Ontario College of Family Physicians

Leaders for a healthy Ontario

May 22, 2020

Ms. Nancy Lum-Wilson
Registrar and Chief Executive Officer
Ontario College of Pharmacists
483 Huron Street
Toronto ON, M5R 2R4

Dear Ms. Lum-Wilson,

Re: Feedback on proposed regulation that would enable pharmacists to prescribe drugs for certain minor ailments

The OCFP represents more than 13,500 family physicians across the province and as part of its mandate under its Education pillar, supports members by providing evidence-based continuing professional development and point-of-care tools and resources to support high-quality care of patients.

We are pleased to participate in the Ontario College of Pharmacists' (the College) consultation on proposed amendments to the *General Regulation 202/94* of the *Pharmacy Act*, Part VII.3 (Controlled Acts) that, if approved, would authorize pharmacists the expanded scope to prescribe medications for certain minor ailments.

The OCFP supports a healthcare system that is anchored in the Patient's Medical Home (PMH) vision. Developed by the College of Family Physicians of Canada (CFPC), the PMH ensures patients are provided with comprehensive healthcare services with continuity and connected to all parts of the healthcare system as necessary. Interprofessional collaboration is a crucial piece of the PMH. The vision is endorsed by many national healthcare professional organizations, including the Canadian Pharmacists Association, the Canadian Nurses Association, the Canadian Association of Social Workers, the Canadian Family Practice Nurses Association and the Canadian Home Care Association.

Team-based care is a core function of the PMH. Building a team with a diverse mix of healthcare professionals creates an opportunity to redefine what is considered optimal, based on the needs of the practice and the community it serves. In Integration of Pharmacists Into Interprofessional Teams, the CFPC partnered with the Canadian Pharmacists Association to highlight exemplary instances of interaction and engagement involving family physicians and pharmacists across Canada. Cases from Alberta, British Columbia, Newfoundland and Labrador and Ontario demonstrate how family physicians and pharmacists can work together and share resources to address challenges such as: fragmented care; access to timely and reliable drug information and management; safe prescribing; and coordination of community services. These examples highlight interprofessional collaboration to provide high-quality patient care and improve patient satisfaction.

These innovative models were effective because there was a clear understanding of each member's unique contributions, including educational background, scopes of practice and knowledge, and areas of excellence and limitations, while also ensuring continuity of care[1]. Practices that successfully draw on the expertise of a variety of team members are more likely to provide patients with the care they need and respond to community needs.[2] We also appreciate the many vital contributions pharmacists make across our healthcare system.

[1] Grant R, Finocchio L, Pew Health Professions Commission, California Primary Care Consortium. Interdisciplinary collaborative teams in primary care: a model curriculum and resource guide. San Francisco, CA: Pew Health Professions Commission; 1995.
[2] Schottenfeld L, Petersen D, Peikes D, Ricciardi R, Burak H, McNellis R, et al. Creating Patient-Centered Team-Based Primary Care. AHRQ Pub. No. 160002-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2016.

While we understand and support the intention to improve access and convenience to patients, such measures should not supersede patient safety and continuity of care. To achieve an accessible and sustainable healthcare system that is patient-centered, we offer four key considerations, in addition to feedback specific to the ailments outlined in the proposed regulation.

1. **Ensuring competence to provide safe and appropriate therapeutic treatments to patients.**

The Ontario College of Pharmacists acknowledges that in prescribing for minor ailments, pharmacists would need to meet all the requirements to ensure they have the knowledge, skills, and abilities to provide safe and appropriate care to patients. To this end, the required knowledge and skills will be integrated in the College's quality assurance program in the same manner as other aspects of practice.

We wish to underscore the importance of setting clear practice expectations and regulations, so that pharmacists have the knowledge and expertise to prescribe in a safe and effective manner. We recognize that pharmacists have acquired extensive training in pharmacotherapy. However, therapeutic treatment should be done in the context of the whole patient. Healthcare professionals must have knowledge of drug interactions and potential risks resulting from patients' medication conditions, co-morbidities, and/or underlying causes that may impact patient safety.

Training should also include patient communication (including patient counselling and education), as well as interprofessional care. To enable this type of effective, safe, whole-person, patient-centred and collaborative care, pharmacies will need to be sufficiently resourced (i.e. private space to assess patients, adequate staff coverage, and availability to follow up on ailments).

