



Securing System Sustainability through Alberta Pharmacy Technician Scope Expansion

A report by the Pharmacy Technician Society of Alberta

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Summary

In 2026, Alberta's health care system and health care workforce are challenged by chronic staffing shortages and severe burnout. Many Albertans are suffering due to a lack of medical care or long waits for care caused by the overburdened health care system. People living in rural and remote areas are especially affected. There is a need for novel approaches to increase access to care and to improve care quality.

Alberta's pharmacy professionals are among the most trusted health care providers in Canada. With a new three-year pharmacy funding agreement signed in June 2026, pharmacy professionals are ideally positioned to leverage their skills to contribute to health care improvements. Registered pharmacy technicians (RPhTs) work in teams alongside pharmacists and pharmacy assistants. These skilled health care professionals perform a range of essential tasks, including dispensing and checking medications, providing point-of-care services, and assisting and supporting the public. However, regulatory barriers prevent them from working to their full capabilities. Currently, in Alberta, RPhTs are not permitted to administer injectable medications or vaccines.

To increase health care access, improve patient safety, and fulfil provincial mandates for health care efficiency and workforce optimization, there is a need to expand RPhTs' scope of practice to include performing injections. Here, we propose expanding RPhTs' scope to provide a wider range of services, allowing Alberta pharmacies to better serve the public.

Introduction

a. Pharmacies are essential access points for primary care

Within the Canadian health care system, pharmacies are integrated access points for primary care. Since almost 6 million Canadians, including 15% of Albertans, do not have a primary care provider (PCP),^{1,2} pharmacies provide essential options for accessing care for common ailments and chronic diseases (though both over-the-counter suggestions and prescribing), and accessing point-of-care testing and injection services.^{3,4} Pharmacies offer greater accessibility than other health care providers, often being located in neighbourhoods and remaining open after regular business hours.⁴ **Canadians see their community pharmacists up to 10 times more frequently than their PCPs.**⁵

Alberta is a national leader in advancing and modernizing the role of pharmacies.⁶ Alberta pharmacists have had the authority to administer intramuscular (IM) injectables since 2007 and, through one of Canada's most expansive pharmacist scopes of practice, may prescribe a broad range of medications, including initial access prescribing with Additional Prescribing Authorization. Pharmacists may independently initiate, adapt, renew, and manage drug therapy, order and interpret laboratory tests, treat minor ailments, and administer injectable medications and vaccines. Alberta pharmacists write 2.2 million prescriptions annually and provide chronic disease management for over 500,000 people living with chronic conditions.⁷ Pharmacies are particularly important for rural and remote communities; many rely on the community pharmacy as their only source of health care locally.

A new [Multi-Year Pharmacy Framework](#), which will provide funding and policy stability for Alberta pharmacies for the next three years, was recently signed.⁸ This is an ideal opportunity to build on a foundation of success and innovation to further expand team-based care in Alberta pharmacies. Expanding the RPhT scope of practice would help to preserve and strengthen the value Alberta has established through Canada's most accessible clinical pharmacist model. **Authorizing RPhTs as injectors would reinforce Alberta's position as a global leader and innovator in clinical pharmacy practice.**

"The health care system is under a lot of stress and pharmacies are under a lot of stress. If we have a solution to alleviate some of that stress, then patients benefit, health care practitioners benefit, and the health care system overall can benefit.."

– Brad Willsey, BScPharm, MBA,
Registrar and CEO of the Alberta
College of Pharmacy

b. Why is change needed now?

The health care landscape in Alberta is undergoing transformation due to the pressures of population growth, an ageing population, and a rise in chronic disease prevalence.² The number of Albertans with five or more health conditions has doubled since 2004.² **Most primary care providers (PCPs) are overburdened, stressed and burned out; many are not accepting new patients.⁹ Alberta hospitals are over capacity with long waits for emergency care.¹⁰**

Primary care is a foundational area of medicine that seeks to prevent, diagnose, and treat a wide range of health conditions. Access to primary care is associated with increased life expectancy.¹¹ Prevention is of prime importance to enhance health outcomes, including reducing the risk of infectious disease and chronic conditions such as diabetes, cancer, and cardiovascular disease.¹²

Despite its importance, there are still barriers to primary care access.¹ **There is a need for innovative solutions to improve**

access to primary and preventive care for all Albertans. As pharmacies step up to fill the gap, pharmacist workload is increasing and workflow models must be updated.¹³ Although pharmacists are highly motivated to participate in preventive care, they often feel pressure to prioritize acute demands on their time. This pressure sometimes results in delayed or missed preventive care, contributing to pharmacists' burnout and stress as they attempt to juggle on-demand services, follow patients for chronic disease, and reduce delays in care, all at the same time. **Optimizing the pharmacy workforce will be essential for system sustainability and workforce capacity and resilience.**

c. Who are pharmacy technicians (RPhTs)?

