



Ontario College
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MINOR AILMENTS ADVISORY GROUP (MAAG)

Summary of Recommendations:

*Pharmacist Prescribing
for Minor Ailments*

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November 2020

MINOR AILMENTS ADVISORY GROUP MEMBERS

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The Ontario College of Pharmacists (the College) has had the distinct honour of working with the members of the Minor Ailments Advisory Group (MAAG) as part of the College's overall systems-focused approach to drafting regulations that put patient safety first. Throughout the regulatory drafting process, the MAAG provided evidence-informed recommendations to the College and incorporated evaluation science to understand the impact the proposed changes may have on systems and population outcomes. The College would like to thank each of the MAAG members for their commitment to advancing safe, quality care and improved health outcomes.

INTRODUCTION

As the regulatory body for the profession of pharmacy, the College is mandated to protect and serve the public, and committed to advance safe, quality pharmacy practice throughout the province. In April 2019, the Ontario government announced that it would [expand scope of practice](#) for certain regulated health professionals, including pharmacists. In May 2019, the [government of Ontario directed the College](#) to submit regulations that would authorize pharmacists to prescribe for minor ailments, amongst other scope expansion requests. The goal of these changes are to help ease the burden on the healthcare system, support streamlined care pathways, improve access to routine care in the community and support better patient outcomes.

To develop the regulatory changes needed to enable this, the College sought broad stakeholder engagement, including an expert advisory group, to help inform the regulatory parameters that optimize the knowledge and skills of pharmacists and improve health outcomes and health-system quality. The [Minor Ailments Advisory Group \(MAAG\)](#) was established in June 2019 and was composed of a diverse group of patients and experts in medicine, public health, health systems research, and community pharmacy. The MAAG followed a systematic evidence informed approach to recommend: 1) a list of minor ailments, 2) associated medications, 3) safeguards for implementation, and 4) an evaluation framework for pharmacist prescribing for minor ailments. In making their recommendations, MAAG incorporated feedback from other stakeholders including patients, pharmacy associations, medical associations, academia, and registrants.

This report provides a summary of the process followed, summary of recommendations and key factors considered.

ENVIRONMENTAL SCAN

An environmental scan review was conducted to explore the current landscape of pharmacist prescribing in various jurisdictions across Canada. Currently, seven provinces have minor ailment prescribing programs, Nova Scotia being the first to implement in 2011.ⁱ Alberta follows a different framework in which pharmacists with Additional Prescribing Authorization are granted broad prescribing authority. Key findings from the scan were applied to the Capabilities, Opportunities, Motivation and Behaviour model (COM-Bⁱⁱ) to assist the group with identifying and recommending strategies for change, including regulatory, policy, implementation and evaluation. Refer to in [Appendix 1](#) for the search parameters considered for the environmental scan and resultant studies.

After review of the environmental scan, it was determined that there was no universal definition of minor ailments. As such, it was recommended that Ontario adopt the following definition

Minor ailments are health conditions that can be managed with minimal treatment and/or self-care strategies. Additional criteria include:

- ***usually a short-term condition,***
- ***lab tests are not usually required,***
- ***low risk of treatment masking underlying conditions,***
- ***medication and medical histories can reliably differentiate more serious conditions,***
- ***only minimal or short-term follow-up is required.***

The recommendation aligns with the definition in Nova Scotiaⁱⁱⁱ. MAAG acknowledged that other provinces, such as Manitoba and Saskatchewan, use the term self-limiting, which refers to conditions that resolve without treatment. However, MAAG considered that self-limiting would not apply to all minor ailments under consideration as some may not resolve without treatment, such as urinary tract infections.

CONDITIONS AND MEDICATIONS

A modified-Delphi approach was used to make recommendations on the minor ailments and medications to consider for the draft regulations. This method is an iterative process that uses a systematic progression of rounds of feedback and voting and is an effective process for determining expert group consensus.

Initially, a comprehensive list of all minor ailments that are implemented in at least one province was compiled ([Appendix 2](#)).

Conditions that did not meet the proposed Ontario definition of minor ailment were removed. MAAG then developed criteria to prioritize the remaining list of minor ailments. This involved reviewing routinely collected health utilization data from ICES and relevant studies^{IV} to identify the conditions that commonly contribute to non-urgent Emergency Department (ED) visits and considering factors that would position the program to meet the objectives of improving access to routine care in the community, as outlined by the Ministry and Minister of Health. The resultant criteria utilized to prioritize the minor ailments included: likely to prevent urgent care visits, treatment commonly involves the option of a prescription medication, degree of time-sensitivity, and frequency of inclusion in other provinces. Each MAAG member assessed the minor ailments according to the criteria and assigned a priority ranking of high, medium, or low. The conditions were stratified based on the first round of feedback. A second round of feedback occurred in which each MAAG member reviewed the aggregate priority rankings and had an opportunity to agree, disagree or flag for discussion. In the third round, a meeting was held for the group to review the results and reach consensus. A list of 18 minor ailments with high priority rankings was recommended (see Figure 1).

The College shared the recommended list for broad stakeholder feedback, including the public, through a series of third-party facilitated focus groups and through the [Citizen's Advisory Group](#), registrants through an online survey, and through discussions with pharmacy associations, medical associations, and health system partners. The College's Board also reviewed the list at its [December 2019 meeting](#) and recommended adding insect bites to the list to enable pharmacists prescribing for prophylaxis of Lyme disease after tick bites, given the importance of timely access to treatment and the [risk areas in Ontario](#). After reviewing the feedback, the list was refined to 12 minor ailments (Table 1) in keeping with the Ministry of Health expectations for the regulation submission.

