



**Submission to the Ontario Standing Committee on Social Policy Regarding Bill 179:  
*Regulated Health Professions Statute Law Amendment Act, 2009***

***September, 2009***

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**Introduction/Overview:**

The Best Medicines Coalition (BMC) is a national alliance of patient organizations and individuals who share a commitment to ensuring safe and timely access to evidence-based medicines for all Canadians. The BMC is engaged in a range of related policy discussions, including pharmaceutical review, reimbursement, treatment and safety issues. The role of various healthcare professionals and interactions with patients are areas of interest for the BMC and scope of practice issues for pharmacists are of particular significance. This focus is due in part to the ongoing frequent interactions between these professionals and patients, as well as some of the sensitive issues related to the role of pharmacists, including patient counselling and education, potential for impact on treatment regimes and privacy issues.

The BMC supports the concept that health professionals should practice within a regulatory environment which allows them to work to the utmost of their knowledge and skills, while providing access and improved outcomes for patients and advancing professional teamwork. The BMC also strongly believes that pharmacists should be fairly and fully compensated for the important services they provide and that patients should be able to access treatment in a timely manner when needed. It is the BMC's position that governments should attempt to introduce regulatory reform which upholds the principles outlined above while ensuring optimal patient care as well as value in the health care system and elimination of conflicts of interests. Furthermore, this process of reform should be pursued in consultation with all stakeholders, including representatives of patient groups.

**Broad Patient Positions:**

Given the extent of regulatory reforms in the area of pharmacists' scope of practice across many Canadian jurisdictions, the BMC has developed a series of broad patient positions on this issue:

- Regulatory frameworks regarding scope of practice for pharmacists must clearly outline the process and collaborative interface of the pharmacist within the health care team, specifically physicians, including family doctors and specialists. It is in the best interest of the patient if pharmacists work in close cooperation with primary physicians, if possible within an interdisciplinary health team. Likewise, when pharmacist decisions are implemented, processes must be in place to inform primary physicians in a full and timely manner
- Any regulatory reforms concerning the practice of pharmacy must be done in consultation with a full range of relevant stakeholders. Specifically, consultations must engage individual patients and representatives from relevant patient advocacy groups.
- Pharmacist prescribing is acceptable only in limited cases and where the goal is to address immediate patient care needs and improve treatment outcomes for previously-diagnosed conditions. Likewise, pharmacists should not be involved in ordering medical tests, interpreting results or diagnosing ailments.
- Pharmacists should not be involved in changing or adjusting medications unless in specific cases where there is strong justification. In those limited cases, any prescription adjustments regarding dosing or formulations must be conducted in a context of informed patient consent, and with notification to the relevant physician caring for the patient.

- Where relevant, definitions around “routine ailments” must lack ambiguity and include transient, uncomplicated conditions only, and not complex chronic diseases.
- Safeguards must be put in place to ensure patient privacy is respected with strong measures to uphold confidentiality of patient records. Within the pharmacy, designated areas must be available for totally private pharmacist/patient discussions.

### **Ontario Reform Process:**

In response to the September, 2008 report of the Ontario Health Professional Regulatory Advisory Committee’s report to the Minister of Health and Long Term Care on this topic, the BMC provided positions on a range of the policy reforms proposed (see Appendix I for full summary). As stated in its submission to the Minister in January, 2009, the BMC supports the concept, as outlined by the HPRAC, that the activities performed by health professionals should be an adequate reflection of their knowledge and skills to further patient care and outcomes. It was also recognized that given the human resources challenges faced within the province’s healthcare system, reforms should be pursued to ensure that patients are able to access treatment, specifically medications in this case, in a timely manner.

Likewise, as the BMC considers Bill 179, the Regulated Health Professions Statute Law Amendment Act, introduced on May 11, 2009, it does so in a context of understanding the need to utilize skills while improving the value of patient care and access. In general, the BMC supports the stated intention of this omnibus legislation, which is to increase patient access to services, increase efficiency and reduce barriers in the delivery of care.

However, while Bill 179 does provide a legislative framework for reforms, it falls short in providing a clarity and direction as to what the future role of pharmacists will be. Indeed, the legislation provides little detail beyond what is provided in the accompanying explanatory material namely “allowing nurse practitioners, pharmacists, physiotherapists, dietitians, midwives and medical radiation technologists to deliver more services that they are now educated and competent to provide.”

Therefore, the BMC is concerned that the most important elements of the new legislation have been left to be established in the regulation phase. Considering that regulations do not require Parliamentary approval, there are not safeguards in place to ensure that future practices are a true reflection of legislative intent, and stakeholder input. In addition, there are concerns that regulations can be subsequently changed with greater ease than if these elements were included in the legislation itself. This could lead to far greater powers given to the various healthcare professionals affected by these amendments, either now or in the future.