Pharmacy technicians are skilled and dedicated health care professionals (HCPs). Typically working in a team alongside pharmacists and pharmacy assistants, they perform essential services such as preparing and dispensing medications, preparing sterile products, compounding, managing inventory, assisting with patient care, communicating with insurance companies, and handling patient data (Table 1). Registered Pharmacy Technician (RPhT) is a regulated professional title.

Registrants must complete an accredited two-year pharmacy technician education program and successfully complete practical training. Their training includes the preparation, administration, storage and handling of medications; medical ethics and law; documentation; managing adverse events; communication and collaboration; and population health. After completing training, registrants must demonstrate entry-to-practice competencies, pass the national written and oral qualifying/board examinations, and pass the provincial ethics and jurisprudence examination. In order to renew their licenses, pharmacy technicians must complete and document 15 credits of continuing education each year, an amount equivalent to that required of pharmacists.¹⁴

"We really need to show that Alberta is at the helm of what the future of pharmacy looks like, and I personally believe that the future of pharmacy is pharmacy technicians, and it's the accessibility that we can offer to all of the community."

– Kymmberley Wright, RPhT, Saskatoon, SK

Table 1. Roles of pharmacy staff.*

	Pharmacy Technician	Pharmacist	Pharmacy Assistant
Primary responsibilities	Technical and patient care services	Patient care and clinical services	Technical and support duties
Examples	Dispensing medications; sterile and non-sterile compounding; checking prescriptions for accuracy; communicating with insurance companies; handling patient information; handling prescription transfers; receiving verbal prescriptions; instructing patients on medical device use; point-of-care testing; providing non-therapeutic information	Authorized to perform all scope-of-practice activities, including prescribing for minor ailments; administering injections of both vaccines and injectable medications; ordering and interpreting laboratory tests; renewing and adapting prescriptions; evaluating prescriptions for appropriateness, dosage, and safety; counseling patients; managing chronic conditions; conducting medication reviews; overseeing pharmacy operations	Supporting pharmacist and RPhT in technical duties such as dispensing and non-sterile compounding; documenting dispensing activities; inventory management; billing inquiries Cannot perform controlled acts, make patient care decisions, address clinical inquiries, or provide unsupervised services
Regulated title?	Yes	Yes	No
Number currently working in AB	2,171	6,600	3,755
Education and training	Completion of 2-year CCAPP-accredited pharmacy technician college/university program	Completion of CCAPP-accredited pharmacy degree	Varies; many pharmacies require completion of a college-level pharmacy assistant certificate or on-the-job training
Certification	National RPhT qualifying examinations; demonstrate competence through practice-based assessment; language proficiency; registration examination and ethics and jurisprudence examination through Alberta College of Pharmacy; continuing education	National pharmacist qualifying examinations; structured practical training; language proficiency; ethics and jurisprudence exam of the Alberta College of Pharmacy; continuing education with self-assessment and practice-based assessment	No formal certification or licensing body
Proposed new role(s)	Authority to administer all injections	Increased focus on patient care and other clinical services	No change proposed; not eligible to obtain injection certification

* Adapted from references 13,15-18 CCAPP, Canadian Council for Accreditation of Pharmacy Programs.

d. How can RPhTs contribute to better health care access?

Recent work by Canadian researchers shows that expanding RPhTs' scope of practice to include all injections would lead to **better health care access** and **improved patient safety** (this research is described in more detail in section 3).¹⁹ When RPhTs participated in administering injectable medications, **pharmacy workflows were more efficient** and **pharmacists' availability for clinical tasks increased**.¹⁹ **Patient care improved** with **reduced wait times** and more convenient access, and dispensary errors decreased. In addition, **pharmacy teams' morale, motivation, and job satisfaction improved**, factors which are important for workforce recruitment and retention.

