Speech-Language & Audiology Canada
Orthophonie et Audiologie Canada
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To: Ontario College of Pharmacists (OCP)

From: Speech-Language & Audiology Canada (SAC)

Date: May 27,2026

Subject: Feedback on Draft Guidance for Specified Minor Ailments and Revised Prescribing Guideline

1. Feedback on Proposed Learning Requirements (Otitis externa)

Speech-Language & Audiology Canada (SAC) appreciates the opportunity to provide feedback on the draft *Guidance – Requirements for Engaging in Specified Minor Ailments*. Our primary focus remains on **Otitis Externa**, given the direct intersection with the scope of practice of audiologists.

Otitis Externa (Section 2):

> SAC strongly supports requiring pharmacists to complete formal, outcomes-based education and training, including in-person experiential learning in otoscopic examination. Because symptoms of otitis externa overlap with middle-ear and other serious ear conditions, accurate assessment depends on proper visualization of the outer ear, ear canal, and the ear drum. Structured, hands-on experiential learning is an essential safeguard against diagnostic error, inappropriate treatment, and delayed referral.

Differential Diagnoses and Red Flags:

> SAC supports the inclusion of "differential diagnosis of common ear pathologies of the outer and middle ear" and "red flags for referral" within the learning outcomes for this training program. Audiologists possess comprehensive training to distinguish these conditions and identify urgent red flags. **For instance, a thorough otoscopic examination and advanced clinical training are required to differentiate standard infectious otitis externa from localized inflammation caused by underlying dermatological conditions, such as eczema, psoriasis, or contact dermatitis.** We urge OCP to ensure that the formal training for pharmacists included in this scope of practice expansion also emphasizes timely, structured referral pathways to audiologists and physicians when a presentation is atypical.

Below is a detailed breakdown of suggested time allotments and training types based on the Learning Goals identified in the consultation:

Learning Goal	Comments	Suggested Educational Training	Suggested Experiential Learning
The differential diagnoses, including differentiation between otitis externa and otitis media	Symptoms of otitis externa overlap with middle-ear and other serious ear conditions; accurate assessment depends on proper visualization of the outer ear, ear canal, and the ear drum. An effective otoscopic exam must enable the practitioner to differentiate infectious otitis externa from canal inflammation rooted in underlying skin conditions.	Asynchronous learning: • Neuroanatomy • Pathophysiology • Ear structures • Common ear pathologies of the middle ear • Common ear pathologies of the external ear	In order to provide robust and accurate otoscopic examinations, there needs to be intensive in-person training. For example, audiologists complete a minimum of approximately 350 clinical hours involving repeated otoscopic examinations.
The red flags for referral	We urge OCP to ensure that the formal training for pharmacists included in this scope of practice expansion also emphasizes timely, structured referral pathways to audiologists and physicians when a presentation is atypical.	Asynchronous learning: • Common ear related “red flags” • Common referral pathways for ear related pathologies	N/A
Infection prevention and control principles (that considers the	Infection prevention and control training must specifically address the challenges of high-	Asynchronous learning.	N/A

community pharmacy environment)	traffic retail environments, and workflow demands that may limit the time required to maintain strict infection control protocols between patients.		
Non-pharmacological and pharmacological treatment options	Some conditions of the external and middle ear can be contraindications for certain treatment options (e.g., otitis externa versus impacted cerumen).	Asynchronous learning.	N/A
Prescribing decisions (selection of antimicrobials; application of antimicrobial stewardship principles) based on current clinical guidelines	Some conditions of the external and middle ear can be contraindications for certain treatment options (e.g., otitis externa versus fungal infection).	Asynchronous learning.	N/A
Monitoring and the follow-up parameters	It is important to identify the need for an interdisciplinary care plan for these patients that includes consultation with an audiologist.	Asynchronous learning: • Role of an audiologist in managing ear related pathologies • Role of an otolaryngologist in managing ear related pathologies • Role of a physician in managing ear related pathologies	N/A

How to perform physical assessments for otitis externa, including having attended in-person training on otoscope use	Being able to perform a thorough and worthwhile otoscopic examination requires practice.	Asynchronous learning: • How to physically assess for middle ear pathologies • How to physically assess for external ear pathologies • Common presentations of middle ear and external ear pathologies	In order to provide robust and accurate otoscopic examinations, there needs to be intensive in-person training. For example, audiologists complete a minimum of approximately 350 clinical hours involving repeated otoscopic examinations.

2. Feedback on the Value and Proposed Declaration Process

SAC has reviewed the proposed mechanism requiring pharmacists to submit a "**Declaration of Meeting Expectations for Specified Minor Ailments**" via their registrant profile prior to engaging in these expanded acts.

Accountability Value:

SAC views the self-declaration process as a necessary layer of professional accountability. Forcing a reflective pause ensures that a practitioner explicitly evaluates their own knowledge, skills, and physical assessment competencies before practicing.

Limitations of Self-Declaration:

While valuable, a declaration is inherently a self-assessment tool. Because otitis externa requires a highly technical physical assessment skill (otoscopy), SAC recommends that OCP pairs this declaration with measurable verification, such as requiring a certificate of completion from an accredited, in-person otoscopy training program, rather than relying solely on an honor-system declaration.

3. Feedback on the Draft Revised Pharmacist Prescribing Guideline

SAC supports several core principles outlined in the *Pharmacist Prescribing: Initiating, Adapting and Renewing Prescriptions Guideline*, but notes critical implementation risks:

Environment vs. Workflow Realities (Section 3):

> The guideline correctly states that physical assessments must occur in an environment that is clean, safe, private, and comfortable. However, retail pharmacy spaces are rarely designed for acoustic privacy or specialized physical exams, and high-traffic or high-workflow demands can restrict necessary evaluation time. Stronger regulatory enforcement, rather than mere encouragement, is required to ensure these environmental safeguards are met in practice.

Communication & Continuity of Care (Sections 6 & 7):

> SAC strongly supports the requirements to educate patients on follow-up plans, document clinical rationales, and notify primary care providers within a reasonable timeframe. For ear-related conditions, a clear tracking mechanism is vital so that if a patient's temporary hearing changes do not resolve, they can be seamlessly directed to an audiologist for comprehensive diagnostic testing.