### **Defining Scope of Practice in Legislation:**

It is the position of the BMC that there are a number of issues that warrant careful consideration and consultation prior to expansion of powers for pharmacists. Furthermore, these issues must be addressed specifically and itemized with clarity in legislation, not left to the regulatory phase. Broadly, BMC’s positions on these issues stand as stated in its January, 2009 submission to the Minister outlining its responses to the September 2008 HPRAC report.

In addition, significant wording in the legislation needs to be revised to provide more specific direction on the government’s intent. For example, within the section on proposed changes to the Pharmacy Act (Section 21), regarding the definition of the practice of pharmacy further clarity is required on the definitions of prescribing, treatment of diseases and the term management of medication therapy. Further clarity is also required in clauses more specifically related to the prescribing and administering of drugs (4, 13). For example, the legislation should further define which drugs or types of drugs may be

administered by injection or inhalation and also which drugs or types of drugs can be prescribed. Indeed, an improved level of clarity and definition needs to be applied throughout the definition.

In addition, key issues as identified by the BMC which appear to not be adequately addressed in the legislation include the following:

- Specific ailments or types of ailments for which pharmacists would appropriately broaden their involvement in patient care.
- Scope of training necessary for pharmacists to be involved in a broader scope of practice.
- Details on mandated communications between pharmacists and primary physicians as well as details on authority within the healthcare team.
- Clarity on patient confidentiality and privacy issues.

As stated previously, the BMC is supportive of a regime in which pharmacists are involved in patient education and other limited additional activities. However, the BMC does not support legislation that authorizes pharmacists to be involved independently in medication therapy management, ordering tests, prescribing of smoking cessation or travel prophylaxis drugs.

Furthermore, if a minor ailment program is established with a role for pharmacists, we would not support inclusion of ailments beyond those that are transient and clearly uncomplicated. All stakeholders, including patients, must be involved in refining these concepts.

Most importantly, as we have stated, the broad issue of how pharmacist prescribing fits within the current compensation system in community pharmacies needs to be examined. It is the position of the Best Medicine Coalition that all conflict of interest issues related to dispensing practices and compensation must be resolved before a broader scope of practice is considered. From the patient perspective, it is critical that all health professionals operate in an environment of integrity and public trust. Clearly, these issues speak to the need to delineate between those pharmacists who practice in a health care team setting and those who are running businesses.

Likewise, considering that the Ontario Minister of Health and Long-Term care has embarked on a significant consultation and review of Ontario's public drug program strategy, which it would appear will have an impact on issues such as professional rebates and/or fees, policy integration is critical.

## Appendix I

### **BMC Response to the Health Professions Regulatory Advisory Council Interprofessional Collaboration Interim Report**

(Report issued September, 2008 with response submitted to Minister January, 2009)

#### **General Comments:**

- All of the areas examined in the Health Professionals Regulatory Advisory Council (HPRAC) Report warrant further broad discussion and review. Therefore, the mandate of the proposed “minor ailments working group” should be expanded to include all aspects related to medication management, prescribing and treatment by pharmacists. Furthermore, it is imperative that the working group include representation from all aspects of the health care community. Notably, in order to produce meaningful direction, it must include patient representation, both from individual patients and recognized patient advocacy groups.
- The current HPRAC recommendations do not clearly lay out the process and collaborative interface of the pharmacist within the health care team, specifically physicians including family doctors and specialists. There must be a process for involving physicians in decision-making and informing physicians of any relevant pharmacist action.
- Patient privacy must be respected and accommodated in any interactions with health professionals, including pharmacists. Pharmacists engaging in prescribing or any type of patient counselling must provide a designated private space within their pharmacy for this purpose.
- The broad issue of how pharmacist prescribing fits within the current rebate system in community pharmacies needs to be examined.
- Required training of pharmacists to perform various levels of prescribing and other services needs to be examined and defined.

#### **Recommendations:**

1. The term “medication therapy management” is too broad a term to allow pharmacist authorization. There needs to be a clear explanation and more compelling justification outlined to allow some authorities within this category.
2. Pharmacists should not be authorized to order tests unless it is done in conjunction with a physician. Interpretation of results and subsequent decision-making must be done by a physician, perhaps in consultation with a pharmacist as appropriate.
3. The concept of implementation of a minor ailments program involving pharmacists may have merit and warrants further review by a multi-stakeholder working group. However, this working group must formally include patients and patient advocacy group representatives. The working group should refine the definition and list of minor ailments to ensure that it includes transient, uncomplicated conditions only. If a minor ailments program is developed, it should include a monitoring and evaluation component including a sustainability and ongoing communication plan.
4. Pharmacists should not be given authority to prescribe Schedule 1 pharmaceuticals for smoking cessation as many of these drugs involve serious interactions, including

psychological implications. Pharmacists could provide a valuable role in counselling in this area if appropriately trained as tobacco treatment specialists.