In other provinces across Canada, pharmacy technicians have already been given injection authority. RPhTs have the authority to administer influenza and COVID-19 vaccines in several provinces (SK, ON, QC, NB, NS, PE, NL) and to administer other drugs or vaccines in 6 of these provinces (ON, QC, NB, NS, PE, NL). This aligns with the practices in a number of other countries, including the USA and UK.²⁰ The experience in other provinces has included a **more balanced distribution of workload, increased pharmacy efficiency, increased pharmacist time for clinical responsibilities**, and a **positive impact on morale and rapport with patients**.¹

"Engaging pharmacy technicians as injectors can help to alleviate capacity bottlenecks and support pharmacists' ability to proactively identify patients who are at risk of vaccine-preventable disease."

– Sherilyn Houle, BSP, PhD, AFTM RCPS(Glasg), FISTM, Associate Professor, University of Waterloo

What happens when RPhTs are given injection authority? The evidence

a. Pharmacy workflow models

Canadian researchers have developed two models illustrating ways in which RPhTs can be integrated into pharmacy workflows involving injectables (Figure 1):¹³

High-efficiency model – RPhT time is dedicated to administering injections, while pharmacist and pharmacy assistant perform other tasks

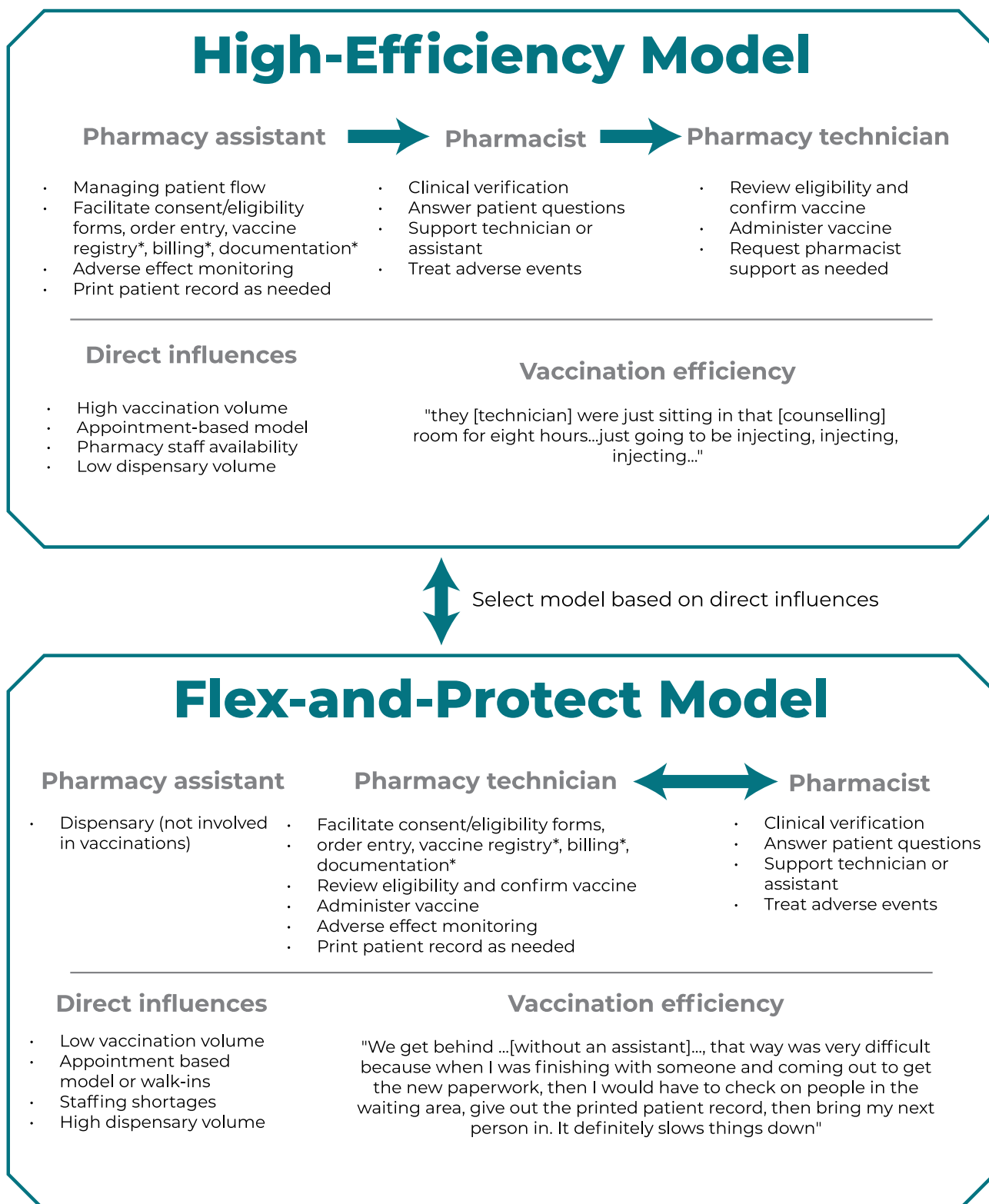
- This model works well with high volume and/or throughput of injections and shorter appointment times; often used for fall influenza and COVID-19 clinics