To support safe therapeutic treatments for patients, it will be important that the College ensures that:
- Relevant competencies are set out for the profession;
- There is mandated education and training – designed and delivered in collaboration with family physicians – to develop the requisite expertise;
- Ongoing certified professional development is in place to ensure knowledge remains current.

2. **Supporting continuity of care**

Promoting better access and convenience through enabling pharmacists to prescribe for minor ailments, therefore, must be balanced against the need to ensure patients receive comprehensive care with continuity.[3] A key element of the PMH is continuity of care, in which the patient's most responsible provider (MRP) is cooperatively involved in that patient's ongoing healthcare management. Continuity of care between the patient and their physician-led care team has been shown to reduce hospital admissions, decrease system costs and improve patient satisfaction.[4] Family physicians have clinical expertise and a comprehensive understanding of their patients' health, that is based in on-going continuous therapeutic relationships. Any changes that erode continuity of care between the patient and their MRP will be counterproductive.

Indeed, emerging studies on jurisdictions that have enabled pharmacists prescribing underscore the importance of patients' continuous relationship with their doctor, enabled through a shared team-based approach to care through inter-professional communication and information sharing, as opposed to episodic parallel care. For example, in Northern Ireland, although patients cited many positive aspects of pharmacist prescribing in their area of specialty, they wanted to consult their doctor for the initial diagnosis or if a more "serious" problem arose, as they saw the doctor as the primary diagnostician.[5] This

3 Premji, K., et al. (2018). Patients' perceptions of access to primary care. Canadian Family Physician March 2018, 64 (3) 212-220.
4 British Medical Journal. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. BMJ 2017;356: j84.
5 McCann, L. M., Haughey, S. L., Parsons, C., Lloyd, F., Crealey, G., Gormley, G. J., & Hughes, C. M. (2015). A patient perspective of

further emphasizes the importance of supporting continuity of care with the patient's family doctors, as their doctor is ultimately responsible (i.e. liable) for the patient's health.

Supporting continuity in care should include:

- Setting out clear competencies and expectations for the profession, which includes notifying the patient's family doctor when their patient receives treatment from a pharmacist. This notice should be provided as soon as possible after the time of administration or patient consultation (i.e. within 24 hours) and include a brief, documented and easy-to-understand follow-up plan for the minor ailment that was managed, including at-home instructions that were provided to the patient.
    - Should the patient not be attached to a family doctor, the patient should be provided with resources to enable attachment to a family doctor (i.e. Health Connect) and be counselled to visit a family doctor at a walk-in clinic in the interim.
- Shared electronic health records, which the OCFP has consistently endorsed, to share information more easily among health professionals and improve patient care.

3. Avoiding and Disclosing Conflict of Interest

There is research to support patients' potential concern with pharmacists prescribing in a business model that can profit from the prescriptions, which can, in turn, inevitably present an inherent conflict of interest for pharmacists[6]. While we recognize that all regulated healthcare professionals, including pharmacists, hold themselves accountable to a high code of conduct, it is important to address that pharmacists directly profit from not only whether the patient is prescribed medication, but also the price-point and type of medication. Thus, we wish to underscore that it will be important for the College to ensure that clear standards of practice are set out to eliminate altogether, or at least, to disclose clearly to patients and to the public, any potential conflict of interest in allowing those who dispense medications to also be able to prescribe.

4. Appropriate and accountable prescribing

Unnecessary tests and over-medicalization are obstacles to providing high-quality patient care. It is estimated that up to 30% of medical care may be classified as unnecessary, at times introducing preventable risks associated with that care.[7]

In expanding pharmacists' scope of practice, considerations must include opportunities to build confidence and establish accountability to practise wisely, with a focus on appropriate prescribing and patient safety. Given that 90% of antibiotics are prescribed in the community, pharmacists prescribing can significantly increase the risk of over-treatment, and undermine country-wide efforts to support antimicrobial stewardship. The "Using Antibiotics Wisely" campaign has leveraged antimicrobial stewardship efforts to reduce unnecessary antibiotics for the two most inappropriately treated conditions: respiratory tract infections (RTI) in primary care and urinary tract infections (UTI) in long-term care[8]. As the principles of Choosing Wisely are increasingly being adopted, and often enforced, in all healthcare settings across the province, it will be important for the College to ensure that the current standards of practice reflect the Choosing Wisely principles and ultimately protect patients from unnecessary treatment.

In line with the principles of reducing unnecessary treatment, it will also be important for the College to set out clear parameters for pharmacist prescribing. Prescribing medication for minor ailments should be time-limited and for only that particular course of treatment.

