RNAO submission on the Proposed Regulatory Amendments to O. Reg. 256/24 (General) made under the Pharmacy Act, 1991

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Introduction

The Registered Nurses' Association of Ontario (RNAO) is the professional association representing more than 54,400 registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to provide feedback on the proposal to expand scope of practice for pharmacists and pharmacist technicians in Ontario.

Analysis of pharmacist and technician role expansion

RNAO supports the proposed amendments to O.Reg. 246/24 under the Pharmacy Act, 1991[1] which will improve timely access to care by allowing:

- pharmacists to assess and prescribe for 14 additional minor ailments, provide additional routine vaccines as outlined in the regulation, and administer injectable partial opioid agonists and antagonists (specifically, buprenorphine); and
- pharmacy technicians to administer vaccines as outlined in the regulation.

RNAO also welcomes the ability of pharmacists to order laboratory and diagnostic testing for the purpose of prescribing to treat minor ailments, including rapid strep tests or throat swab cultures for acute pharyngitis and nail clippings and scraping for onchyomycosis.[2]

Ontario has a primary care crisis with an estimated 3.3 million people that Ontarians that currently lack access to a regular primary care provider.[3] Enabling all regulated health professionals to work to their full scope of practice is an essential strategy to support timely access to care.[4] During the COVID-19 pandemic, pharmacists were critical in improving access to vaccines, screening and antiviral treatment, proving their ability to deliver patient care through an expanded scope of practice.[5]

Expanding the role of pharmacists and pharmacy technicians will help ease the primary care crisis by addressing gaps in primary care and reducing strain on hospital and emergency departments.[6,7] Working in community settings, pharmacists are widely accessible across the province, including in rural and underserved areas, which helps address geographic disparities.[6,8,9] Evidence shows that pharmacist prescribing for minor ailments is safe, with high rates of patient satisfaction.[6,10]

Fee-for-service care

While RNAO supports expanding pharmacist and pharmacy technician scopes of practice for the reasons outlined above, we **strongly** oppose the delivery of primary care in pharmacies under a fee-for-service model – including the increased utilization of NPs working in pharmacies under such arrangements. Outdated funding models have not kept pace with Ontario's health system; this has contributed to the emergence of fee-for-service arrangements for NPs. Therefore, the Ontario

government must **urgently develop and implement a public funding model for independent NPs in primary care without user-fees** for NPs to work as most responsible providers (MRP) in all models of team-based primary care – a solution that RNAO has long called for.[3,11,12]