Flex and protect model – RPhT performs a wider variety of tasks, including order entry, billing, consent/eligibility forms, and monitoring patients for adverse events

- This model works well with an appointment-based schedule also allowing for walk-ins and lower throughput of injections, and is beneficial when dispensary volume is high or there are staff shortages

In both models, the pharmacist is available to perform clinical verification, answer patient questions, support the RPhT, and treat any adverse events that may occur. Pharmacies may choose to use either model depending on influences such as patient needs, staff availability, and dispensary volume.

Figure 1. Workflow models in which pharmacy technicians administer injectable medications. Reproduced from reference 13.



b. Efficiency increases when RPhTs have injection authority

Researchers conducted a detailed analysis of injection workflows at two Ontario pharmacies.²¹ When there was a high volume of injections, RPhTs and pharmacists took similar amounts of time to perform most tasks, including patient intake, wait time, answering questions, administering injections, and documentation. When the volume of injections was lower, RPhTs had shorter patient wait times but similar time for other tasks, compared with pharmacists. Across time periods with both higher and lower injection volumes, the pharmacist's **availability for clinical tasks increased by 3-7 minutes per appointment** when RPhTs administered immunizations. As described in section 2c, this could lead to **up to 3.2 hours of extra availability for the pharmacist,**

increasing pharmacy revenue and workflow flexibility.²¹

In addition, **patient wait times decreased by 1-1.5 minutes** per appointment during lower injection volume periods, demonstrating **increased workflow efficiency.**

These results are supported by other studies that showed:

- **Reduced wait times, increased injection throughput, better workflow, and increased pharmacy revenue** when pharmacy technicians performed injections^{22,23}
- **More time and opportunities for the pharmacist to provide clinical services** such as medication reviews, prescribing services, therapeutic assessments, interprofessional collaboration, and management of drug therapy problems^{13,24}
- **Operational benefits** such as fewer interruptions and competing demands on the pharmacists' time, and better concentration on clinical tasks¹³

At a recent roundtable convened by the PTSA, pharmacists and RPhTs reported their clinical experiences, which correlated well with the published evidence. Pharmacists who had the opportunity to work with RPhTs reported **improved workflow, greater efficiency, and greater availability for clinical tasks.**

"Regulated pharmacy technicians play an increasingly important role in the delivery of pharmacy services. Advancing their scope of practice to include drug administration by injection can support more efficient use of pharmacy resources while enhancing patient access to care."

- Brad Willsey, BScPharm, MBA, pharmacist, pharmacy owner and Registrar and CEO of the Alberta College of Pharmacy

c. Pharmacy revenue increases when RPhTs have injection authority

The findings of DeMarco, Houle, and colleagues show that RPhT injectors can provide operational and cost-efficiency advantages for pharmacies, through the following mechanisms:²¹

- RPhTs often have flexibility in their workflow to perform injections, increasing the availability of billable injection services (both injectable medications and vaccines)
- RPhTs reduce competition for pharmacists' time, allowing them to spend more time on high-revenue, billable clinical activities rather than lower-revenue tasks such as injections
- RPhTs increase pharmacists' volume of billable clinical services such as prescribing, medication reviews, therapeutic problem-solving, managing complex patient cases, and providing safe, effective, and timely follow-up on patient care plans

The research demonstrates that when RPhTs administer injections, **pharmacists gain meaningful amounts of clinical time** that can be redirected toward activities such as Comprehensive Annual Care Plans (CACP), Standard Medication Management Assessments (SMMA), and patient follow-up assessments. Pharmacist availability increased by 2.9 to 7.1 minutes per immunization appointment, compared with traditional workflow models, depending on vaccine type and workflow volume.²¹ The greatest gains occurred during low-volume periods, when pharmacy technician administration of COVID-19 vaccines and co-administration appointments freed 6.2 and 7.1 minutes of pharmacist time per patient, respectively.²¹ These savings accumulate rapidly:

