



**Neighbourhood
Pharmacy**
Association of Canada

Association canadienne
**des pharmacies
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Government of Ontario

**Consultation on proposed changes to advance the pharmacy sector
in Ontario
(Proposal Number 24-HLTC025)**

Neighbourhood Pharmacy Association of Canada

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Submitted to

**Ministry of Health and Long-Term Care, Health Workforce Regulatory
Oversight Branch**

The Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) represents leading pharmacy organizations across the country, including chain, banner, grocery chains, specialty pharmacies, and mass merchandisers with pharmacies. In Ontario, we advance the delivery of care through close to 4,900 pharmacies and their teams, that serve as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods.

As the Canadian association representing pharmacy operators, we act in Ontario and across the country to support policy makers with the development of innovative solutions that allow pharmacies to support public health and primary care while advocating for fair and sustainable funding for community pharmacies. We collaborate with our national and jurisdictional pharmacy colleagues on areas of alignment.

On behalf of our member pharmacies across Ontario, we are providing considerations and recommendations regarding some of the proposed initiatives aimed at maximizing the role and contributions pharmacies and their teams can provide in connecting Ontarians to the right care in the right place at the right time. We have consulted with the Ontario Pharmacists Association and are aligned in our feedback.

We have four specific recommendations:

- 1. Expand pharmacists' ability to provide effective minor ailments services and authorize pharmacists to communicate the diagnosis of a minor ailment.**
 - 2. Increase pharmacists' ability to order specific laboratory tests and perform additional point-of-care tests to support the assessment and management of minor ailments and chronic diseases.**
 - 3. Further enable community pharmacies to improve access to immunization services, by**
 - a. Authorizing pharmacy technicians to administer all vaccines authorized under the pharmacist's scope of practice, and expanding the ability of pharmacy professionals to administer all routine vaccinations;**
 - b. Providing fair remuneration to pharmacy teams for administration of all publicly funded vaccines;**
 - c. Authorizing pharmacists to prescribe for all immunizations they are authorized to administer;**
 - d. Ensuring pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors; and by**
 - e. Enabling centralized immunization records.**
 - 4. Optimize medication review services delivered through pharmacies.**
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1. Expand pharmacists' ability to provide effective minor ailments services and authorize pharmacists to communicate the diagnosis of a minor ailment.

Ontario pharmacists can currently assess and prescribe medications for 19 minor ailments. The competency of pharmacists to safely and effectively prescribe and care for patients with these self-limiting conditions is evident and has been safely and successfully done in other jurisdictions for over a decade ^{i,ii}. Additionally, Ontarians clearly value and appreciate the ability to access appropriate and convenient care at their local pharmacy. ⁱⁱⁱ

We are in full support of increasing pharmacists' ability to assess patients and prescribe medications for the 14 additional common ailments proposed by the Government and encourage consideration of additional ailments as part of this expansion. All of the 14 conditions under consideration by the Ontario government are all already within pharmacists' scope of practice in one or more other provinces across the country. ^{iv} Each condition has also been previously reviewed and recommended for inclusion by the Ontario College of Pharmacists (OCP), with support from the sector. ^v In particular, ensuring **that pharmacists can assess and prescribe for Strep Throat**, whether within the parameters of acute pharyngitis or as a stand-alone condition, would be enormously valuable. Preliminary data emerging from the Community Pharmacy Primary Care Clinic programs in Nova Scotia supports the need for this activity; during a recent strep throat outbreak participating pharmacies assessed 35,000 patients for strep throat symptoms, preventing these patients from presenting at their local emergency department. ^{vi}

Furthermore, **we urge the Government to consider adopting 3 additional reproductive health conditions also recommended by the OCP, including Hormonal contraception, Emergency contraception and Treatment for erectile dysfunction.** Pharmacists in several other provinces already have the ability to prescribe medications that support reproductive health. Ensuring that pharmacists have the ability to address women's health concerns, through the ability to prescribe hormonal contraception and emergency contraception, is of particular importance. Pharmacists in all provinces except Ontario, Manitoba and the three territories can already prescribe birth control and emergency contraception. Expanding prescribing powers in Ontario in a similar way, would significantly enhance the care options available to women, promoting better health outcomes across the province.

The OCP standards of pharmacy practice demand that all pharmacists already understand their ethical, legal and professional obligations to ensure they possess the required knowledge, clinical skills, and judgment to safely assess and prescribe medications for any minor ailments. In addition to having a thorough understanding of the legislative requirements of prescribing for minor ailments, the OCP also ensures that pharmacists are competent to identify any gaps in their skills and knowledge and have access to any necessary clinical education to enable them to safely and confidently prescribe for minor ailments before engaging in this expanded scope activity.

