinical) to perform assessments, diagnosis, and purchase new equipment for specimen collection and testing. POCT equipment, its maintenance, and adhering to the accreditation standards for laboratories will incur additional costs. If specimens are being collected, a bathroom will be necessary and an area to safely dispose of specimens and biohazard materials will need to be created. Documentation systems and standards will need to be considered when full assessments, diagnosis, and treatments and evaluations are to be captured and shared with primary physicians. With any course of treatment or intervention in health care, an evaluation and documentation of the effectiveness must occur. It is not clear who will be responsible for this follow up given that the health-care sector is already significantly understaffed.

In conclusion, the Ministry's proposal to expand pharmacist's scope of practice risks quality patient or client care. In addition, the proposal will result in outsourcing health-care services to private pharmaceutical companies. The Ministry should not proceed with these proposals. Instead, the Ministry must recognize that an NP would be the most appropriate care provider to expand their scope of practice with many of these proposed scope expansions. ONA continues to advocate for government to increase the role of NPs within the interdisciplinary health-care team, this includes implementing policy solutions such as funding wage parity, where primary care workers are paid the same as in other sectors, and other retention and recruitment programs for nurses and health-care professionals.

Thank you for the opportunity to provide feedback.

Sincerely,



Erin Ariss, RN

President, Ontario Nurses' Association

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<sup>3</sup> Robertson, S. and Chris Hannay. "The business of health." *The Globe and Mail*. August 9, 2024.