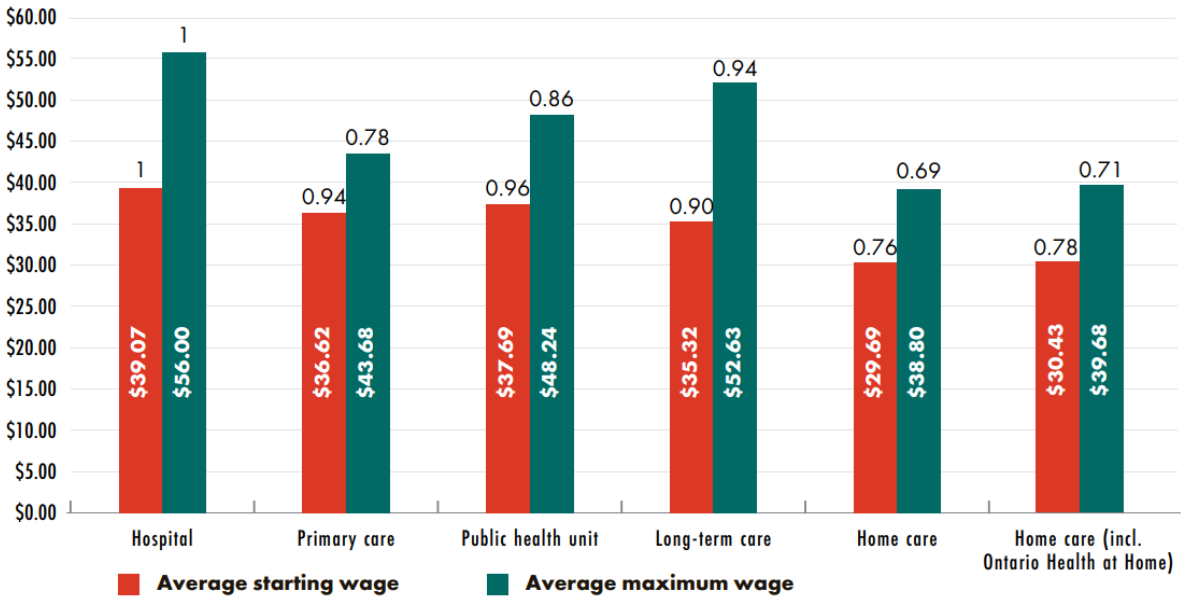
Expand access to nurses

RNAO applauds the government's commitment to attach every Ontarian to a primary care provider by 2029. We recognize the work already undertaken toward this goal. RNAO estimates that 1.8 million Ontarians will remain unattached to a physician or nurse practitioner even after implementation of any current government primary care and associated workforce planning initiatives.[3] Nurses are often the first point of contact in the health system and are uniquely positioned to deliver timely access to high-quality primary care.[4] Expanding access to RNs and NPs through a systematic, coordinated approach is a critical strategy for addressing the primary care crisis.

1. Ensure competitive compensation

Compensation is a key component to supporting effective health human resources. Inadequate compensation has been identified as a significant barrier to nurse retention; long-standing wage disparities among sectors like community and acute care perpetuate a misalignment of human resources within the health system (see Figure 1).[13–15]

Figure 1. RN hourly wage rates and ratios across sectors (2024)[16]



RNAO has done extensive research on the role of compensation in recruiting and retaining nurses. For more information, see our four recent reports: *Enhancing Community Care for Ontarians*, *Nursing Career Pathways*, *Nursing Through Crisis*, and *Nurse Practitioner Task Force's Vision for Tomorrow*.

Solution

The retention and recruitment of RNs and NPs is vital to an effective health human resource strategy to support a high-functioning primary care system in Ontario. The government must:[11,12]

- harmonize compensation upwards to address pay disparities among sectors, including primary care; and
- guarantee competitive compensation for nurses comparable to jurisdictions, such as the United States.

2. RN prescribing and specialty roles

RNs working in primary care are rarely utilized to their full scope of practice, often assigned to administrative tasks rather than delivering clinical care.[3] This underuse not only limits RNs' professional potential, knowledge and skills, but also impedes system efficiency – especially given that nearly half of primary care physicians Canada employ RNs. [3] Primary care providers are spending more resources on caring for medically complex patients and administrative tasks with the number of family physicians leaving the work exceeding the inflow, reducing hours available for patient care. Nurses working in expanded roles within interprofessional team-based care contribute to increased productivity, increase access to care and improve patient satisfaction.[3]

Solution

With over 7,000 BScN seats, and corresponding growth of Bachelor of Science in Nursing (BScN) graduates, there is tremendous value to fully integrating education requirements for RNs to prescribe within the nursing curricula in undergraduate nursing programs to strengthen further access to timely care for patients. Therefore, the government must **embed RN prescribing in all BScN curriculums by 2027**. For nurses who have already graduated, the government must **provide tuition support for RN prescribers** to prepare up to 20,000 nurses as prescribers over four years.

The government must also continue to expand RN prescribing and scope of practice by:[11,12,17]

- Expanding the list of approved drugs that RNs can prescribe in parallel with other regulated health professions such as pharmacists.
- Expanding RN scope of practice to include the ability to order laboratory and diagnostic testing.
- Expanding the ability of RNs to prescribe in hospitals and outpatient settings.
- Enable referrals to interprofessional health-care providers.

Incorporating specialty RN roles into team-based care can address the high and growing incidence of chronic disease and mental illness – including access to care coordination and navigation of social services – to improve the delivery of people-centred primary care.[3,18,19]

Specialty roles for RNs in primary care – such as the **chronic disease RN**, **RN psychotherapist** and **RN patient navigator** – optimize team efficacy by expanding panels. By managing specific patient needs, specialty RNs can help to relieve burden from physicians and nurse practitioners as MRPs, while improving patient and staff satisfaction.[3] The government must support the integration of RN specialty roles in team-based care through funding with outcomes measurement.