The health system already depends on and trusts pharmacists' skills, competency, education and professional judgment to effectively assess a patient's symptoms and health status and recommend appropriate treatment including prescribing medication. It is illogical to withhold the final step of communicating a diagnosis to the patient within the context of these activities. The provinces of BC and Alberta already enable this ability in the context of authorized prescribing activities. **Ontario should include the ability to communicate a diagnosis into the minor**

ailments pathway to provide patients with all the information they need to make decisions regarding their health condition and recommended treatment.

We would also encourage the Government to consider two other actions to better support the uptake and continued expansion of the minor ailments program:

- **Move away from the use of ‘list-based’ expansions for conditions or drugs.** As lists are written into Acts and/or Regulations, any changes require considerable time and effort. Instead, we encourage the government to learn from the experience of provinces such as Alberta, which currently allow pharmacists to provide any Schedule 1 drug they deem appropriate for the patient’s condition. The province of Quebec is also considering moving away from list-based pharmacy professional authorities or activities as it debates Bill 67.^{vii}
- **Review the existing requirement for pharmacists to send notification of a medication prescription to the patient’s physician.** It is worth noting that, among all other healthcare providers in the province with prescribing privileges, only pharmacists have this notification requirement. This not only adds an extra element of documentation and administrative activity to pharmacists themselves, but also to the patient’s primary care physician who must manage or respond to such notifications. A more streamlined process by which to ensure a patient’s physician is informed of the initiation of a new or clinically relevant medication should be considered.

Pharmacists are the health systems’ medication experts. We encourage the government to rely on their competencies and skills in applying clinical guidelines and professional judgment to assessing patients’ medication therapy needs without adding any additional administrative burden to either the system or other healthcare providers.

2. Increase pharmacists’ ability to order specific laboratory tests and perform additional point-of-care tests to support the assessment and management of minor ailments and chronic diseases.

In 2022, regulatory changes came into force that allowed pharmacy professionals to collect specimens and administer several point-of-care tests involving the piercing of skin and the collection of blood samples for the purpose of medication management to treat several chronic diseases including diabetes (through monitoring of blood glucose, and HbA1C), dyslipidemia (through monitoring lipid panels) and clotting disorders & warfarin dose management (via PT/INR; Prothrombin Time Test and International Normalized Ratio). Pharmacists were also granted the ability to administer rapid antigen (RAT) tests & collect specimens ordering laboratory tests to detect COVID-19, to support appropriate treatment and prescribing. Providing pharmacists with the authority to incorporate more POCT or laboratory tests into their practice builds on these existing capabilities and ensures pharmacies have access to valuable results to support timely clinical decision making.

We particularly support the Government’s proposals to increase pharmacists’ ability to incorporate POCTs to identify **strep throat** and **urinary tract infections** (UTIs) into the minor ailments assessment pathway. As noted elsewhere in this submission, pharmacists’ ability to assess patients for strep throat as part of their minor ailments program was of enormous benefit during a recent outbreak in Nova Scotia. In Ontario, the uptake of minor ailments services has

further demonstrated that UTI is one of the most common ailments for which patients seek prescription medication from pharmacists. Enabling pharmacists to use POCTs to assess patients for strep throat and UTIs will allow pharmacies to identify conditions rapidly, and offer immediate healthcare services to patients, reducing the burden on other parts of the primary or acute health care system.

3. Further enable community pharmacies to improve access to immunization services

We wish to state our unequivocal support for enabling pharmacies to administer an expanded range of publicly funded vaccines (including Tetanus, Diphtheria & Pertussis vaccines, Pneumococcal vaccines and Shingles vaccines) to make receiving routine immunizations more convenient and accessible for Ontarians in their communities. One of our key priorities is to shape policy to support the role of community pharmacies and their teams as community health hubs, providing sustainable public health and primary care services. We believe Ontarians should be able to expect a consistent set of core health care services provided at their local community pharmacy, no matter where they live. Routine immunization is one of the critical public health services that should be enabled and expanded in community pharmacies.

Successful uptake and implementation of these additional vaccination services in community pharmacies would be enhanced by the following scope and/or policy changes:

3.a) Authorize pharmacy technicians to administer all vaccines authorized under the pharmacist's scope of practice, and further expand the ability of all regulated pharmacy professionals to administer all vaccinations.

