

Nancy Lum-Wilson, CEO and Registrar  
Ontario College of Pharmacists  
483 Huron Street  
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May 21, 20

**Re: Submission from Shoppers Drug Mart and Loblaw Pharmacies regarding *Expanding Scope of Practice: Pharmacist Prescribing for Minor Ailments***

Dear Nancy,

Shoppers Drug Mart and Loblaw Pharmacies (collectively 'Loblaw') is pleased to contribute to the consultation process regarding expanding the scope of practice for Pharmacists to include prescribing for minor ailments.

Every day, the scope of pharmacy services and care provided to Ontarians by our Pharmacies and Pharmacists lags behind the scope of services provided to Canadians in the vast majority of the rest of Canada, as the scope of Pharmacists practice in Ontario is unnecessarily restrictive compared to other provinces.

As such, we are pleased that the Minister of Health requested that the College submit regulations to enable an expanded scope of practice for pharmacists to help ease the burden on the health care system, support streamlined care pathways, and improve access to routine and minor ailment care in the community to support better patient outcomes, including proposed regulations to enable Pharmacist prescribing for minor ailments.

We appreciate the work that the College is undertaking to develop a regulatory approach and to define the appropriate parameters to optimize the role of Pharmacists in prescribing for minor ailments.

We submit the following recommendations for consideration.

**Recommendation 1: Prioritize and expand the list of proposed conditions to align with patient demand, and clinical evidence of impact of Pharmacist prescribing**

We have done a significant amount of work and analysis on a prioritized list of conditions for Pharmacist prescribing for minor ailments and for current gaps in the health care system.

While we understand that the Ministry used the specific term 'minor ailments', we concur with the approach taken in many other provinces that do not unnecessarily restrict Pharmacist prescribing to a strict definition under 'minor ailments', but that take a more holistic approach in enabling Pharmacists to prescribe for conditions that meet the needs of patients seeking community-based health care.

The list below is prioritized

- According to patient need and demand, as validated against implementation of these services in Nova Scotia, New Brunswick, Saskatchewan, and Quebec, and,
- On clinical evidence of pharmacist impact

A fact base and evidence for our prioritized list, including Lyme Disease, can be found in Attachment 1.

	<b>Loblaw Prioritized List</b>	<b>Original OCP List</b>	<b>Reduced OCP List for Consultation</b>
	<b>Indicates prioritized condition not considered by the College, or, not on the final College List for consultation</b>	<b>Indicates a condition considered, but not on the final College list for consultation</b>	
1.	Travel Health (incl. Traveler's Diarrhea, Malaria Prevention and Travel-related Vaccines)	Urinary Tract Infection (uncomplicated)	Urinary Tract Infection (uncomplicated)
2.	Cold sores (Herpes Labialis)	Dermatitis (Atopic-mild/moderate eczema, allergic contact and irritant contact)	Dermatitis (Atopic-mild/moderate eczema, allergic contact and irritant contact)
3.	Urinary tract infection	Insect bites, urticaria (hives)	Insect bites, urticaria (hives)
4.	Hormonal/Emergency Contraception	Conjunctivitis (pink eye) – bacterial, viral and allergic	Conjunctivitis (pink eye) – bacterial, viral and allergic
5.	Vaccines (nontravel related)	Acne (mild to moderate)	Allergic rhinitis (hay fever)
6.	Dermatitis/Eczema/Diaper Rash	Allergic rhinitis (hay fever)	Candidal stomatitis (oral thrush)
7.	Conjunctivitis/ Allergic conjunctivitis	Candidal stomatitis (oral thrush)	Herpes labialis (cold sores)
8.	Strep throat antibiotic (if test positive)	Oral aphthae (canker sores)	Hemorrhoids
9.	Oral fungal infection/Oral thrush	Herpes labialis (cold sores)	Gastroesophageal Reflux Disease (GERD)
10.	Mild-moderate acne	Hemorrhoids	Dysmenorrhea (menstrual cramps)
11.	Dyspepsia/ GERD and Acid reflux	Diaper dermatitis	Musculoskeletal sprains and strains
12.	Impetigo	Vulvovaginal candidiasis (yeast infection)	Impetigo

13.	Fungal skin infection	Dysmenorrhea (menstrual cramps)	
14.	Allergic rhinitis	Musculoskeletal sprains and strains	
15.	Erectile dysfunction	Impetigo	
16.	Nausea and vomiting during pregnancy	Nausea and vomiting during pregnancy	
17.	Cytoprotection from NSAID use	Gastroesophageal Reflux Disease (GERD)	
18.	Migraines	Pinworms and threadworms	
19.	Upper respiratory tract conditions	Lyme disease, post-exposure prophylaxis	

Based on this analysis, we strongly recommend that the College add the following conditions to Schedule 4 to enable Pharmacists to prescribe for an increased range of conditions to meet the needs of patients seeking health care at their community pharmacy.

