

May 21, 2020

Nancy Lum-Wilson
CEO and Registrar
Ontario College of Pharmacists
483 Huron Street
Toronto, Ontario M5R 2R4

Dear Ms. Lum-Wilson,

The Ontario Medical Association (OMA) appreciates the opportunity to participate in the Ontario College of Pharmacists' (OCP) consultation on proposed regulations to enable pharmacists to prescribe drugs for certain minor ailments as directed by the Minister of Health. This letter provides the OMA's perspective on this proposal. It is important to reinforce that the OMA values the important contribution that pharmacists bring to the health care team in all practice settings, whether in hospitals, clinics, or other community-based facilities.

As you are aware, the OMA has developed a list of principles by which we assess scope of practice expansions. While each principle may not be applicable for every proposed scope change, we believe it is important to utilize a framework that overall provides for a consistent, objective and evidence-based assessment. We encourage others to utilize these OMA principles and welcome the opportunity to discuss them further.

The OMA's standard set of principles to assess scope of practice changes are:

1. Be subject to a rigorous regulatory structure,
2. Be consistent with the knowledge, skill and judgment of the professionals involved,
3. Support a truly collaborative, team-based approach to care as opposed to parallel care,
4. Not raise patient safety concerns,
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 patient,
12. Be subject to system evaluation to determine if they are leading to positive outcomes.

The OMA acknowledges the OCP's important role in regulating the pharmacy profession in the public interest. It is apparent that a rigorous regulatory structure exists through the development of professional standards and quality assurance measures to ensure patient safety. With this in mind, the OMA has identified some considerations for the College to take into account as it moves forward in regards to the minor ailments proposal.

Minor Ailments Proposal:

We understand that the proposal is to permit pharmacists with additional education to prescribe from a list of twelve minor ailments / conditions as long as certain criteria are met (e.g., the minor ailments can be reliably self-diagnosed by the patient, are short-term conditions, do not usually require lab results to diagnose, and require only minimal short-term follow-up, etc.). Adhering to the proposed criteria and applying them where there is a low risk of misdiagnosis is essential in determining which minor ailments, if any, could be included from the proposed list of twelve.

In review of the twelve ailments proposed we believe the majority of the conditions listed may not be easily self-diagnosed and may mask other more serious underlying health conditions. For example, GERD may be myocardial infarction, dysmenorrhea may be cancer, and conjunctivitis may be iritis, uveitis, or keratitis, to name only a few. Physicians have extensive knowledge and understanding of their patients underlying health conditions because of their relationships with them. This knowledge along with the clinical skills that physicians possess to make a differential diagnosis and conduct a proper investigation are critically important to safe outcomes. Prescribing for a misdiagnosed condition could result in great harm to patients and delays in receiving the appropriate and potentially life-saving treatment. Physicians also spend many years learning these skills and it is unclear how the College would ensure that pharmacists are provided with a comparable education to acquire these necessary competencies. The OMA requests that more information about the proposed education be provided before any proposal related to minor ailments moves forward.

The OMA acknowledges that there may be some conditions where the risk of patient harm is lower, and pharmacist prescribing may be appropriate as an interim measure as long as the criteria noted above are met. These minor ailments may include herpes labialis (cold sores), xerophthalmia (dry eyes), and allergic rhinitis (nasal symptoms from allergies). In these instances, it is recommended that the prescribing period be time-limited to one that would sufficiently address the condition, but where the patient would be encouraged to seek medical attention from a physician should it not resolve in a reasonable amount of time. In addition, the proposal requires the pharmacist to notify the primary care provider within a reasonable time that the pharmacist prescribed a drug for the patient and provides details respecting the prescription. More information and guidance are needed regarding what is considered a reasonable period of time to ensure the physician receives timely notice.

As noted in previous submissions related to scope expansion, the OMA believes that a listing of specific drugs rather than categories of drugs in the regulation is preferable. While we acknowledge the challenge in updating lists on a regular basis when contained in regulation,

drug categories consist of such a broad range of substances with various drug interactions, side effects, and contraindications that the purpose and use of each drug should be examined individually before being approved for use by pharmacists. Further, if it is contemplated that pharmacists or pharmacies are compensated for prescribing for minor ailments, pharmacists must adhere to relevant conflict of interest rules to help ensure prescriptions are appropriate and necessary.

Strengthen Collaboration and Communication:

The OMA believes there are opportunities to strengthen collaboration between physicians and pharmacists within the existing scope of practice that can be pursued to promote patient safety and well-being. Examples of enhanced collaboration may include:

- de-prescribing by proactively identifying medications that could potentially be discontinued and suggesting a tapering plan if the physician agrees;
- providing alternative suggestions for in-class medications that are available when the patient's regular chronic medication is unavailable; and
- looking into funding options for drugs that are not covered by a patient's private plan or ODB, and assisting with the application for such programs.

There are many ways to enhance collaboration and the OMA would welcome the opportunity to discuss further with the OCP.

The need for effective and timely communication between pharmacists and physicians cannot be over-emphasized. Successful interprofessional care must be supported by an infrastructure that has mechanisms in place to ensure ongoing and integrated communication between health care providers. This is particularly important in regards to prescribing given the broad knowledge physicians have with their patients. Collaboration between providers is vital when more than one team member has responsibility for a patient. Shared access to patients' health information through an integrated EMR is critical for patient safety and for responsible cost effectiveness of the health care system. This is something for which all health care organizations can advocate.

Thank you for the opportunity to participate in the OCP's consultation on proposed regulations to enable pharmacists to prescribe drugs for certain minor ailments.

Sincerely,



Dr. James Wright, CM, MD, MPH, FRSCS (Ed)
Chief, Economics, Policy and Research