Pharmacy professionals are medication experts with the skills and competency to administer immunizations and carry out all clinical and technical tasks associated with this service, including assessing patients' eligibility and suitability, vaccine administration, documentation and prevention of adverse events. Currently, Schedule 3 of the General regulation made under the Pharmacy Act identifies 19 vaccines that pharmacists may administer, which include a number of vaccines for preventable travel illnesses, as well as routinely recommended and/or publicly funded vaccines. Schedule 3 vaccines may be administered without a prescription. Pharmacy technicians can currently only administer 3 of the vaccines on this list (RSV, Influenza and COVID-19). The vaccine for Tetanus, Diphtheria & Pertussis (Tdap), one of the vaccines under consideration by the Government, is not on this list, meaning it cannot currently be administered by pharmacists or pharmacy technicians.

The Government's proposal to increase the immunization authority of technicians to administer all Schedule 3 vaccines is a key component of increasing patient access to immunization services. Adding the ability of both pharmacists and pharmacy technicians to administer the Tdap vaccine will further enhance patient access to these routinely recommended vaccines and increase uptake. However, similar to our recommendation regarding minor ailments conditions we would also strongly encourage government to consider moving away from list-based criteria for scope of practice expansions regarding vaccine administration, and instead, **enable all regulated pharmacy professionals to administer all vaccines**

3.b) Authorize pharmacists to prescribe for all immunizations they are authorized to administer.

The prescription landscape for routinely recommended vaccines is fragmented. Some vaccines require a prescription, some do not. Additionally, patients who may be eligible for private coverage for vaccinations, can only receive coverage if that vaccine is “prescribed” by a recognized prescriber in the province, necessitating them to book appointments with their physician in order to receive an eligible prescription for coverage. Enabling pharmacists with the scope to prescribe for all vaccines would uncomplicate the patient journey and minimize unnecessary interactions with the health system. Ontarians could be assessed at a pharmacy in their community, at a time that is convenient for them, have their vaccine prescribed and administered all in one place. This means faster service, fewer demands on the healthcare system and better access overall to care. Pharmacists in Ontario already have demonstrated their competency and proficiency in prescribing medications for minor ailments and COVID-19 antivirals, and routinely assess patients for eligibility, safety and appropriateness for immunizations. Expanding prescribing authority to all routine vaccines is a logical next step.

3.c) Ensure pharmacies have access to all publicly funded vaccines through existing pharmaceutical distributors.

We further recommend the Government evaluate the design of its vaccine distribution program to enable better pharmacy sector access to all publicly funded vaccines via wholesalers. Pharmacy operators should be included in the review and development of this program to better ensure that Ontarians have access to the vaccines in an accessible and convenient manner through their community pharmacies. Public supply should be allocated to the pharmacy sector based on projected share of immunizations to be delivered via this channel and distributed through pharmaceutical distributors, rather than allocations being determined regionally by public health units.

Ensuring that pharmacies can obtain publicly-funded TDAP, shingles, RSV and pneumococcal vaccines by thoughtfully leveraging their proven robust distribution channels will vastly expand access to these vaccines in virtually every community across the province. The majority of pharmacies already have the necessary physical infrastructure and protocols to manage safe storage and administration of these new vaccines. Overall, a better line of sight into the supply channel will result in less vaccine wastage and more accessible stock on hand and will allow pharmacy teams to turn more patient interactions into immunization opportunities, helping the province to increase immunization rates and catch-up on delayed care.

3.d) Enable centralized immunization records.

At the present time, depending on where a patient receives a publicly funded immunization (i.e., from a local public health unit, primary care office, or pharmacy), the record is stored in different systems used by each sector that do not integrate with one another. The availability of a centralized database that includes all immunization records for patients is critical to the success of any provincial immunization program as it would be beneficial to all healthcare providers involved, as well as increase efficiencies in the healthcare system. For example, the lack of access to patient immunization records can consume significant amounts of the pharmacy team’s time to piece together vaccine histories from fragmented patient records, memories and contacting other healthcare providers to confirm immunization status. If pharmacies had access

to complete patient vaccination records, that time could be used more efficiently to provide care to patients. In addition, a complete immunization record would allow for easy identification of patients who may be missing vaccinations and enable a more targeted approach to reaching out to these individuals to increase vaccination rates.

3.e) Provide fair remuneration to pharmacy teams for administration of all publicly funded vaccines.

Pharmacies depend on immunization service fees to support a variety of clinical and technical functions required for the administration of an immunization, including assessing patients' eligibility and suitability, vaccine administration, documentation, preventing adverse events and following up with the patients' primary care providers where necessary. Ontario's pharmacies currently have the lowest immunization fee across the country. The provision of fair and reasonable remuneration for pharmacy services is critical to a successful uptake of expanded routine immunization services. Ensuring that pharmacies can sustainably deliver this service will support maximal participation by pharmacies and increase timely and convenient access to routine immunizations in communities across the province.

