

Pharmacists prescribing for common ailments

Frequently asked questions

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Introduction

The OMA became aware of plans to expand the scope of practice for pharmacists, similar to pharmacist prescribing in other provinces, in April 2019. As usual, the OMA was able to provide feedback, but in the end this was the Ontario government’s decision.

What is the legislative change?

Through amendments to [Regulation 202/94](#) under *the Pharmacy Act, 1991*, as of Jan. 1, 2023, pharmacists in Ontario are authorized to prescribe treatments for 13 common ailments based on patient self-diagnosis and prescribing algorithms.

What ailments can pharmacists now prescribe for?

As of Jan. 1, 2023, Ontario pharmacists can prescribe medications for the following 13 minor ailments:

- Allergic rhinitis
- Candidal stomatitis (oral thrush)
- Conjunctivitis (bacterial, allergic and viral)
- Dermatitis (atopic, eczema, allergic and contact)
- Dysmenorrhea
- Gastroesophageal reflux disease
- Hemorrhoids
- Herpes labialis (cold sores)
- Impetigo
- Insect bites and urticaria (hives)
- Tick bites, post-exposure prophylaxis to prevent Lyme disease
- Musculoskeletal sprains and strains
- Urinary tract infections (uncomplicated)

What was the OMA's role in this change?

The OMA has been raising concerns about this change to the Ontario government (including the Ministry of Health, the Minister of Health and the premier's office) since 2019. The OMA has highlighted several concerns to the government including, but not limited to, patient safety risk, fragmentation of care, conflict of interest, a lack of unified medical records, and added administrative burden on physicians. Our concerns and recommendations were not addressed by the government. Read the [OMA's letters](#) regarding this scope of practice issue.

Is there a timeline of how and when this change happened?

- **January 2019:** The OMA Board approved an approach for the OMA to address scope of practice changes. Principles to evaluate changes were developed to ensure a consistent approach.
- **April 2019:** The Ontario government made a commitment in the [2019 budget](#) to expand scope of practice for pharmacists.
- **May 2020:** The OMA provided [formal feedback](#) to the Ontario College of Pharmacists on May 21, 2020.
- **2020-22:** The OMA met with the Ontario College of Pharmacists and the Ministry of Health on several occasions to clarify details of proposed changes.
- **April 4, 2022:** The Ministry of Health posted proposed regulatory amendments for consultation to expand pharmacist scope of practice to prescribe for minor ailments.
- **April 14, 2022:** The OMA consulted with the OMA Health Policy Committee and submitted a response to the Ministry of Health and Minister of Health.
- **May 6, 2022:** Members were advised of the approved regulatory changes and OMA's work to date [through OMA News](#).

- **November/December 2022:** OMA staff met with the Ontario College of Pharmacists including the CEO and Registrar. OMA consulted with the OMA Health Policy Committee and provided formal feedback.
- **Jan. 1, 2023:** New regulations authorizing pharmacist to prescribe for minor ailments came into effect.
- **Jan. 6, 2023:** Members were advised of the regulatory change [through OMA News](#)
- **January 2023:** OMA staff is consulting OMA members about effective pharmacist physician communications protocols.

Read [OMA scope of practice principles and letters regarding pharmacists prescribing and scope of practice](#).

Will primary care doctors be notified when patients get a prescription from a pharmacist?

Yes. Pharmacists are required by law to notify a patient's primary care provider, when the pharmacists prescribe a drug for a common ailment.

The OMA has strongly advocated for the role of family practice as providing comprehensive continuity of care, in alignment with the [OMA's Scope of Practice Principles](#). The OMA has asked the College of Pharmacists to collaborate on establishing effective communication protocols between pharmacists and physicians, including when and how communication should occur to minimize the administrative burden on physicians.

Why do primary care doctors need to be notified when patients get a prescription from a pharmacist?

[Regulation 202/94 section 35\(4\) under the Pharmacy Act, 1991](#) requires pharmacists to notify the patient's primary care provider (if any) within a reasonable time and provides details respecting the prescription.

Is there a liability risk to physicians when a pharmacist prescribes for a minor ailment?

The Canadian Medical Protective Association states that generally speaking, the likelihood that a physician would be held liable for any adverse events that result from independent pharmacist prescribing for minor ailments is minimal. Pharmacists have been able to independently prescribe medication for certain ailments across Canada since mid 2000s.

Physicians and pharmacists are independent providers. As a separate class of independent regulated health-care professional, pharmacists are individually accountable for their own duties and responsibilities towards their patients, and each owes a separate duty to the patient for care that falls within their individual scopes of practice.

