



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
de quartier**

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Ontario College of Pharmacists
483 Huron Street
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May 22, 2020

Dear Nancy,

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) appreciates this opportunity to respond to a request from the College for feedback on proposed amendments to the *General Regulation 202/94* of the *Pharmacy Act*, Part VII.3 (Controlled Acts), that, if approved, would authorize pharmacy professionals the expanded scope to prescribe medications for certain minor ailments.

Neighbourhood Pharmacies represents Canada's leading pharmacy organizations that deliver high value, quality care to Canadians in all models including chain, banner, long-term care, specialty and independent pharmacies as well as grocery chains and mass merchandisers with pharmacies. Our members are home to the most trusted providers of drug therapies, pharmacy-based patient services and innovative healthcare solutions. We advocate for community-based care through our members' high accessibility and proven track record of providing optimal patient care closer to where patients live, work and play. By leveraging nearly 11,000 points of care with pharmacies conveniently located in every community across Canada, and over 4,500 within the province of Ontario, Neighbourhood Pharmacies aims to advance sustainable healthcare for all stakeholders.

List of Conditions and Medications

Schedule 4 of the proposed amendments to the regulations details the conditions for which pharmacists may prescribe, but also limits their prescription options to certain specific AHFS categories of medications. We are concerned that this may not ultimately be in the best interest of patients and creates an unnecessary barrier to the best treatment choice. Our preference would be for Schedule 4 to contain the list of conditions without restricting treatment to certain AHFS categories.

Pharmacists are extensively trained in pharmacotherapy for various conditions and understand when a first line therapy may not be appropriate for a particular patient. Limiting the pharmacist to a specific list may prevent the patient from receiving the most appropriate therapy in a timely manner and will force the patient to seek care from other healthcare providers, increasing the use of healthcare resources. Additionally, new medications and therapies will not be available to pharmacists without a regulatory change creating further barriers to prompt and timely care. We propose removing the list of AHFS medication classifications from Schedule 4.

	Condition	AHFS Classification
1.	Urinary tract infection (uncomplicated)	<ul style="list-style-type: none"> • Anti-infective Agents: Antibacterials. Sulfonamides (8:12.20) • Anti-infective Agents: Urinary Anti-infectives (8:36)
2.	Dermatitis (atopic/eczema, allergic and contact skin rashes)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)
3.	Insect bites (including tick bites) and urticaria (hives)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08) • Antibiotic Tetracyclines (8:12:24)
4.	Conjunctivitis (bacterial, allergic, viral)	<ul style="list-style-type: none"> • Eye, Ear, Nose, and Throat Preparations: Anti-infectives. Antibacterials (52:04.04) • Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents (52:02)
5.	Allergic rhinitis (nasal symptoms from allergies)	<ul style="list-style-type: none"> • Eye, Ear, Nose and Throat Preparations: Anti-inflammatory Agents. Corticosteroids (52:08.08) • Eye, Ear, Nose and Throat Preparations: Antiallergic Agents (52:02)
6.	Candidal stomatitis (oral thrush)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes (84:04.08.28)
7.	Herpes labialis (cold sores)	<ul style="list-style-type: none"> • Anti-infective Agents: Antivirals. Nucleosides and Nucleotides (8:18.32) • Skin and Mucous Membrane Agents: Anti-infectives. Antivirals (84:04.06) • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)
8.	Hemorrhoids	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08) • Skin and Mucous Membrane Agents: Antipruritics and Local Anesthetics (84:08) • Skin and Mucous Membrane Agents: Miscellaneous Skin and Mucous Membrane Agents (84:36)
9.	Gastroesophageal reflux disease (GERD)	<ul style="list-style-type: none"> • Gastrointestinal Drugs: Antiulcer Agents and Acid Suppressants. Histamine H2-Antagonists (56:28.12)

10.	Dysmenorrhea (menstrual cramps)	<ul style="list-style-type: none"> • Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)
11.	Musculoskeletal sprains and strains	<ul style="list-style-type: none"> • Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. COX-2 inhibitors (28:08.04.08) • Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)
12.	Impetigo (bacterial skin infection common in children)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-infectives. Antibacterials (84:04.04) • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)

While we recognize the scope of this consultation is limited to minor ailments, we feel it necessary to point out the other areas in which pharmacist prescribing would benefit the public and the healthcare system. The following list of conditions has been prioritized based on patient need / demand from provinces where minor ailment programs have already been introduced (NB, NS, QC, and SK). We strongly recommend that the College add these conditions to Schedule 4.

Conditions to be added to Schedule 4 (in order of priority):

1. Travel Health (travellers diarrhea, malaria prevention, travel-related vaccines)
2. Vaccines (non-travel related)
3. Hormonal / Emergency Contraception
4. Strep Throat Antibiotic (if positive)
5. Erectile Dysfunction
6. Morning Sickness from Pregnancy
7. Cytoprotection from NSAIDS
8. Migraines
9. Upper Respiratory Tract Infections

The Minor Ailments Advisory Group (MAAG) has made valuable contributions to the development of these proposed regulations. We recommend that the MAAG remain active and meet at least twice per year to a) review complaints and concerns about the minor ailments program, and b) recommend additions to Schedule 4. Furthermore, we recommend that the group be expanded to include representatives with pharmacy operations experience, as they can speak to the challenges, best practices, and practicalities of implementing the minor ailments services.

Pharmacist Education Requirements

With regard to the required educational component (VII.3, 35 (g)), we urge the College to limit the educational requirements to implementation and understanding of the regulations. Pharmacists are already well trained on pharmacotherapy for these conditions. Furthermore, it is already a requirement for pharmacists to maintain their own education so that they feel confident in the practice of their profession, and this requirement will also encompass the prescribing of medications for minor ailments.

Considerations for a Successful Program

A successful minor ailments policy and program will require the cooperation of the Ministry of Health. While it may lie outside the responsibility of the College, we must point out two very important factors which will ensure a successful initiative that provides benefits to the public and the healthcare system.

1. Minor ailment services provided by pharmacists should be free to patients at the point of care (like other healthcare providers).
2. Pharmacies should be fairly compensated for the assessment. This will ensure that pharmacies can put in place the resources necessary to deliver the best possible care to patients. We have been pleased to note that the Health Minister has stated that pharmacies will be paid for prescribing for minor ailments.

Implementation Timing and COVID-19

The COVID-19 pandemic has presented many challenges to the healthcare system and we believe that the introduction of these amendments to the regulations will only strengthen the systems ability to respond to these challenges. Patients are already presenting at pharmacies with these conditions because they do not want to go to an Emergency Room and many doctor's offices are closed. These regulations offer a solution for those patients and will help to create capacity in primary care and acute care facilities. They give the healthcare system one more tool for delivering flexible and responsive care for Ontarians.

Conclusion

We are encouraged by the proposed changes to expand pharmacist scope of practice, and appreciate the opportunity to comment through this submission, and through ongoing and upcoming dialogue relating to the successful implementation of these services. We believe that through a collaborative approach that truly engages the critical stakeholders, we can identify the pathways to a successful implementation of these valuable services that have the potential to alleviate the pressures on the healthcare system today.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'S. Hanna', with a stylized flourish at the end.

Sandra Hanna, RPh.
Chief Executive Officer