Canadian Pharmacists Association | Association des pharmaciens du Canada

Submission to the 2026 Pre-Budget Consultations

Strengthening Canada's health workforce, primary care capacity and medication security

August 2026

Canada's health system faces a range of interconnected issues, from workforce shortages to delayed access to care and medications. Canada does not need a new health workforce to improve access to care and medications—it needs to better utilize the regulated health professionals already serving Canadians. To fully modernize primary care, CPhA recommends three focused federal actions. Its only direct funding request is $7.5 million over four years for the IPG project, a proven workforce investment that supports the broader objective of strengthening workforce capacity to improve access to primary care.

Recommendations

1. **Modernize primary care by using federal health funding and regulatory levers** to enable all health professionals, including pharmacists, to practice to their full scope of practice, while respecting provincial and territorial jurisdiction.
2. **Strengthen workforce capacity by investing $7.5 million over four years** to renew and expand CPhA's International Pharmacy Graduate Mentorship and Integration Project, beginning in 2028 without interruption to the existing project.
3. **Build a connected and resilient medication system by renewing federal investment** in standards-based e-prescribing and accelerating national drug shortage data, early warning and supply resilience measures.

Together, these actions would improve primary care capacity, increase workforce participation, reduce medication-related administrative burden and strengthen Canada's resilience to shortages.

Recommendation 1: Modernize primary care by using federal levers to fully utilize the health workforce

ASK: Use the next phase of federal health agreements, federal health workforce planning and Health Canada's regulatory authority to support better integration of all health professionals, including pharmacist integration into primary care.

Millions of Canadians still lack regular access to primary care. Better integration of Canada's existing health workforce can help improve access to care and utilizing existing federal levers, such as the *Canada Health Act* Services Policy, can help achieve this. Fully enabling this policy will require the federal government to support regulated health professionals to practice to their full scope of education and training, where enabled by provincial/territorial legislation.

Pharmacists provide an example of how better integration of the existing health workforce can add capacity without creating a parallel system. Pharmacists are among the most accessible regulated health professionals and already provide a range of primary care services including vaccinations, assessment and prescribing for common conditions, medication management and chronic disease care, according to provincial and territorial scope.

Evidence from Nova Scotia's publicly funded community pharmacy primary care clinics is promising. An independent evaluation recorded more than 188,000 visits by over 90,000 patients. It is estimated that about 10 per cent of visits might otherwise have gone to emergency departments and about 25 per cent to walk-in clinics. Almost half of visits were provided to people without a regular primary care provider. The evaluation also identified stronger communication and referral pathways as important to success.

CPhA is not proposing a new stand-alone federal fund. The federal government can use existing and planned mechanisms to support scalable models while respecting provincial and territorial jurisdiction:

- **Federal health agreements:** Through the next phase of Working Together bilateral agreements, maintain a minimum 5% Canada Health Transfer growth rate, as recommended by Canada's premiers, to support the full integration of regulated health professionals into primary care, including measures such as publicly funded pharmacist-led and team-based models, sustainable remuneration, referral and digital infrastructure, and common outcome measures. Priority should be given to models that improve access in rural, remote and underserved communities.
- **Health workforce planning:** Include pharmacists and pharmacy technicians in federal health workforce data, forecasting and pan-Canadian planning, with measures for supply, distribution, vacancies, retention and use of scope.
- **Canada Health Act implementation:** Apply the *Canada Health Act* Services Policy consistently so patients are not charged for medically necessary physician-equivalent services solely because the service is delivered by another regulated provider.
- **Controlled substances regulation:** Complete the promised consultation and amend the new Controlled Substances Regulations to permit pharmacist-initiated prescribing where authorized by provincial or territorial law and supported by appropriate safeguards.

Federal support should be tied to transparent indicators such as timely access, service volumes, patient attachment and navigation, avoidable emergency department and walk-in use, clinical outcomes, patient experience and health workforce capacity.

Recommendation 2: Strengthen the health workforce by renewing and expanding the IPG Mentorship and Integration Project

ASK: Invest $7.5 million over four years, beginning in 2028 without interruption to the existing project, to renew and expand CPhA's International Pharmacy Graduate Mentorship and Integration Project.

Canada's pharmacy workforce is not keeping pace with demand. Health Canada projects that pharmacists will have the lowest average annual supply growth among eight assessed health professions, at 1.1 per cent from 2022 to 2034. Shortages are particularly acute in rural and underserved communities, where a vacancy can directly affect access to prescriptions, vaccines and primary care services.