3. Nurse practitioner scope of practice

NPs deliver high-quality cost-effective, comprehensive primary care across the lifespan in Ontario. Their practice significantly improves access to equitable care for many vulnerable and marginalized populations, particularly those living in rural and remote communities where NPs may be the sole primary care provider.[20]

NP scope of practice has not kept pace with the NP MRP role nor the increasing demands of the health system.[21] Evidence shows that when NPs practice to their full potential, they reduce redundancy and increase access to timely care.[22] Despite their advanced education and clinical expertise, NPs continue to face persistent scope of practice barriers that prevent them from fully utilizing their knowledge and skills.

Solution

The government must modernize NP scope of practice to fully implement the full scope of NP competencies and eliminate the outdated restrictions that continue to impede timely access to primary care in Ontario. At a minimum, RNAO urges the government to give NPs the authority to:[3,11,12]

- Initiate all seven legal forms for mental health.
- Order additional forms of energy such as diagnostic tests with contrast (CT/MRI) and nuclear imaging (bone scans and thyroid scans).
- Complete paperwork associated with gender-affirming care.

The NP MRP role must been formally acknowledged and integrated in all primary care team-based models to adequately capture data on NP-provided care.[3,21] Additionally, RNAO requests that NPs be added to the list of professions ineligible to serve as jurors in Ontario, in recognition of the nature of their work and to reduce interruptions in access to primary care.[23]

4. NP-led clinics

Since the creation of Ontario's 25 NP-led clinics (NPLCs) in 2007, NPs have been filling that role with a level of care that matches or exceeds outcomes across the Quintuple Aim with care.[3,24,25] Their care is shown to improve patient outcomes, increase access to care, and decrease overall health-care costs.[24–26] Yet, various administrations have since have only funded two new clinics since 2007 – leaving the province with 27 NPLCs to date.

Solution

It's difficult to understand why this proven (and cost-effective) strategy for improving access to primary care has been overlooked despite clear evidence. Therefore, the government is urged to invest in nurses and Ontarians by doubling the number of NPLCs to a total of 54 by 2029.

Conclusion

RNAO is welcomes the proposed changes to expand scope of practice for pharmacists and pharmacy technicians in Ontario. However, we strongly oppose the delivery of primary care in pharmacies under a fee-for-service model. RNAO urges the government to establish a publicly funded model for independent NPs in primary care - one that eliminates user fees and prevents the spread of fee-for-service delivery, including in pharmacy settings.

Ontario's primary care crisis requires a comprehensive strategy that leverages the full expertise of all regulated health providers, including nurses. This strategy must also include:

- Ensuring faire and competitive compensation
- The expansion of NP and RN scope of practice
- Integrating RN specialty roles to expand access and relieve pressure on MRPs
- Optimizing NPLC integration within the health system to support the delivery of high-quality team-based care

RNAO welcomes the opportunity to answer any questions and further the discussion.

References

1. Pharmacy Act, 1991. O.Reg 245/24. Draft regulation amendments.

2. Ontario College of Pharmacists. Public Consultation on Expanded Scope of Practice – OCP website [Internet]. 2025 [cited 2025 Nov 11]. Available from: https://ocpinfo.com/consultation/public-consultation-on-expanded-scope-of-practice/

3. Registered Nurses' Association of Ontario (RNAO). Political Action Bulletin - Primary Care Crisis [Internet]. 2025. Available from: https://rnao.ca/media/10160/download

4. Registered Nurses' Association of Ontario (RNAO). ECCO Model 4.0: Enhancing Community Care for Ontarians. 2025.

5. Farooq S, Donnan JR, Lukewich J, Mathews M, Lee TA. Community pharmacists' roles during the closure stage of the COVID-19 pandemic in Newfoundland and Labrador, Canada: a qualitative case study. BMJ Open. 2024 Aug 5;14(8):e085338.

6. Nakhla N, Leung V, Schwartz KL. Expansion of pharmacist prescribing could help improve health care access and quality. Can Fam Physician. 2024;70(7–8):441–3.

7. Hoagland A, Wang G. Prescribing power and equitable access to care: Evidence from pharmacists in Ontario, Canada. J Health Econ. 2025 Sept 1;103:103051.

