



April 14, 2022

Health Workforce Regulatory Oversight Branch  
Strategic Policy, Planning and French Language Services Division  
Ministry of Health  
Ministry of Long-Term Care  
438 University Avenue, 10th Floor  
Toronto, Ontario, M5G 2K8  
RE: Pharmacists Prescribing of Minor Ailments Regulations

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The Canadian Society of Hospital Pharmacists Ontario Branch (CSHP-OB) supports the proposed draft regulations under Regulation 202/94 of the Pharmacy Act that would enable the expanded scope of practice for pharmacists to prescribe for minor ailments. Pharmacists have a long history of helping Canadians with minor ailments and are considered to be the most accessible healthcare providers. Pharmacists practicing in collaborative health care settings such as hospitals, primary care teams, and long-term care facilities in Ontario already play a key role in the assessment and selection of appropriate therapies for minor ailments. They are not only well positioned to independently prescribe in this framework, but also have the advantage of having a physician close by to consult with.

The minor ailments regulations are a welcome addition to the pharmacist scope of practice in Ontario.

The authorization to prescribe is a tool that enables hospital pharmacists to further engage in activities that have a positive influence on patient outcomes. The goal of prescribing by pharmacists is to improve the health of Ontarians by optimizing the use of a pharmacist's knowledge and expertise.

Pharmacists work with other health professionals and patients, sharing information to support high quality, safe prescribing. Pharmacists are the one healthcare professional on interdisciplinary teams whose education and practical training is focused on the use of medications to optimize a patient's overall health outcomes. Evidence shows that pharmacists are critical to reducing medication-related adverse events and improving medication safety. Across Ontario, Pharmacists who work in hospital, primary care, and long-term care already participate in collaborative prescribing agreements through medical directives or delegated prescriptive authority; this demonstrates a clinical partnership between physicians and pharmacists that allows independent decision-making by the pharmacist to support patient care.

Pharmacists practice within the boundaries of their legislative practice framework. CSHP OB would also like to emphasize that the current hospital and long-term care regulations in Ontario prevent pharmacists working in these environments to practice to their full scope. More specifically,

pharmacists are not recognized as providers within the *Public Hospitals Act, 1990*, and thus cannot independently prescribe in the hospital setting. Similarly, pharmacists practicing in long-term care setting are bound by *Ontario's Act for Long-Term Care, Fixing Long-Term Care Act, 2021* which limits their capacity to practice to their full scope. These Acts create administrative barriers and healthcare institutions are duplicating the work by creating their own individual policies, medical directives, and practice guidelines to support the expanded scope of pharmacy practice.

CSHP OB would also ask the Ministry of Health to consider implementing a structure for Virtual consultation, to ensure that a mechanism for virtual prescribing is possible either via phone or video conference consultation. This will offer more access, greater convenience, and lower costs to many patients, in particular, those who have limitations in mobility, need family support for language/care needs, or are unable to take time away from work. In long-term care settings, pharmacists may be responsible for multiple sites and thus, they would need the ability to assess and review patients remotely to initiate a minor ailments prescription.

Minor ailments prescribing by pharmacists has been shown to improve accessibility to care, reduce physician visits, and improve patient outcomes in other Canadian provinces. Implementing this program in Ontario will ensure that pharmacists have the flexibility to optimize medication use and improve access to care while maintaining the principle of patient safety, across all sectors of the healthcare system. We would ask the MOHLTC to consider exemptions in the *Public Hospitals Act*, and in the *Ontario's Act for Long-Term Care and Fixing Long-Term Care Act, 2021* to allow pharmacists in all practice settings to practice to their full scope, and to consider virtual care as a part of the implementation of this program.

We appreciate the opportunity to provide feedback for these proposed regulations and look forward to continuing to work with the MOHLTC.

Please do not hesitate to contact me if you have any questions.

Regards,



Rita Dhami RPh, BScPhm, PharmD  
President, CSHP OB