FIGURE 1:

The MAAG recommended the following minor ailments during the initial rounds of review:

1. Urinary tract infection (uncomplicated)
2. Dermatitis (atopic/eczema, allergic and contact)
3. Insect bites and urticaria
4. Conjunctivitis (bacterial, allergic, viral)
5. Acne (mild to moderate)
6. Allergic rhinitis
7. Candidal stomatitis (oral thrush)
8. Oral aphthae (canker sores)
9. Herpes labialis (cold sores)
10. Hemorrhoids
11. Diaper dermatitis
12. Vulvovaginal candidiasis (yeast infection)
13. Dysmenorrhea
14. Musculoskeletal sprains and strains
15. Impetigo
16. Nausea and vomiting of pregnancy
17. Gastroesophageal reflux disease (GERD)
18. Pinworms and threadworms

A similar approach was followed to make recommendations on the medications that pharmacists should be authorized to prescribe for each minor ailment. MAAG identified the possible medication treatment options for each minor ailment based on clinical resources, clinical practice guidelines, antimicrobial stewardship principles, and experience from other provinces.^V MAAG considered the risk level of each medication option and the level of follow-up required. Two rounds of review were conducted to select the medication categories to recommend.

Medications are referenced according to categories defined by the American Hospital Formulary Service (AHFS) Classification system rather than by list of individual medications.^{vi} This approach aligns with other health professions engaging in expanded scope and supports pharmacists in having the flexibility to prescribe up-to-date medications, improving access to care and avoiding the need to make regulatory changes when new medications are approved.

TABLE 1:

The MAAG recommended the following medication categories (Arranged by AHFS Pharmacologic-Therapeutic Classification) for each minor ailment listed below:

CONDITION	MEDICATION CATEGORIES
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)
Dermatitis (atopic/eczema, allergic and contact)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08)
Insect bites (including tick bites) and urticaria	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-inflammatory Agents. Corticosteroids (84:06.08) • Antibiotic Tetracyclines (8:12:24)
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)
Allergic rhinitis	<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)
Candidal stomatitis (oral thrush)	<ul style="list-style-type: none"> • Skin and Mucous Membrane Agents: Anti-infectives. Antifungals. Polyenes (84:04.08.28)
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)
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)
Gastroesophageal reflux disease (GERD)	<ul style="list-style-type: none"> • Gastrointestinal Drugs: Antiulcer Agents and Acid Suppressants. Histamine H2-Antagonists (56:28.12)
Dysmenorrhea	<ul style="list-style-type: none"> • Central Nervous System Agents: Analgesics and Antipyretics. Nonsteroidal Antiinflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)
Musculoskeletal sprains and strains	<ul style="list-style-type: none"> • Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Antiinflammatory Agents. COX-2 inhibitors (28:08.04.08) • Central Nervous System agents: Analgesics and Antipyretics. Nonsteroidal Antiinflammatory Agents. Other Nonsteroidal Anti-inflammatory Agents (28:08.04.92)
Impetigo	<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)

The medication list was further refined based on feedback received from the College’s standard [open consultation](#). The final list and enabling regulatory changes were approved by the Board at its [June 15, 2020 meeting](#) and at the time of this report are under review by the government.

IMPLEMENTATION AND EVALUATION

MAAG also provided input on factors to consider for safe implementation. MAAG supported the approach of encouraging the use of available evidence-based resources and tools to support decision-making. The group recognized the role that pharmacists can play in judicious and appropriate antibiotic prescribing. To assist with this role, MAAG recommended that a practice tool based on existing guidelines be developed that will support appropriate antibiotic prescribing for conditions where pharmacists will be able to prescribe oral antibiotics. Public Health Ontario representatives on MAAG are developing the content for the tools which, once drafted, will be shared for additional input from stakeholders including registrants and physicians.

Additionally, MAAG provided guidance on an evaluation plan to monitor and assess the impact of the regulatory changes on the healthcare system and patient outcomes. The group applied implementation and evaluations science to identify short, medium and long-term goals for the program and outlined these in a Logic Model ([Appendix 3](#)). The group acknowledged that the evaluations plan should align with implementation, as factors such as uptake and data collection are important considerations that support a robust analysis. Next steps will include identifying evaluators to develop a measurement framework and performance metrics reflecting the outcomes identified in the Logic Model.

CONCLUSION AND NEXT STEPS

The MAAG provided guidance and expertise to the College and made a significant contribution to the policy development of pharmacist prescribing for minor ailments. MAAG has provided valuable feedback on key implementation considerations such as the development of tools to guide safe antibiotic prescribing. Additionally, the evaluation framework that MAAG has developed will serve as a foundation to assess and measure the impact of these changes on the healthcare system and patient outcomes.

ⁱThe seven provinces with minor ailment programs are: Nova Scotia, Manitoba, New Brunswick, Quebec, PEI, Newfoundland and Labrador.

ⁱⁱMichie Atkins L, West Ret al (2011) The Behaviour Change Wheel: a new method for characterizing and designing behavior change interventions *Implementation Science*.

ⁱⁱⁱ(2019) *Assessing and Prescribing for Minor Ailments*. Retrieved from <https://pans.ns.ca/public/pharmacy-services/assessing-prescribing-minor-ailments>

^{iv}Alsabbagh MW, Houle SKD. The proportion, conditions, and predictors of emergency department visits that can be potentially managed by pharmacists with expanded scope of practice. *Research in Social and Administrative Pharmacy*. 2019 Nov;15(11):1289–97.

^vReferences used include RxTx, produced by the Canadian Pharmacists Association.

^{vi}The American Hospital Formulary Service or AHFS, Pharmacologic–Therapeutic Classification System is a listing which provides a drug’s classification to reflect possible and common indications. Drugs with similar pharmacologic, therapeutic and/or chemical characteristics are grouped together.