8. Health workforce: Places of work | CIHI [Internet]. [cited 2025 Nov 7]. Available from: https://www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2023/health-workforce-places-of-work

9. Statistics of Pharmacists, Pharmacy Technicians & Pharmacies in Canada [Internet]. 2022 [cited 2025 Nov 7]. Available from: https://www.napra.ca/resources/national-statistics/

10. Cura J, Dass R, Sivanesanathan T, Alam S, Goodale G, Grewal E, et al. Rapid evidence synthesis: Impacts of pharmacist prescribing on the equity-centred quadruple-aim outcomes. McMaster Health Forum [Internet]. 2025 July; Available from: https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-responses/impacts-of-pharmacist-prescribing-on-the-equity-centred-quadruple-aim-outcomes.pdf?sfvrsn=2a260fc7_3

11. Registered Nurses' Association of Ontario (RNAO) Y. RNAO 2025 Provincial Pre-budget Submission. 2025 Feb 3; Available from: https://rnao.ca/media/8453/download

12. RNAO's Provincial Election Platform | RNAO.ca [Internet]. [cited 2025 Nov 11]. Available from: https://rnao.ca/policy/platform-provincial

13. Eckler. Ontario community health compensation market salary review [Internet]. 2023. Available from: https://amho.ca/wp-content/uploads/2023/12/Ontario-Community-Health-Compensation-Study.pdf

14. Ben Ahmed HE, Bourgeault IL. Sustaining nursing in Canada: A set of coordinated evidence-based solutions targeted to support the nursing workforce now and into the future [Internet]. 2022. Available from: https://nursesunions.ca/wp-content/uploads/2022/11/CHWN-CFNU-Report_-Sustaining-Nursing-in-Canada2022_web.pdf

15. Registered Nurses' Association of Ontario. Nursing through Crisis: A Comparative Perspective [Internet]. Toronto, ON; 2022 May. Available from: https://rnao.ca/sites/default/files/2022-05/Nursing%20Through%20Crisis%20-%20A%20Comparative%20Analysis%202022.pdf

16. Registered Nurses' Association of Ontario (RNAO). Fact Sheet - Primary Care Crisis in Ontario [Internet]. 2025. Available from: https://rnao.ca/media/10159/download

17. Registered Nurses' Association of Ontario (RNAO). RNAO submission to the Ministry of Health on expansion of scope of practice for nurse practitioners and registered nurses [Internet]. 2024. Available from: https://rnao.ca/media/7918/download?inline

18. Rosella LC, Buajitti E, Daniel I, Alexander M, Phil ABD. Projected patterns of illness in Ontario [Internet]. 2024. Available from: https://www.oha.com/Documents/externalresources/Projected%20patterns%20of%20illness%20in%20Ontario.pdf

19. Registered Nurses' Association of Ontario (RNAO). People-Centred Care [Internet]. erd. Toronto (ON): RNAO; 2025 [cited 2025 Nov 11]. Available from: https://rnao.ca/bpg/guidelines/people-centred-care

20. Health Canada H. Letter to provinces and territories on the importance of upholding the Canada Health Act - 2025 [Internet]. 2025 [cited 2025 Nov 10]. Available from: https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act/letter-provinces-territories-january-2025.html

21. Registered Nurses' Association of Ontario. Nurse Practitioner Task Force: Vision for Tomorrow [Internet]. 2021 [cited 2024 May 7]. Available from: https://rnao.ca/policy/library/vision-for-tomorrow-2021

22. Registered Nurses' Association of Ontario (RNAO). Increase access to care by fully utilizing NPs [Internet]. 2019. Available from: https://rnao.ca/sites/rnao-ca/files/Increase_access_to_care_by_fully_utilizing_NPs_QPD_2019_Final_Public.pdf

23. Juries Act, R.S.O. 1990, c. J.3 | ontario.ca [Internet]. [cited 2025 Nov 11]. Available from: https://www.ontario.ca/laws/statute/90j03

24. Contandriopoulos D, Bertoni K, Duhoux A, Randhawa GK. Pre–post analysis of the impact of British Columbia nurse practitioner primary care clinics on patient health and care experience. BMJ Open. 2023 Oct;13(10):e072812.

25. Contandriopoulos D, Bertoni K, McCracken R, Hedden L, Lavergne R, Randhawa GK. Evaluating the cost of NP-led vs. GP-led primary care in British Columbia. Healthc Manage Forum. 2024 July;37(4):244–50.

26. Contandriopoulos D, Bertoni K, Horne B, Swanson A, Glassel S, Guengerich L, et al. A Descriptive Analysis of the Previous Care Experiences of Patients Being Rostered in British Columbia's new Nurse-Practitioner Primary Care Clinics. Nurse Pract Open J. 2023;3(1):1–12.