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pharmacist prescribing: 'crossing the specialisms-crossing the illnesses'. Health expectations: an international journal of public participation in health care and health policy, 18(1), 58–68.

[6] Michael Feehan, Ph.D, Richard Durante, Ph.D, Jim Ruble, J.D., Pharm.D, Mark A. Munger, Pharm.D., FCCP, FACC, Qualitative interviews regarding pharmacist prescribing in the community setting, American Journal of Health-System Pharmacy, Volume 73, Issue 18, 15 September 2016, Pages 1456–1461.

7 Health Quality Ontario (2017). Implementing Choosing Wisely Canada Recommendations in Ontario to Improve Quality of Care. http://www.hqontario.ca/Portals/0/documents/qi/choosing-wisely/leaders-of-change-cwc-report-english.pdf

8 Choosing Wisely Canada (2019). Using Antibiotics Wisely. Retrieved from: https://choosingwiselycanada.org/campaign/antibiotics/

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Feedback specific to each minor ailment:

The OCFP is providing additional feedback specific to each minor ailment, informed by family physicians' expertise. While most of these ailments are minor, thus posing low risk to the patient, they could easily turn into high-risk conditions if pre-requisite steps are missed. To this end, our feedback is anchored in the key considerations provided above, as well as the following reinforcing guiding principles:

- protecting the continuity of the therapeutic relationship between the patient and their most responsible provider, e.g., the family physician;
- protecting patient safety;
- embodying evidence-based best practices; and
- supporting patients' health promotion and public health through the prevention of recurrence of illness, not solely its management.

In implementing the above guiding principles with each of the minor ailments below, we further ask that the College ensures that pharmacists:

- notify the patient's family physician as soon as possible after the time of administration or patient consultation (i.e. within 24 hours), and include a brief, documented and easy-to-understand follow-up plan for the minor ailment that was managed, including counselling provided to the patient; and
    - As mentioned above, should the patient not be attached to a family doctor, the patient should be provided with resources to enable attachment to a family doctor (i.e. Health Connect) and be counselled to visit a family doctor at a walk-in clinic in the interim.
- prescribe a time-limited course of treatment that would sufficiently address the ailment, but where the patient would be encouraged to seek medical attention from their family doctor should it not resolve in a reasonable amount of time.

Furthermore, as the College continues to build out specific expectations, competencies and guidelines for each of the minor ailments, it will be useful to consult and engage family physicians to pass on their clinical expertise and experience with respect to pitfalls of treating these ailments. This includes, but is not limited to, identifying red flags, recognizing potential misdiagnosis, appreciating the sensitivity and specificity of various tests, among other challenges.

Finally, noting that the minor ailments differ in their level of risk to patients, we have grouped the minor ailments in ascending order of level of concerns.

The OCFP would support the following group of minor ailments as an appropriate starting point for pharmacist prescribing:

CONDITION	AHFS CLASSIFICATION	OCFP Feedback
1. **Dermatitis (atopic/eczema, allergic and contact skin rashes)**	Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)	Prescribing for this ailment is appropriate only for minor issues, but not if this is a recurring issue in the patient. Pharmacists should assess the patient's history to determine whether this is a recurrent problem.
2. **Allergic rhinitis (nasal symptoms from allergies)**	Eye, Ear, Nose and Throat Preparations: Anti-inflammatory Agents. Corticosteroids (52:08.08) Eye, Ear, Nose and Throat Preparations: Antiallergic Agents (52:02)	Noting that many of these treatments are already available over the counter (OTC).
3. **Candidal stomatitis (oral thrush)**	Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes	Patient counselling is integral to not just managing, but also preventing recurrence of this ailment. Pharmacists should assess patients to identify how

	(84:04.08.28)	the patient obtained this issue and how they can prevent recurrence, or whether referral to a family doctor is needed to determine reasons for patient acquisition of this issue. As with the rest of the ailments, pharmacists should communicate with the patient's family doctor on the treatment and follow-up plan.
4. **Hemorrhoids**	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)	Pharmacists should appropriately assess patients to determine whether a referral to a family doctor is needed. This condition can be easily misdiagnosed by patients and often requires a physical examination to rule out more concerning issues, especially in the >40 years population.
5. **Dysmenorrhea (menstrual cramps)**	Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Anti-inflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)	Noting that treatments, such as Aleve and Advil, are already available over the counter (OTC).
6. **Insect bites (including tick bites) and urticaria (hives)**	Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08) Antibiotic Tetracyclines (8:12:24)	Pharmacists should follow Health Quality of Ontario (HQO)'s Clinical Guidelines Document on Management of Tick Bites and Investigation of Early Localized Lyme Disease. To support compliance with HQO's clinical guidance on managing tick bites, we continue to enforce the importance of notifying the patient's family doctor of the treatment and follow-up plan.