International pharmacy graduates (IPGs) are a proven workforce pipeline and account for approximately 35 per cent of licensed pharmacists in Canada. Yet many qualified IPGs face lengthy, complex pathways to licensure, difficulty securing Canadian pharmacy experience, limited access to mentorship and significant costs. More than half of internationally educated people in Canada whose field of study was pharmacy are not working in the profession.

Funded through Employment and Social Development Canada's Foreign Credential Recognition Program, CPhA's national project combines profession-specific education, job-readiness support, mentorship and paid work placements. It is the only pharmacy-led project of its kind funded through the program and connects participants with a national network of pharmacist mentors and employers.

As of July 2026, the project had facilitated more than 160 mentored placements, and 47 participants had achieved licensure. Participant surveys also show strong movement toward practice readiness:

- **82 per cent** reported a major increase in readiness to work in a Canadian pharmacy setting;
- **91 per cent** reported increased confidence in attempting the Pharmacy Examining Board of Canada qualifying examinations; and
- **98 per cent** reported increased confidence in completing provincial licensure requirements.

Demand exceeds the placements and supports available under current funding. Renewal would sustain the education, paid placements, mentorship and job-readiness supports that are producing results. The additional investment would also expand placement capacity in hospitals and in rural and remote communities, where workforce pressures are most pronounced.

CPhA would report annually on placements, participant progression, licences achieved, time to licensure, employment outcomes, employer participation and the geographic and practice-setting distribution of placements. These measures would give the federal government a clear return on investment and support its commitment to integrate internationally educated health professionals more quickly.

Recommendation 3: Build a connected and resilient medication system

ASK: Renew multi-year federal investment in standards-based interoperable e-prescribing and accelerate implementation of national drug shortage data, early warning and supply resilience measures, with pharmacists formally represented in design and governance.

Medication access depends on two connected systems: reliable digital exchange of prescription information and timely visibility into supply. Today, fragmented e-prescribing adoption and incomplete, delayed shortage information create avoidable phone calls, faxes, prescription clarification, product searches and treatment changes. These burdens consume time that should be available for patient care and can delay therapy.

Budget 2023 provided Canada Health Infoway with $211 million over three years to advance interoperability and e-prescribing, and the federal government introduced the Connected Care for Canadians Act in February 2026. The next phase should focus on national standards, conformance, implementation and measurable adoption across care settings, rather than on a single product or service.

At the same time, Canada remains highly dependent on imported medicines and active pharmaceutical ingredients. Concentrated global production, trade measures and geopolitical disruption increase exposure to shortages. Recommendations from the Pharmaceutical and Life Sciences Sector Task Force outline actions the federal government must take to strengthen domestic pharmaceutical resilience and medication access. Health Canada's 2024 to 2028 plan and the Critical and Vulnerable Drug List provide a foundation, but implementation must produce earlier, actionable information for frontline providers and targeted resilience for medicines that matter most.

CPhA recommends that the federal government:

- **Renew connected-care investment** for standards-based e-prescribing, common conformance requirements, secure exchange across jurisdictions and care settings, and implementation support for independent, rural and remote pharmacies. Pharmacists must have a formal role in standards, workflow, safety and governance decisions.
- **Fund and accelerate the data and analytics actions** in Health Canada's 2024 to 2028 Drug Shortages Action Plan, integrating timely manufacturer, wholesaler, provincial, territorial, hospital and community pharmacy data to support early warning and coordinated response.
- **Use the Critical and Vulnerable Drug List** to prioritize shortage prevention and management plans, strategic safety stocks, procurement resilience and targeted domestic capacity where a clear vulnerability and public benefit are demonstrated.
- **Create a formal community and hospital pharmacy role** in implementing the Pharmaceutical and Life Sciences Sector Task Force recommendations and the national shortage action plan. Access does not end at regulatory authorization; the system must also deliver medicines reliably to patients.

Any new reporting or data-sharing requirements should be developed with affected supply-chain partners, build upon existing systems wherever possible, be proportionate to each participant's role, and include sufficient implementation support to avoid duplicative or unfunded administrative burdens for pharmacies.

Progress should be reported through indicators such as e-prescribing adoption and successful exchange, reductions in manual clarification, completeness and timeliness of shortage data, time from risk detection to action, provider access to actionable information, and patient-level disruptions avoided.

Conclusion

These three recommendations are focused, feasible and aligned with federal responsibilities. They would use the existing health workforce more effectively, help qualified pharmacists enter practice faster, connect medication information across the care system and reduce the impact of drug shortages. For patients, the result is timely access to care and medicines. For governments, it is a more productive health workforce and better value from existing health investments.