- On a day with 6 vaccine appointments, the pharmacist gained 27-43 additional minutes of availability
- On a day with 12 appointments, the pharmacist gained 104-194 additional minutes (1.7 to 3.2 hours) of availability

This extra availability is important because clinical services such as CACPs and SMMA's generate significantly higher reimbursements than injections. While an immunization appointment may generate approximately \$13 in revenue, an initial CACP can generate \$70 and an SMMA approximately \$60, with follow-up assessments generating additional revenue. **The expected economic benefits therefore extend beyond simple task delegation.** By shifting the technical task of injection to a lower-cost skilled HCP, RPhT injectors reduce the competition between immunization services and clinical billing pathways.²¹

In many community pharmacies, pharmacists must choose between administering a vaccine and completing a billable clinical assessment. RPhT injectors eliminate this trade-off by allowing both activities to occur simultaneously. As a result, pharmacies can increase immunization capacity, reduce missed billing opportunities, improve patient access, and strengthen the overall sustainability of pharmacist clinical care services. **This model transforms RPhT injection authority from a workforce optimization strategy into a clinical revenue-enabling pathway that supports both patient care and pharmacy practice advancement.**^{13,21}

d. Access to care increases when RPhTs have injection authority

HCPs participating in the roundtable meeting shared their experiences of the **impact of RPhTs in improving access to care**. According to Ajit Johal, B.Pharm., Clinical Assistant Professor at UBC and Director of Clinical Services at the nonprofit Immunize.io Health Association, RPhTs can play an important role in supporting high-volume, pharmacist-led immunization programs delivered outside traditional healthcare settings. Programs that provide a high volume of immunizations to the community, such as Immunize.io's on-site and mobile clinics, are important in providing **access and convenience** to individuals who might not be able to easily visit a physician's office, such as residents of long-term care and those who work traditional 9-5 hours. In Johal's clinical experience, these team-based pharmacy services, in which RPhTs are essential staff members, can embed preventive care into settings where people work, live, and gather, helping to increase the uptake of immunizations.²⁵

HCPs recommended a "no wrong door" approach, meaning that individuals should have agency to seek care, recommendations, and advice from any available HCP within their scope of practice, including their community pharmacist and other pharmacy staff. HCPs believe it is important for individuals to be able to **choose how and when they receive vaccines and other preventive care**. However, because pharmacists already have a high workload, the **availability of injection-trained staff** is a **requirement for equitable and convenient access**.

At the meeting, pharmacy staff from Alberta, Saskatchewan, and Nova Scotia discussed their experiences with RPhT injectors. The Alberta pharmacy team (Heather Snook, RPhT, BSc, BBA, and Katrina Wilson-Kubota, BScPharm, RPH, APA) described that they often hold off-site immunization clinics, where the RPhT performs patient intake tasks while the pharmacist performs injections. However, they felt they would be more efficient if they had additional injection-trained staff. **"If we had two injectors, we could get more done, more people vaccinated,"** Snook commented. Likewise, Wilson-Kubota expressed that a more efficient workflow would be

beneficial: **"Having the pharmacist at the front, doing that clinical piece first and having all of [the injections and other tasks] downstream, that's a dream for me in my workflow. That would be fantastic and that's my ultimate goal."**

The experiences of a pharmacist/RPhT team in Nova Scotia (Haley Guild, BScPharm, and Kiera Huntley, RPhT), where pharmacy technicians already have the authority to inject, reflected these benefits. When RPhTs performed injections, the pharmacist was able to perform more clinical services and had greater focus and uninterrupted time. Patients had more timely access to care because the pharmacist could perform clinical assessments and then proceed to have RPhTs perform the injection service immediately after, allowing for fewer visits to the pharmacy. **The easy availability of injections was crucial in allowing patients to access immunizations and other treatments quickly despite a physician shortage.**

Many Nova Scotians live in rural areas and must travel for physician appointments, and the expanded scope of practice of pharmacy professionals **was crucial to improve access to care**. Wilson-Kubota and Huntley additionally noted that strengthening the pharmacy's capacity through injection authority for RPhTs helped to **eliminate unnecessary physician and emergency department visits and streamline care**. Alberta faces similar challenges of physician shortages and lack of access in rural and remote areas. Thus, expanded pharmacy services are likely to lead to benefits for Albertans.