The following minor ailments pose concerns to the OCFP as patient self-diagnosis with respect to these ailments is more difficult. Also, important to reinforce that Over-the-Counter (OTC) options are already available for patient use:

CONDITION	AHFS CLASSIFICATION	OCFP Feedback
7. **Conjunctivitis (bacterial, allergic, viral)**	Eye, Ear, Nose, and Throat Preparations: Anti-infectives. Antibacterials (52:04.04) Eye, Ear, Nose, and Throat Preparations: Antiallergic Agents (52:02)	Identifying patients who require further evaluation for their presentation is important in this category. For example, it is important to differentiate between conjunctivitis from iritis or other presentations of the "red eye." If gonococcal conjunctivitis is suspected, the patient should be referred to the family doctor. If the patient is a child, counselling parents on the appropriate time for the patient to return to school or daycare is essential for infection prevention and

		control. These guidelines differ depending on the type of conjunctivitis. While clear provincial guidelines are needed, this SickKids's resource could support training and education in this area.
8. **Herpes labialis (cold sores)**	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)	Patients with recurrent episodes (greater than six per year) should be referred to their doctor.
9. **Gastroesophageal reflux disease (GERD)**	Gastrointestinal Drugs: Antiulcer Agents and Acid Suppressants. Histamine H2-Antagonists (56:28.12)	Patients should be prescribed a time-limited course of treatment that would suffice to address their condition, but should also be counselled to see their family doctor if symptoms persist.
10. **Musculosketelal sprains and strains**	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)	OTC options for these conditions are available and an appropriate starting point. Except for cox-2 inhibitors, can move to prescriptions as needed. Patients complaining from musculoskeletal issues related to hips, knees and lower back should be counselled to follow up with their family doctor if the issue persists, as they can be eligible for rapid access clinics for musculoskeletal care.
11. **Impetigo (bacterial skin infection common in children)**	Skin and Mucous Membrane Agents: Anti-infectives. Antibacterials (84:04.04) Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)	Pharmacist-driven prescriptions should include only topical treatments for this ailment. Pharmacists should also assess the extent of the infection (i.e. size and how much it has spread in the body) as the infection may require antibiotics from the family doctor. The patient may need to be prescribed a time-limited course of treatment and counselled to follow up with their family doctor if symptoms persist.

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The following minor ailment is of most concern to the OCFP:

CONDITION	AHFS CLASSIFICATION	OCFP Feedback
Urinary tract infection (uncomplicated)	Anti-infective Agents: Antibacterials. Sulfonamides (8:12.20) Anti-infective Agents: Urinary Anti-infectives (8:36	Patients should be counselled to follow up with a family doctor as the risk of misdiagnosis, complications or other complexities with this ailment is higher than the rest. Furthermore, enforcing antimicrobial stewardship is paramount in managing this ailment. We reinforce the importance of notifying the family physician of the treatment and follow-up plan to avoid prescribing an antibiotic that previously failed with that patient. It will be integral for pharmacists to assess and screen a patient's history including effectiveness of initial course of treatment and past antibiotic use. Avoiding the use of same antibiotic again in the case of treatment failure is integral in minimizing antibiotic resistance.

We appreciate the opportunity to share this feedback and help shape a regulation that supports pharmacist prescribing and works for patients in primary care, while also reducing the risks of misdiagnosis as well as fragmentation.

We value the important contributions of pharmacists across our healthcare system and look forward to our continued collaboration so that every Ontario resident receives high quality, coordinated, comprehensive and continuing care.

Sincerely,

Dr. Jennifer Young
President
Ontario College of Family Physicians

Leanne Clarke,
Chief Executive Officer
Ontario College of Family Physicians

cc. Dr. Elizabeth Muggah, President-Elect, OCFP
Ms. Laura Weyland, President, Ontario College of Pharmacists
Justin Bates, Chief Executive Officer, Neighbourhood Pharmacy Association of Canada
Bill Wilson, Interim Chief Executive Officer, Ontario Pharmacists Association