- Travel health (traveller’s diarrhea, malaria prevention, travel-related vaccines)
- Hormonal/emergency contraception
- Vaccines (non-travel related)
- Strep throat antibiotics (if test positive)
- Mild to moderate acne
- Fungal skin infections
- Erectile dysfunction
- Nausea and vomiting during pregnancy
- Cytoprotection from NSAID use
- Migraines
- Upper respiratory tract infections

We note that while travel is currently restricted due to COVID-19, we believe this should be added to the new prescribing service as travel will open up again over time

Lyme disease was not on the preliminary list proposed by the College and was subsequently added by College Council. We agree with Council that this is a rational addition to the list, as covered under ‘Insect bites.

Our list is also prioritized to consider conditions with no, or limited, OTC alternatives. However, we recommend including the ability for pharmacists to prescribe schedule 2 or 3 products to assist patients obtaining coverage through whatever mechanism may be available for this service.

### **Recommendation 2: Limit education requirements to implementation requirements and an understanding of the regulations**

An education requirement is included in the draft regulation to 'confirm completion of education focused on the standards and expectations prior to performing the new prescribing activity'.

Pharmacists are competent in assessing and advising patients on non-prescription medications to treat minor ailments, and as the expert in the healthcare system on medication therapy are fully competent on recommending a prescribed therapy. In addition, Pharmacists are required to maintain their competency to meet the standards within their scope of practice.

Educational requirements should therefore be limited to implementation requirements and an understanding of the regulations. As is the case with any other service provided by a Pharmacist, if an individual believes they require additional training, it is incumbent on that individual to obtain that training prior to providing a specific service.

### **Recommendation 3: Remove the proposed regulation on drug categories, and replace with broad prescribing rights based on indication**

The College has recommended that drug lists set out in regulation be replaced by drug categories, as this would provide pharmacists with the flexibility to administer up-to-date medications, rather than waiting for these medications to be added to drug lists through regulatory changes.

We agree with this progressive approach to limiting red-tape regulation to allow for effective practice and optimum patient care.

However, we recommend that the College take this one step further and focus on broad prescribing rights for specific conditions, rather than drug categories. Pharmacists are the experts in the healthcare system on medication therapy and as such are fully competent on recommending a prescribed therapy. Restricting the type of therapy that can be prescribed by a Pharmacist may not be in the best interest of the patient and is unnecessary. Physicians that prescribe for minor ailments are not restricted in their choice of therapy, to allow for the most appropriate therapy to be prescribed, and a similar rationale should be applied for Pharmacists prescribing.

In addition, defining prescribing authority by referencing the American Hospital Formulary Service (AHFS) system of classification may cause confusion among pharmacists as to what they may prescribe for a specific condition. The AHFS system is not commonly referred to in day-to-day community pharmacy practice, and the medications included in each class may not be familiar, or readily available, to all pharmacists in the province. Uncertainty around which medications are included in a class such as "Urinary Anti-Infectives (8:36)", for example, may lead to a patient not receiving the most appropriate medication for their condition. Pharmacists should be permitted to prescribe the most appropriate therapy for their patient, considering all relevant clinical information relating to the patient and any applicable guidelines or standard therapies, without being limited to a particular AHFS drug category.

**Recommendation 4: Support the concept of remuneration**

While we understand that reimbursement is not under the purview of the College, shared accountability in the delivery of patient centered healthcare in community pharmacy is, as evidenced by the College's Community *Pharmacy Practice Environment Initiative*.

Fundamental to providing pharmacy services is appropriate remuneration for providing the service to enable the appropriate resources to be put in place to support service delivery.

We were pleased that the Minister of Health and Long-Term Care made a public statement last year that this new service would be funded, however, there has been no confirmation of this from the government. In the spirit of shared accountability, and the ability for all pharmacies to deliver the proposed new service to benefit patients and the health care system, we would encourage the College to support the *concept* of fair remuneration, while leaving the advocacy for such remuneration with the Ontario Pharmacists Association.

**Recommendation 5: Expand the composition of the Minor Ailments Advisory Group (MAAG) to include representatives with organizational pharmacy professional, and operational, experience**

The Minor Ailments Advisory Group (MAAG) has contributed to the development of the proposed regulations. The MAAG should continue to meet and should be expanded to include representatives with organizational pharmacy professional, and operational, experience. This perspective will be important as the new services are implemented, the service is monitored, and additional conditions are considered for addition to Schedule 4.

In addition to the recommendations above, we note that patients are presenting at pharmacies in increased numbers due to the current pandemic. Physicians may not be as accessible as usual, and many patients do not want to present at an Emergency Room (nor is this appropriate for a minor ailment). The proposed regulation offers a solution for patients and creates capacity in the primary care and hospital systems. As such we are hopeful that the College will request that the Ministry fast track the proposed regulation, to the extent feasible.

Respectfully,



Deb Saltmarche, Senior Director Professional Affairs

Cc:

Ashesh Desai, Executive Vice President, Pharmacy and Healthcare Business  
Theresa Firestone, Senior Vice-President Health and Wellness

**Attachment 1** – Refer to the PowerPoint Presentation *Attachment 1\_2020 05 OCP Consultation Minor Ailments and Care Gap Analysis*