“[We have a] high-volume workflow, we also do a lot of non-vaccine allergy shots, vitamin B₁₂, testosterone, we do all kinds of different things in the course of a day. Having one of my technicians be able to jump into that role in our situation would be a really great complement to their skillset. We have our technicians doing point-of-care testing, for example with strep swabs, they often do medical device training, but they can't poke someone's finger for a blood sample for diabetes. I see lots of areas [where they could contribute] - not only just the injector part but the potential for patient conversations, reviewing someone's medical condition. They're already doing a lot of those things; they are so very capable in the sense of their training and what they're already doing in the store.”

– Katrina Wilson-Kubota, B.Sc.Pharm, RPH, APA, pharmacist and pharmacy owner, Spruce Grove, AB

e. Patient safety is maintained at a high level, or increases, when RPhTs have injection authority

Pharmacists at the roundtable felt they had better focus when RPhTs performed injections, due to fewer interruptions. This **reduced the risk of errors and inefficiencies**. The Alberta team (Heather Snook, RPhT, BSc, BBA, and Katrina Wilson-Kubota, B.Sc.Pharm, RPH, APA) noted that the fall season, when seasonal immunizations are given, is a source of high workload and stress; their pharmacy is always fully booked for immunization appointments in October, November and even into December.

Studies consistently demonstrate **high levels of patient safety** with pharmacy technician injectors. Pilot programs that trained pharmacy technicians to inject showed that the technicians demonstrated knowledge of procedures and felt comfortable with all steps in the process, including locating the correct injection site and responding to emergencies.²⁶ **The supervising pharmacists felt that the technicians were properly trained and capable,²⁷ and they desired more injection-trained technicians in their pharmacies.²⁸** A study carried out in Idaho, which was one of the first US states to implement policy changes allowing pharmacy technicians to inject, found that by 2018, approximately 25,000 immunizations had been administered without any reported adverse events.²⁹ The expanded scope of practice for pharmacy technicians also led to a reduction in disciplinary actions against pharmacists, which was likely to correlate with **increased patient safety.**³⁰ Other studies reported

over 99.8% accuracy when pharmacy technicians checked medications.^{31,32,33}

In work carried out at the University of Tennessee, the “Optimizing Care Model” was developed to **enhance patient care** by involving pharmacy technicians in product verification. Technician product verification (TPV) was associated with **lower error rates** in medication dispensing; undetected product selection errors decreased from 0.085% in a traditional model to 0.063% in the Optimizing Care Model employing TPV.³⁴ This was confirmed in a 2-year follow-up study which demonstrated **even lower error rates**, decreasing from 0.05% to 0.01% (a statistically significant change with $P < 0.001$).³⁵ These studies demonstrate that properly trained pharmacy technicians can perform final product verification with accuracy at least comparable to traditional workflows, with excellent safety outcomes and lower error rates, while **freeing pharmacist time for patient care** and other clinical services.

“Talking about burnout, the feelings of our staff and our professionals when October comes, we all are just dreading part of that. Of course we want to be there for our patients, but knowing that it's going to put extra strain on ourselves and our workflow, and [are] there more errors, is there more potential for errors in my regular workflow because I'm being pulled in three different directions? ...You're in the middle of doing something, some type of clinical consult or even just thinking about something, and you get pulled away.”

– Katrina Wilson-Kubota, B.Sc.Pharm, RPH, APA, pharmacist and pharmacy owner, Spruce Grove, AB

f. Injection authority for RPhTs will reduce pressures on overburdened HCPs, expand the health care workforce, and increase health care system capacity

Like other provinces and territories, Alberta is experiencing ongoing health care workforce challenges. Amid chronic staffing shortages, every single HCP is needed, but HCPs, including pharmacy staff, are experiencing **severe burnout and stress**.^{9,10} Opportunities exist to enhance workforce retention and capacity, provided RPhTs feel supported in their professional development and long-term career prospects.¹³

A lack of trained pharmacy technicians contributes to health care staffing shortages in Alberta.^{15,36} Fewer than one-third of community pharmacies in Alberta employ an RPhT,³⁶ and compared with over 6,600 pharmacists, there are only 2,171 RPhTs in the province (Table 1).¹⁵ The majority of RPhTs (55%) practice in institutional settings such as hospitals, exacerbating the shortage of pharmacy professionals in the community.^{15,36} Expanding RPhTs' scope of practice to include injection authority will support them in reaching their full potential and will incentivize new technicians to enter the field. Research shows that among pharmacy technicians, adopting injection roles is closely linked to **professional identity, feeling valued, career growth opportunities, and enhanced job satisfaction and patient engagement**.¹³