5. Pharmacists should not be authorized to independently initiate travel prophylaxis although they have a role within a clinic or team situation, within appropriate protocols.
6. The concept of pharmacists performing patient education and counselling regarding drug administration is reasonable. However, there needs to be further definition of products and circumstances which would allow for authorization to pharmacists to administer drugs as part of patient education. The concerns refer specifically to addressing anaphylactic reactions or other reactions that could occur during the drug administration demonstration.
7. It is agreed that pharmacists not be allowed to perform routine immunizations.
8. Authorization to perform procedures below the dermis should be pursued but this should be limited to diabetes management and appropriate hygiene protocols must be put in place.
9. It is agreed that pharmacists should not be allowed to prescribe schedule I and II drugs solely for reimbursement purposes.
10. Depending on final recommendations, the scope of practice statement should be amended appropriately.
11. It is agreed that the Health Care Consent Act should be amended to include pharmacists as health care practitioners if, following appropriate consideration and reforms, it is determined that pharmacists are providing treatment and healthcare similar in scope to other groups as defined in the Act.
12. It is agreed that recognition of pharmacy students and interns at all relevant universities should be standardized.

### **About the Best Medicines Coalition:**

The Best Medicines Coalition is a national alliance of patient organizations and individuals who share a commitment to ensuring safe and timely access to evidence-based medicines for all Canadians. The Best Medicines Coalition is engaged in a range of related policy discussions at the federal and provincial levels of government, including pharmaceutical review, reimbursement, treatment and safety issues.

### **Operations Committee 2008-2009**

Linda Wilhelm, Individual Member (Chair)  
Louise Binder, Canadian Treatment Action Council  
Dr. Katharina Kovacs-Burns, Individual Member  
Denis Morrice, Epilepsy Ontario (Treasurer)  
Holly Vengroff, CARP, A New Vision of Aging for Canada

### **Steering Committee (Current Member Organizations & Individual Members):**

Arthritis Consumer Experts - [www.arthritisconsumerexperts.org](http://www.arthritisconsumerexperts.org)  
Asthma Society of Canada - [www.asthma.ca](http://www.asthma.ca)  
Canadian Arthritis Patient Alliance - [www.arthritis.ca/capa](http://www.arthritis.ca/capa)  
Canadian Breast Cancer Network - [www.cbcn.ca](http://www.cbcn.ca)  
Canadian Cancer Action Network - [www.ccanceraction.ca](http://www.ccanceraction.ca)  
Canadian Hemophilia Society - [www.hemophilia.ca](http://www.hemophilia.ca)  
Canadian Pain Society - [www.canadianpainsociety.ca](http://www.canadianpainsociety.ca)  
Canadian Skin Patient Alliance - [www.skinpatientalliance.ca](http://www.skinpatientalliance.ca)  
Canadian Society of Intestinal Research - [www.badgut.com](http://www.badgut.com)  
Canadian Treatment Action Council - [www.ctac.ca](http://www.ctac.ca)  
Cancer Advocacy Coalition of Canada - [www.canceradvocacy.ca](http://www.canceradvocacy.ca)  
CARP, A New Vision of Aging for Canada - [www.carp.ca](http://www.carp.ca)  
Centre for ADD/ADHD Advocacy Canada - [www.caddac.ca](http://www.caddac.ca)  
Epilepsy Ontario - [www.epilepsyontario.org](http://www.epilepsyontario.org)  
Hepatitis C Council of British Columbia - [www.bchepcouncil.ca](http://www.bchepcouncil.ca)  
Kidney Cancer Canada - [www.kidneycancercanada.org](http://www.kidneycancercanada.org)  
Lung Cancer Canada – [www.lungcancercanada.ca](http://www.lungcancercanada.ca)  
Lymphoma Foundation Canada - [www.lymphoma.ca](http://www.lymphoma.ca)  
Osteoporosis Canada - [www.osteoporosis.ca](http://www.osteoporosis.ca)  
Ovarian Cancer Canada - [www.ovariancanada.org](http://www.ovariancanada.org)  
Tourette Syndrome Foundation of Canada - [www.tourette.ca](http://www.tourette.ca)  
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