Ontario Medical Association

Ontario Medical Association Submission

Proposed Regulatory Amendments (the proposal) to authorize pharmacy professionals to administer the RSV and Schedule 3 vaccines, authorize pharmacists to prescribe Oseltamivir (Tamiflu)

August 2023

Proposed regulatory amendments (the proposal) to authorize pharmacy professionals to administer the RSV and Schedule 3 vaccines, authorize pharmacists to prescribe Oseltamivir (Tamiflu)

Thank you for the opportunity to provide comment concerning the proposed regulatory amendments (the proposal) to authorize pharmacy professionals to administer the RSV and Schedule 3 vaccines, authorize pharmacists to prescribe Oseltamivir (Tamiflu), remove age restrictions for administration for influenza and other Schedule 3 vaccines and transition authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine and pharmacists to prescribe Nirmatrelvir/Ritonavir (Paxlovid).

The OMA is supportive of collaborative, team-based delivery of healthcare where every healthcare professional can work to their full scope of practice and be appreciated for their unique skills and experience. It is important to reinforce that the OMA values the contribution that pharmacy professionals bring to the healthcare team. To facilitate the review of proposed scope changes, the OMA has developed Scope of Practice Principles. While not every principle will be applicable in each instance, we feel it is beneficial to utilize a framework to consider proposed expanded scopes in a consistent, objective and evidence-based manner. These principles are listed below and together with feedback from our OMA members are the foundation for our comments.

The OMA Scope of Practice Principles state that any scope of practice change should:
1. Be subject to a rigorous regulatory structure,
2. Not raise patient safety concerns,
3. Be consistent with the knowledge, skill and judgment of the professionals involved,
4. Support a truly collaborative, team-based approach to care as opposed to parallel care,
5. Be accompanied by system initiatives/supports to ensure that no health care provider is unreasonably burdened with complications arising from expanded scopes of practice from other professions.
6. Be subject to stringent conflict of interest provisions,
7. Be applied with consideration of current best practices and lessons learned from other jurisdictions,
8. Be applied with consideration to cost effectiveness at a health system level,
9. Promote inter-professional communication and information sharing,
10. Promote continuity of care,
11. Promote positive relationships with patients,
12. Be subject to system evaluation to determine if they are leading to positive outcomes.

The OMA has had the opportunity to consult with members and the feedback is focused on ensuring patient safety, preventing fragmentation of care, and ensuring no additional administrative burden is introduced. This proposal also introduces potential changes in scope of

practice for pediatric vaccinations which raises significant concerns that are further outlined in section titled ‘Remove age restrictions for the administration of influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians.

The OMA would like to take this opportunity to emphasize the need for a provincial immunization reporting system. Currently there is no mechanism to report immunizations or database for a healthcare provider to search and see which patients have completed which immunizations. This means that patients bear the responsibility of tracking their patients’ vaccination records, which can result in either missed vaccines or patients receiving duplicate vaccines because they have lost track of their immunization history. This has the potential to lead to significant risks to patient safety.

Further, the lack of an integrated, centralized vaccine record contributes to additional administrative burden for primary care physicians as they need to manually enter this information into their EMR. In addition, we have heard from physicians of existing issues where pharmacies do not communicate with primary care physicians about the vaccinations that have been administered to their patients. This creates challenges with maintaining an accurate, continuous medical record for patients that guides preventive care management. It also creates added administrative burden as physicians try to track down where and when vaccines were administered as patients rarely have a record on-hand themselves to provide us, or often do not provide what they were given. Effective continuity of care requires that family physicians have access to their patients’ health information, and as such a seamless mechanism to ensure that family physicians have access to this information is critical. Importantly, obtaining this information must not include additional administrative burden for physicians.

Much has been learned and experienced since the recent change to enable pharmacists to prescribe for minor ailments, and we must collectively learn from changes and co-develop plans to support seamless change management.

The following outlines specific feedback on the proposal:

Give pharmacists and pharmacy technicians authority to administer the RSV vaccine

Given how recently the RSV vaccine was approved in Canada, further time and consultation with physicians is required to comment on how the RSV vaccine can be delivered through the pharmacy channel. We understand that the intent would be for pharmacists to only administer this to those 60+ years in age. It is important to note that there have been some safety signals related to the RSV vaccine in older adults and this may impact the type of counselling needed when administration occurs, physicians may be better positioned to have this conversation with patients. Further, physicians are in a unique and powerful position to instill confidence in vaccine-hesitant patients, specifically around a new vaccine.

