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Pharmacist Prescribing for Minor Ailments

What we heard at the Town Hall on public experiences with pharmacists providing Minor Ailment Services in Ontario

October 2025

The Ontario Drug Policy Research Network

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Background

ODPRN Town Halls

In 2022, the Ontario Drug Policy Research Network (ODPRN) launched a platform for meaningful dialogue between citizens of Ontario about pressing drug policy issues through hosting an ongoing series of Town Hall discussions. These events are led by the ODPRN Citizens' Panel, a group of volunteer Ontarians who help ensure that the perspectives and priorities of the public are reflected in all aspects of the ODPRN's research.

The Town Hall held in June 2025 focused on participant experiences with pharmacists providing Minor Ailments Services in Ontario. It was part of a series of Town Halls on various topics related to drug policy in Ontario. The following topics have been covered in previous Town Halls:

- Access to treatment and services for attention deficit hyperactivity disorder (ADHD) into adulthood (2022)
- Experiences accessing treatment and services for depression (2023)
- Experiences of people who use drugs when accessing hospital care (2023)
- Preventing toxic drug deaths among people who use drugs in Ontario shelters (2024)

These topics were initially chosen based on a province-wide survey ODPRN conducted in late 2021 on what medication topics matter most to Ontarians with more recent topics identified by the ODPRN Citizens' Panel, Stakeholder Advisory Panel, and the Ontario Opioid Drug Observatory Lived Experience Advisory Group.

Pharmacist prescribing for Minor Ailments in Ontario

Ontario's healthcare system continues to face pressure from rising demand, limited availability of primary care providers, and persistent emergency department overcrowding. To help address these issues and expand timely access to non-urgent care, Minor Ailments Services were formally launched in Ontario pharmacies on January 1, 2023[1]. The program authorized pharmacists to assess and prescribe for a set of common conditions (e.g., uncomplicated urinary tract infections, conjunctivitis, allergic rhinitis, and skin conditions) with the aim of reducing the burden on family doctors and emergency departments while increasing patient access to convenient, same-day care. Studies have suggested that the program has the potential to increase the overall capacity of the healthcare system by reallocating lower-risk clinical encounters from emergency departments to a more accessible care setting[2] as well as lead to significant cost savings to the Ontario government.[3]

Initial uptake of the program in Ontario has been promising. In its first year, over half a million Ontarians received an assessment for at least one minor ailment from a pharmacist, with many receiving same-day treatment.[4] Moreover, early evaluations of these programs across Canada suggest high levels of patient satisfaction and perceived convenience.[5-7] However, access to this service has not been evenly distributed. Ontarians without a primary care clinician and who live in lower-income and rural neighbourhoods were less likely to access the program, suggesting there may be inequitable access to this program depending on where people lived.[4, 8] Given the program's growing impact and policy relevance, the ODPRN Citizens' Panel identified pharmacist prescribing as a timely and important topic for public dialogue.

Event summary

In total, 58 individuals attended this virtual Town Hall, including patients, caregivers, pharmacists and pharmacy students, and other stakeholders. The event was facilitated by ODPRN team members, with opening remarks by Greg Owens (Chair of the ODPRN Citizens' Panel) and Mina Tadrous (Co-Director of the ODPRN and Associate Professor, University of Toronto), before inviting speakers to share their personal experiences. Invited speakers

included pharmacists and pharmacy students, other healthcare professionals, and people with experience using this service. Several attendees shared their own personal stories, while others contributed to the discussion by posting comments and questions through the virtual chat room. A written transcript was collected, and participants were advised that contributions would be summarized in this public-facing report.

The ODPRN would like to thank all the attendees who shared their experiences and perspectives at the Town Hall. Their contributions provide important context to the ongoing rollout of Minor Ailments Services in Ontario pharmacies and highlight opportunities for improvement and deeper understanding. As with all Town Halls, participant privacy has been prioritized and identifying information has been removed from reports and recordings, to help create a safer space for open and honest dialogue.

Hear from the participants

Listen to the individuals who shared their experiences during the Town Hall https://odprn.ca/town-halls/minor-ailments-prescribing

Objective

The objective of this Town Hall and the accompanying report is to better understand how pharmacist-provided Minor Ailments Services have been experienced by those directly involved, particularly patients and frontline pharmacists, and identify opportunities for improvement. By documenting what is working well and what barriers remain, this report can inform the refinement and evolution of the program to better serve the needs of the public and the healthcare system in Ontario.

Recommendations

The following considerations were developed by summarizing the perspectives and experiences participants shared during the Town Hall, reflecting both areas of strength and aspects of the program that need further attention.

- Improve public understanding of the program
- Support sustainable pharmacist workload and workflow
- Improve collaboration with other parts of the healthcare system
- Build skills and safeguards for challenging patient interactions
- Revisit program design and rules as the service evolves

Improve public understanding of the program

Participants repeatedly highlighted the strong public interest in the program, noting that patients appreciate being able to seek care for conditions like urinary tract infections and conjunctivitis without waiting for a doctor's appointment. However, they also described encountering public confusion about what the service entails and when a prescription will (or won't) be provided.

- **Positive reception but confusion remains.** Many participants said the service has been "a game changer" for patients needing timely help for minor conditions. Yet they stressed that many patients arrive assuming that every assessment will end with a prescription in hand, misunderstanding the scope and purpose of the program, which is to provide a clinical assessment that may result in a prescription if it meets the program requirements.
- **Mismatched expectations create tension.** Pharmacists described situations where patients became frustrated or upset when their assessment led to advice or referral instead of a prescription. Some said this can strain the pharmacist-patient relationship, even when clinical decisions are carefully explained.
- **Need for clearer public messaging.** Several participants said that patients and even some other healthcare providers would benefit from clear, consistent information about the service being an assessment first, rather than a guaranteed prescription. Participants noted that while individual pharmacists try to set expectations during visits, a detailed public service announcement on how the program works, beyond outlining which minor ailments are included, is needed.