4. Optimize medication review services delivered through pharmacies

The Ontario Medscheck program allows pharmacists to provide patients with a medication review service via a one-one one consultation to review the patient's medication profile, provide education, resolve drug therapy problems, and improve medication adherence and patient clinical outcomes. We believe it provides considerable value to Ontarians and the health care system through enabling pharmacists to optimize patients' medication therapy and monitor and manage the progression of chronic disease. Specifically, it provides pharmacies with a tool to readily identify actual or potential therapy issues and intervene, if needed, with adherence strategies. More importantly, Medschecks help pharmacies prevent further complications or even hospitalizations resulting from adverse drug events or worsening conditions. For example, a member pharmacy shared a recent instance of where they were able to identify a potentially harmful drug interaction in a patient unknowingly taking duplicate antidepressant medications (two selective serotonin reuptake inhibitors) through a patient-requested Medscheck. Taking more than one of these medications regularly increases the risk of serotonin syndrome, which can cause a spectrum of serious symptoms and in some cases can be fatal. The Medscheck service ensured the pharmacist was able to identify and resolve this drug duplication and interaction early, and mitigated a serious and potentially fatal consequence in this patient.

We support the Government's proposal to modernize the Medscheck program to better deliver optimum value and return on investment. However, we believe it must remain a robust and patient centered program, that meets health system and patient goals, while ensuring pharmacies can continue to sustain delivery of service. To improve efficiency and effectiveness, we would encourage the government to consider

- adopting modernized technologies to streamline communication and reduce administrative burden on all healthcare providers.
- better claims design to collect outcomes data for evaluation (e.g., similar to Minor Ailments and Pharmaceutical Opinions Programs)

In addition, we support the work of the Ontario Pharmacists Association (OPA), who carried out extensive consultations with practicing pharmacists in 2024, to identify ways of streamlining processes and advancing patient care. **We would encourage the Government to carefully consider the detailed and specific recommendations previously made by the OPA to enhance the current Medscheck program.**

Summary

We strongly support the Ontario government's proposals to expand the role community pharmacies can play in providing public health and primary care to Ontarians.

- Leveraging pharmacists' skills and competencies to not only prescribe medications for more minor ailments but complete the medication access pathway by integrating use of POCTs to support clinical decision making and communication of diagnoses will bring faster and more accessible treatment to Ontarians without adding additional burden to other parts of the healthcare system.
- Increased pharmacy involvement in the administration of routine immunizations through appropriate scope changes to ensure all pharmacy team members are authorized to administer all publicly funded vaccines, the streamlined distribution of publicly funded vaccines through the province's existing robust pharmaceutical supply system and better integration of electronic vaccine records will ensure that pharmacies can increase vaccine uptake.
- Ensuring that pharmacies can sustainably deliver services through appropriate remuneration will support maximal participation by pharmacies and increase timely and convenient access to routine immunizations in communities across the province.
- And finally, modernization of the Medscheck system will ensure that it remains viable and continues to provide valuable services to Ontarians.

Community pharmacies in Ontario play an essential role as community health hubs and provide essential health care services to Ontarians every day. Expanded pharmacy services can provide convenient access to primary care and reduce pressures on the healthcare system. Pharmacies can also help close the health equity gap for marginalized populations unable to access primary care as 95% of Ontarians live within five kilometers of a pharmacy – making pharmacies one of the most accessible “doorways” for Ontarians into the broader health system. We urge the Government to build on the successful momentum and public support of the expansion of pharmacy services and further invest in measures to increase pharmacies' ability to connect patients to care close to home. We welcome further dialogue on how we can partner to ensure a strong and viable pharmacy sector for years to come that fulfils the Government's vision of delivering health care when and where Ontarians need it.

ⁱ Nakhla N, Shiamptanis A. Pharmacist Prescribing for Minor Ailments Service Development: The Experience in Ontario. *Pharmacy (Basel)*. 2021 Apr 27;9(2):96. doi: 10.3390/pharmacy9020096.

ⁱⁱ Alberta College of Pharmacists (ACP), "Pharmacist Prescribing: Enhancing Patient Care," ACP Report, 2019.

ⁱⁱⁱ Ontario Pharmacists Association (OPA), "Public Perceptions of Pharmacist Prescribing for Minor Ailments," 2022.

^{iv} https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/PharmacistPrescribingAuthority_July23_EN.pdf

^v <https://www.ocpinfo.com/wp-content/uploads/2020/12/Minor-Ailments-Advisory-Group-MAAG-Summary-of-Recommendations-Pharmacist-Prescribing.pdf>

^{vi} <https://actionforhealth.novascotia.ca/getting-primary-care-pharmacy>

^{vii} <https://www.assnat.qc.ca/en/travaux-parlementaires/projets-loi/projet-loi-67-43-1.html>