Correspondingly, pharmacy staff at the roundtable described that when RPhTs are able to inject, their familiarity and rapport with patients contributed to good experiences for the pharmacy team and for patients. RPhTs who were trained

to inject had pride in their work and felt **better able to serve the public**; they reported increased professional motivation and job satisfaction. According to Vivien Brown, MDCM, CCFP, FCFP, MSCP, of the University of Toronto, family physician and leading expert on population health and health care policy, **professional empowerment is essential to improve the lives and working conditions of HCPs**:

Kymmberley Wright, RPhT, has given over 3,000 injections as a pharmacy technician in Saskatchewan and participated in a number of different public health initiatives, such as immunization clinics for offices, older adult residences, and in corrections. She described the immense personal and professional satisfaction she experienced through injection training and the resulting positive influence on the pharmacy team's morale and relationships with patients.

"About empowerment - it has a huge impact for you but then has a ripple effect for everybody around you. I think if the pharmacy technicians get the ability to do more, it's going to help the pharmacist, it's going to help the community, it's going to make everyone feel more positive about health care in general - health care is down in the dumps at the moment. That empowerment can't be measured easily but I think is just so important."

"When the COVID immunizations first came to Ontario, North York General [Hospital] sent out an email that they needed 25 doctors the next day to run a COVID clinic... 200 of us showed up to help. People are ready when the mandate is very clear and when they want to be of service. So I think that this would be hugely impactful in terms of the social networking and the comfort level for people who have that kind of positivity about what they're doing and their workload. Then when you're seeing the next patient, your attitude is different, your emotion is different, your interaction is different."

- Vivien Brown, MDCM, CCFP, FCFP, MSCP, family physician and Assistant Professor, University of Toronto

"I was one of the first technicians in Saskatchewan to become injection certified during COVID... I expected to be an emergency vaccinator; I would fill in when a pharmacist was on their break. [The] first day booster shots were available, we were jam, jam, jam-packed. The pharmacist called in sick and [we] didn't know what to do, but I wouldn't let those people go without their vaccines, especially with our population being older adults. I said, "I'll do it," and in those 8 hours everything changed for me. Patients were thrilled to have me, and my confidence and my belief in myself [were] the most dramatic things that changed, and it also changed my professional trajectory. It's maybe the first time that I actually felt valued as a HCP."

"When pharmacy technicians are trusted in their capabilities and when the system allows us to rise within those capabilities, we get to serve the greater good, and that is what we all want. And the thing that is so important to me is that we have a workforce of pharmacy technicians in a successful model who experience job satisfaction, pride, professional identity, and forward growth."

– Kymberley Wright, RPhT, Saskatoon, SK

g. Is there a potential downside to RPhT injection authority? What are the arguments against this change?

When injection authority was first introduced for pharmacists, concerns were raised regarding pharmacists' readiness, capacity, and ability to provide injection services.³⁷ Professional resistance from other HCPs, such as physicians and nurses, centered on safety and competency, care coordination across sectors, and whether the changes would reduce or "dilute" the benefits of appointments with primary care providers. Meanwhile, pharmacists expressed concerns about patient safety and increased workload.³⁸

The above concerns are valid, and it is important to address them in any change to health care regulations. Research has shown that effective training, regulatory frameworks, and public awareness are necessary to realize the benefits of immunizations by pharmacists.³⁹ One important advance has been the introduction of **Netcare, Alberta's secure provincial electronic health record (EHR) resource**.⁴⁰ The Netcare portal stores health information digitally and connects information from physicians, nurses, pharmacists, and other HCPs in a confidential manner. Pharmacies are required to upload immunization records within 7 days, ensuring that **immunization records are available to the individual and all members of their health care team and facilitating care coordination**.