Give pharmacy technicians authority to administer vaccines from Schedule 3 of O.Reg. 202/94

The proposal outlines the intention to give pharmacy technicians the authority to administer vaccines from Schedule 3 of O.Reg 202/94. The OMA would like to raise a few considerations regarding this section of the proposal.

1. Need for clear algorithms: Given the volume of vaccines listed under Schedule 3 and the diversity of protocols, including different administration sites, it is critical that the Ontario College of Pharmacists maintain definitive algorithms that outline which patients would benefit from these vaccines through a pharmacy and which patients care be best provided by a physician.

2. Comprehensive training: Pharmacy technicians will need the knowledge to both administer vaccines and to counsel patients, especially for those vaccines which require follow-up.

3. Ensuring follow up care: For vaccine protocols that require more than one visit, there must be a plan in place to ensure the entire vaccine protocol is complete. It will be critical that this is reinforced in new training and education for pharmacy technicians.

4. Supporting equitable access: Ensuring that these vaccines remain accessible to all Ontarians who need them is paramount and as such, no fees should be passed on to patients.

5. Supply and distribution: By increasing access to Schedule 3 vaccines through the pharmacy channel may lead to a diluted supply of vaccines across the province. Ensuring physicians' access to these vital vaccines is critical.

Give pharmacists authority to prescribe Oseltamivir (Tamiflu)

Given the data regarding who benefits most from this treatment, it is challenging to support Oseltamivir prescriptions by pharmacists without an available prescribing algorithm. Should pharmacists be given the authority to prescribe Oseltamivir, it will be essential that evidence-based algorithms are developed by clinical experts to determine which outpatient populations will benefit most from a Tamiflu prescription. Ensuring that evidence-based algorithms disqualify patients that will not greatly benefit from Oseltamivir will be critical to ensuring appropriate prescribing. In addition, it will help ensure sufficient supply is available for high-risk patients and those accessing the treatment outside of the pharmacy channel. It will be beneficial to understand how Tamiflu stock will be safeguarded for priority populations, such as long-term care residents and high-risk outpatients. Finally, the OMA is interested in better understanding how rapid testing in pharmacies will work, and if payment by patients would be required. This detail raises implementation questions regarding access for patients and potential conflict of interest for a pharmacy that can both test and prescribe.

Remove age restrictions for the administration of influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians

The proposal suggests that age restrictions be removed for administering the influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians. The OMA has concerns with this proposal as follows:

1. Vaccinations are generally administered during routine primary care appointments. While the vaccination is part of the motivation for the physician appointment, other important care is provided and development is assessed and discussed, representing a component of comprehensive care provided by primary care. For example, well baby visits are paramount for monitoring a child's age and stage of development, how the family is adjusting to a new baby, completing screening tests that were not done at the hospital, checking on the health of the parents, as well as counselling parents. Removing the vaccination from those visits runs a significant risk of families subsequently missing key appointments with their primary care physician. This could compromise key preventative care opportunities and further fragment care and result in care being offered in parallel by different healthcare providers.

2. The influenza vaccine is different than the group of vaccines that fall under Schedule 3, many of which require documentation for school attendance and require follow-up appointments. As such, further consideration should be given to each individual vaccine rather than grouping the influenza vaccine with Schedule 3 vaccines.

3. Should this proceed, given that the administration of vaccinations to infants under the age of two often requires additional skills, including positioning, supplementary education and training for pharmacists and pharmacy technicians will be critical to ensure the necessary skills are acquired and maintained.

Transition authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine and for pharmacists to prescribe Nirmatrelvir/ritonavir (Paxlovid), from the Regulated Health Professions Act (RHPA), Controlled Acts Regulation (107/96) to the Pharmacy Act, General Regulation (202/94)

Transitioning authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine and for pharmacists to prescribe Paxlovid from the RHPA to the Pharmacy Act is an administrative change that the OMA does not have a comment on.

As with every change in scope of practice, the OMA strongly recommends that every successful regulatory amendment be subject to system evaluation to determine if they are leading to positive outcomes for both patients and providers, including physicians. Should these proposed regulatory amendments come into effect, the OMA would welcome the opportunity to work with the Ontario College of Pharmacists on such evaluations.

Thank you for the opportunity to provide feedback.