Consultation Feedback

Re: Proposed Amendments to the Drug Regulation

Below are the comments received from stakeholders in response to the circulation of the draft amended Drug Regulation. The Executive Committee reviewed the comments and makes the following recommendation to Council:

Recommendation

That Council approve finally the proposed amendments to the College's regulation governing Injecting substances and prescribing drugs, as originally approved in principle by Council, with the understanding that any drugs which are no longer approved by Health Canada at the time the amendments become law would be removed from the regulation and with the further understanding that the College would prepare a guidance document to assist members and other stakeholders to understand the intent of the regulation.

Meeting: Friday, **November 29 from 12:00 – 1;00 p.m.**

Dial-in Information:

Conference ID	**6661801**
Local Dial-in	**416-343-2285**
Toll-free Dial-in	**1-877-969-8433"**

Thanks for the opportunity to provide comments to the proposed amendments to your Drug Regulation. Although we do not have the expertise to comment on the therapeutic appropriateness of the drugs listed, we do have some comments around the usability and practicality of the Schedules 2 and 5.

We understand that one of the intentions of the draft regulation amendments is to replace the existing drug specific lists (existing Schedules 2 and 3) with categories and that you have been directed by the Ministry to use the American Hospital Formulary Service (AHFS) categories.

We did not notice any reference in the briefing note regarding how members will be supported in this switch to drug categories or if the AHFS list will be provided. We note that there may be some ambiguity and broadness in the categories in Schedules 2 and 5 as outlined below:

Schedule 2: Drugs that may be prescribed by a member

- The Schedule 2 list consists of both broad categories (e.g., Antibacterials, Astringents, etc.) and then more specific categories (e.g., Erythromycins, Penicillins, etc.). If prescribers do not have access to the AHFS list, it could be confusing for prescribers to determine what they can prescribe.
- Categories with "Miscellaneous" or "Other" may also be confusing. (e.g. Local Anti-infectives, Miscellaneous; Skin and Mucous Membrane Agents, Miscellaneous (which is listed twice on Schedule 2); Other Macrolides)
- Some categories are listed more than once on the AHFS list; therefore it may be confusing to know which specific drugs the schedule is referring to without more detail included
    - Corticosteroids – is this referring to the drugs listed under 48.10.08, 52.08.08, 84:06:08 or all of them?
    - Nonsteroidal Anti-inflammatory Agents – is this referring to the drugs listed under 28:08.04, 52:08.20, and 84:66.20 or all of them?

Schedule 5: Drugs that may be prescribed by a member

- Similar issues listed above with First and Second Generation Antihistamines (multiple categories on the AHFS list)
- Similar issues listed above with Categories with Miscellaneous in the name (Anxiolytics, Sedatives and Hypnotics; Miscellaneous)

I am very impressed with all the great changes that are taking place within our profession through our College, Possibly .. Maybe someday we will all have as a profession with full scope surgical hospital privileges fully unified. I have prepared a small list of medications that were not present on the Schedule.

I noticed in the Schedule " skin and mucous membrane " is written twice.

Additional Medications

All Antibacterial Topicals-- eg. Fuscidic 2%acid , Mupirocin
Prilocaine
Dexamethasone acetate
Lincosamide antibiotics
Clavulanic acid - B lactam drug
Phage Therapy
Cannabidiol
botulinum toxin
All Topical NSAIDS – Pennsaid
All Oral NSAIDS
Clarification on compounding as well

P.S. Next let's fix chiropodist scope and unify our profession. I recommend that the Mitchener must implement a proper operating room suite in their teaching facility. I would be interested in helping out.

Excellent. Nice work. Hopefully it will go through. This will significantly improve the patients experience and confidence in our profession.

Dear Registrar, Council Members, other stake-holders,

Thank you for your email. The draft proposal, once accepted, will certainly help our patients/the public. The (clean copy) draft proposal is less cumbersome, more logical, and will be far more efficient when one is trying to do his/her best for the patient/public in drug delivery for best clinical outcomes. I am certainly glad the nit-picking cumbersome portions have been modified/eliminated.

I thank the Registrar, Council and all those who have worked so hard to get this up and going.

Well done!