To qualify to perform immunizations and other injections, pharmacists must successfully complete Canadian Council on Continuing Education in Pharmacy (CCCEP)-accredited training that includes national competency standards, practical injection training, indications and contraindications,

communication and consent, and responding to emergencies.³⁷ Pharmacist immunization has led to improvements in vaccine access and uptake nationally with no unexpected safety issues or increases in adverse events.⁴¹⁻⁴⁴ **Further improvements in vaccine access and uptake have been reported in jurisdictions that have integrated RPhT injectors into pharmacy practice.**¹³

RPhT injectors perform injections with high levels of patient safety.^{19,26-35} Pharmacists who have implemented practice models that include RPhT injectors report that they are comfortable and trust their injectors, and that RPhT injectors led to improved morale and team collaboration.²⁶⁻²⁸ Pharmacists were most comfortable with RPhT injectors when they had experience with this model or had observed trained pharmacy technicians.¹⁹ Research in multiple jurisdictions has not identified any significant issues with care coordination or interprofessional collaboration.²⁹

Patient studies and surveys report **high levels of acceptance of RPhT injectors**, with patients valuing the **increased access, shorter wait times, and convenience of treatment** using this model.^{13,45} RPhTs' clinical experience shows that patients **appreciate and value the care they receive** from them. According to Kymmberley Wright, RPhT, no patient has ever expressed hesitation or concern about receiving injections from her, and no patient has asked to be injected by the pharmacist instead (personal communication, 2026).

Injection authority for RPhTs is predicted to increase workflow efficiency and pharmacy staff availability while maintaining or improving patient safety, supporting further improvements in access and vaccine uptake for Albertans. With structured training, clearly defined roles and workflow models, appropriate regulatory frameworks, and supportive pharmacist leadership,^{13,19,29,37,46} the implementation of RPhT injection authority in Alberta is expected to lead to **greater satisfaction and patient safety while increasing Albertans' access to care and agency in choosing their care.**

How would the proposed scope expansion be accomplished?

Scope expansion for RPhTs must consider regulatory and legislative constraints as well as changes to RPhT education and training. Under current regulations, RPhTs are not authorized to administer injections; formal amendments to regulations and standards of practice would be required. Changes to current funding models would also be needed; pharmacy injection services are tied to public funding. The addition of pharmacy technician injectors will be enabled by models that secure reimbursement for pharmacy services and mitigate the impact of funding cuts.

Practice and training models must demonstrate the benefits of delineated roles, with pharmacists remaining responsible for clinical assessment, pharmacy services, and overseeing pharmacy operations, and technicians performing the task of injection administration along with their other technical duties. A holistic vision of scope expansion could follow the example of the UK, where pharmacy technicians are involved in administering injectable and inhaled medications, performing point-of-care testing, and supporting other treatments related to primary/preventive care.

Pharmacists who are familiar with the roles, implementation models and benefits of having RPhTs would be needed to support and advocate for the scope expansion. The Alberta College of Pharmacy would need to contribute documentation requirements, approve the training and certification procedures, provide quality assurance, and consider the potential need for changes to malpractice insurance.

To realize the potential for workforce growth, enrollment in pharmacy technician education and training programs would need to increase. Injection training as well as higher-level first aid and CPR training would need to be provided; these could potentially be adapted from current offerings. The course format would need to allow access for the 2,171 RPhTs currently practicing in Alberta and for additional new trainees.

Recommendations/calls to action

- 1.** Extend RPhTs' scope of practice to include administering all injections.
- 2.** Support the expanded scope of practice with local availability of a standardized training program that covers nationally recognized competencies related to administering injections.
- 3.** Communicate with clinicians to increase awareness of the expanded scope and encourage them to refer patients to the pharmacy as part of routine health and wellness care. Collaboration between health care professionals to provide additional capacity for preventive care will help to alleviate the burden on Alberta primary care practices, reducing wait times, improving care quality, and reinforcing Alberta's position as a global leader and innovator in pharmacy practice.
- 4.** Communicate to HCPs and the public that pharmacies are integrated primary care access points. Injectable therapies are delivered within a broader model of prevention, opportunistic case finding, early intervention, and chronic disease management, which expands equitable access to care in the community.
- 5.** Update the Ministerial Order Compensation Plan for Pharmacy Services to enable an authorized Pharmacy Technician to administer products and publicly funded vaccines following an assessment performed by a Clinical Pharmacist. Consider RPhTs' participation in related pilot initiatives of the funding framework.
- 6.** Communicate with pharmacists to promote awareness of RPhTs' scope of practice, the safety and benefits of their involvement in administering injections, and strategies to support effective and efficient workflow integration.

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Appendix: PTSA Scope Expansion Expert Panel

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