Physicians will generally not be held liable for the actions of a pharmacist when the pharmacist is acting independently of the physician and within the pharmacist's own scope of practice (*i.e.* not acting on authority delegated by the physician). CMPA members are eligible for assistance with medico-legal events related to the practice of medicine, and are encouraged to contact the CMPA for advice or if involved in litigation or a complaint related to clinical care.

The CMPA has information on its website on the topic of collaborative care that might be helpful for physicians in these circumstances, including "*Collaborative Care: A Medical Liability Perspective*". In this context, the CMPA also advises physicians about their responsibilities and a specific potential liability risk if they become aware of an erroneous prescribing decision made by a pharmacist concerning the physician's patient, but fails to take appropriate action to prevent harm to the patient. It is possible in such cases that a physician and a pharmacist could be held jointly liable if patient harm results from a lack of communication. To promote safe care and avoid misunderstandings, the CMPA emphasizes that it is important for physicians to have a clear understanding, in the context of their own practice, of when pharmacists can act independently, and when they require physician involvement. This is a message repeated in the CMPA's "Good Practices Guide," which is also available on its website..

What training have pharmacists received that enable them to prescribe?

The Ontario College of Pharmacists has developed several resources, including a mandatory module, entitled: Orientation to Minor Ailments Prescribing to ensure that pharmacists fully understand their legal, ethical, and professional obligations when prescribing for minor ailments.

As part of the OCP's Quality Assurance Program, pharmacists are required to participate in continuing professional development and maintain a learning portfolio. Further, the OCP states that there is an expectation that before prescribing under their expanded scope, pharmacists will complete clinical education programs that enable them to safely prescribe for minor ailments and maintain their competency to meet the standards of practice.

Will all pharmacists now prescribe for minor ailments?

Pharmacists have a choice as to whether they choose to prescribe for minor ailments but are not obligated to.

Will there be a review of this change?

The OMA continues to engage with stakeholders, including the Ontario College of Pharmacists to evaluate this scope of practice change and how it is being implemented.

What professional obligations do physicians have when they have been notified by the pharmacist that prescription has been made for a minor ailment?

Pharmacists are required by legislation to notify the patient's primary care provider when a prescription has been made. This is done to support information sharing and continuity of care as much as possible.

The CPSO would see a pharmacist notification to a primary care provider as similar to any other situation where a primary care provider is alerted that another professional including another physician has issued a prescription for the patient.

The following links from the Ontario College of Pharmacists about minor ailments and standards of practice may be helpful:

[Ontario College of Pharmacists: Information on Minor Ailments](#)

[Ontario College of Pharmacists: Standards of Practice](#)

[Model Standards of Practice for Pharmacists](#)

Does this mean that pharmacists can now diagnose?

No. A minor ailment is considered a health condition that can be reliably self-diagnosed and managed with self-care strategies and or/minimal treatment.

Does a physician need to act on a notification from a pharmacist if they are concerned about the prescription?

This situation would be comparable to a physician learning of an erroneous prescription. If they have concerns about a prescription given by a pharmacist and physicians must take action to prevent harm.

What is being done about the additional administrative burden for physicians?

We acknowledge that there is an increased administrative burden when a pharmacist notifies a primary care provider about a new prescription. The OMA is working to ensure efficient communications processes and support physicians through this change.

The OMA has also been working toward long-term change to improve administrative burden and physician burnout at the system level through our Bilateral Ministry-OMA Burnout Task Force, as addressing administrative burden was identified by members as their top solution to burnout. The Task Force has been meeting regularly since June 2022, with its top priority being to address administrative burden. To support this work the Ministry of Health is actively exploring opportunities within and across ministries to reduce administrative burden through its government forms and has engaged the Ministry of Red Tape Reduction to inform this work.

The OMA continues to engage with stakeholders, including the Ontario College of Pharmacists to evaluate this scope of practice change and will work to inform changes over time.

Can a physician bill for reviewing the pharmacist prescription?

There are no fee codes in the current Schedule that a physician can bill for reviewing these records received from other providers.

Are family physicians now supposed to act as clinical supervisors for pharmacists?

Physicians and pharmacists are independent providers. As a separate class of independent regulated health-care professional, pharmacists are individually accountable for their own duties and responsibilities towards their patients, and each owes a separate duty to the patient for care that falls within their individual scopes of

practice.

Physicians will generally not be held liable for the actions of a pharmacist when the pharmacist is acting independently of the physician and within the pharmacist's own scope of practice (*i.e.* not acting on authority delegated by the physician).