Support sustainable pharmacist workload and workflow

The program was celebrated as an important shift, allowing pharmacists to more broadly apply their clinical training to their daily practice. At the same time, participants raised concerns about the pressure it places on already busy pharmacy teams.

- **Program expands pharmacists' clinical roles**. Many participants welcomed the new responsibilities, saying it validates pharmacists' skills and strengthens their role in the healthcare system. However, some participants cautioned that adding this service to their existing professional responsibilities was challenging without additional support.
- **Workload pressure is real**. Pharmacists described having to interrupt dispensing, vaccinations, and other tasks to conduct minor ailment assessments, often under time constraints. Several participants noted that in smaller or independent pharmacies, this juggling act sometimes means the service is offered less consistently or interactions feel rushed. Moreover, if pharmacists are not adequately supported to provide this additional service, they can experience undo stress and risk burnout.
- **Relief and part time pharmacists face extra hurdles**. Access to the tools needed to perform this service varies across pharmacies. In particular, relief pharmacists, who work on-call across several locations to temporarily fill-in for regular pharmacists when they are unavailable, reported arriving for shifts without access to billing tools, clinical platforms, or documentation systems, leaving them scrambling to deliver the service. Participants agreed that these access gaps create inconsistency and add unnecessary stress for pharmacists and patients.

Improve collaboration with other parts of the healthcare system

It was widely acknowledged that the program works best when pharmacists and physicians trust each other's clinical judgment and share information seamlessly. However, current systems often make collaboration difficult.

- **Clinical decisions often lack key data.** Pharmacists described having to make prescribing decisions

without critical information like recent lab results (e.g., kidney function for assessing severity of urinary tract infections) or full medication history. Several participants said they felt uncomfortable relying solely on patient-reported information in these cases.

- **Current methods of communication are burdensome.** Some physicians reported being overwhelmed with faxes from pharmacies documenting the details of prescriptions provided to their patients, requiring them to develop additional filing systems. Pharmacists also acknowledged that this process is cumbersome and can strain relationships with prescribers who feel their workload is increasing as a result of the program.
- **Disconnected systems impact patient care.** Participants emphasized that when pharmacists and physicians have open channels of communication, patients benefit. But many felt that the fragmented systems and lack of shared records too often leave patients caught between two providers who are not working with the same information.

Build skills and safeguards for challenging patient interactions

While most interactions between pharmacists and patients were described as positive, some participants shared stories of tense moments when requests for prescription medications could not be met. These situations highlighted both the successes and inconsistencies in how such encounters are handled.

- **Some encounters escalate.** Pharmacists described patients pressing for medications outside the program's scope (e.g., antibiotics before travelling in case they are needed) and the discomfort of having to refuse to provide them. Several participants said these moments can become heated, particularly when patients feel they are being denied care.
- **Mixed patient experiences.** Patients shared different perspectives on their encounters. Some described feeling "dehumanized" when pharmacists rigidly cited rules without acknowledging their circumstances, while others appreciated when decisions were clearly framed as being about safety and care. Some participants also shared privacy concerns when these assessments were conducted in public areas of the pharmacy, instead of a private counselling room.
- **Inconsistent handling of difficult conversations.** Participants observed that pharmacists vary in how they explain decisions and document refusals, leading to uneven experiences for patients. Many said more support and guidance is needed to ensure these conversations are handled consistently and with empathy.

Revisit program design and rules as the service evolves

Overall, participants felt the program has been an important and positive shift in care delivery. They also identified several aspects of the program's structure that merit review as it continues to grow.

- **Strong foundation but rigid rules.** Pharmacists spoke with pride about their new scope of practice but said some prescribing rules are too rigid. They shared examples of long-standing patients being denied a medication due to the prescriptive criteria outlining which drugs pharmacists can prescribe and under what circumstances, even when the pharmacist believed an exception would be reasonable.
- **Payment structure may be a barrier.** Several participants said the current $19 fee ($15 for virtual assessments) does not reflect the time and responsibility involved for pharmacists, especially in smaller or independent pharmacies. Some worried this could discourage broader participation among pharmacies or lead to rushed consultations.
- **Expansion should follow stabilization.** Many were enthusiastic about expanding the program to include more minor ailments in the future. However, they cautioned that core issues, such as workload, flexibility, and information sharing, should be addressed first to ensure a stable foundation for growth.

Conclusion

The implementation of a pharmacist-provided Minor Ailments Service is reshaping how Ontarians access low-barrier primary care, but its success depends on thoughtful integration into the broader healthcare system. Insights shared during this Town Hall point to ongoing challenges with public awareness, equitable access, interprofessional communication, and pharmacist workload. Addressing these issues through insight from the experiences of those who deliver and receive care can help ensure the program fulfills its potential. Centering the voices of pharmacists, patients, and caregivers in future policy decisions will be essential to building a pharmacist-led model of care that is safe, sustainable, and responsive to community needs.

About the ODPRN

The Ontario Drug Policy Research Network (ODPRN) was established in 2008 in an effort to ensure that drug policy decision-makers have high-quality evidence in a timely manner to advance evidence-informed drug policy and decision-making in Ontario. This innovative drug policy research program bridges a network of scientific thought leaders with drug policy decision-makers to meet a goal of improving the health status of Ontarians by also integrating the perspectives and experiences of people with lived and living experience.

For more information, visit odprn.ca.

How to Cite

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