



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

August 21, 2008

Ms. Barbara Sullivan
Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West, Suite 806
Toronto, Ontario
M4V 2Y7

Dear Ms. Sullivan:

Re: Scope of Practice Expansion Proposals

The College of Physicians and Surgeons of Ontario (CPSO) welcomes this opportunity to provide HPRAC with comments on the scope of practice expansion proposals from the Colleges of Dietetics, Medical Laboratory Technology, Medical Radiation Technology, Midwifery, Pharmacy and Physiotherapy in relation to HPRAC's ministerial referral on interprofessional care.

General Comments

As set out in our submission to HPRAC on Interprofessional Care, the College is supportive of initiatives that encourage the collaborative delivery of health care, including ensuring that every health professional can work to their full scope. In a limited resource environment, access to health care can only be improved by enabling each health professional to do all the things they are competent to do.

Other regulators regularly consult with us with respect to proposed expansions of scope or additions to their drug lists. Our College has taken the position that other regulators are in the best position to determine whether their members are competent to perform particular tasks.

In general, the CPSO supports expansions of scope for other health care professionals, so long as these expansions:

- are consistent with the knowledge, skill and judgment of the professionals involved;



- are subject to a rigorous regulatory structure;
- support a truly collaborative, team-based approach to care as opposed to parallel care; and
- are not so significant as to raise patient safety concerns.

It is our understanding that the Minister has asked HPRAC to first consider the expansion requests from the physiotherapists, dieticians, pharmacists and midwives, but that expansion requests from the medical laboratory technologists and medical radiation technologists will be considered next. In addition, HPRAC is considering several issues relating to non-physician prescribers.

The College has a number of comments/concerns about the process:

1. Focusing on individual scope expansion requests, even with an inclusive consultation, reinforces, or even creates, divisions between professions instead of supporting collaborative approaches.
2. With 21 regulatory Colleges, and more on the way, reviewing one scope request immediately leads to questions about why others are not being reviewed.
3. A piecemeal approach to individual expansion requests makes it difficult to step back and assess what kinds of changes could be made to the system as a whole to maximize the use of existing health professionals to improve access to care.
4. Scopes are changing all the time, driven by health care professionals' innovative efforts to improve access, using delegation and medical directives. It will be difficult for this process to match the pace of change. Even during this round of consultation, it is clear that that by the time changes are made, more will be required.

Specific Comments

While the CPSO is concerned about the proposals made by the Colleges of Dieticians and Physiotherapists, it requires further information to provide detailed comments. At this time, we will provide comments on the proposals put forth by the Colleges of Pharmacists and Midwives only.



Pharmacy

The CPSO is generally supportive of the pharmacy proposal, recognizing the cognitive expertise of pharmacists and the potential to improve access to care for patients, particularly with respect to minor conditions.

The CPSO, as you are aware, supported the Pharmacists Authorization of Prescription Extensions (PAPE) agreement, which, while not currently in force, laid the foundation to enable pharmacists to extend prescriptions for stable chronic conditions in certain circumstances. The PAPE agreement set out clear accountabilities between the pharmacist and physician, and ensured that communication occurred throughout. It is our understanding that the OCP would like to apply the principles of the PAPE agreement to other conditions. This will require further consideration and review.

While the College of Pharmacy is not proposing pharmacist prescribing in this submission, this is clearly the longer term objective of the OPA, and is further supported by the introduction of the DPharm degree in Canada.

As well, the OPA wants pharmacists to be able to inoculate for the purpose of immunization. We are not necessarily opposed to this concept (although we would need more time to consider it in depth), but we do think it is illustrative of the piecemeal approach raised above.

Pharmacists who have the knowledge, skills and judgment may provide inoculations now, through delegation. This process ensures communication between the primary health care provider and other members of the health care team. Not only does severing fractions of controlled acts for certain professions lead to confusion about who can do what, it may contribute to the creation of a system of parallel care. From the clinical side, our College has concerns about the potential complexities relating to education, consent, reporting and record-keeping. We would need considerably more information about how all of these aspects of patient care would be managed before we could provide a considered response.

Midwifery

The CPSO is supportive of many of the midwifery proposals, including:

- prescribing antibiotics for uncomplicated conditions, including STIs;



- emergency manual removal of placenta;
- c-section assist;
- communicating a diagnosis;
- ordering lab tests for cord blood, drug screen, PIH; and
- vaccines.

With respect to some of the other proposals, the CPSO feels further discussion is required. For example, the following activities, while not always technically difficult, are usually indicative of a complex delivery, requiring back-up and support:

- vacuum extraction;
- scalp pH; and
- ordering maternal postpartum ultrasounds.

The CPSO is aware of the College of Midwives O standard 'Indications for Mandatory Discussion, Consultation and Transfer of Care' and would encourage the CMO in its efforts to make this information better known to hospital administrators and physicians.

The CPSO is concerned that some of the proposed changes, particularly those suggested by the College of Midwives, may result in parallel primary care delivery, rather than truly collaborative practice. We do not think parallel practice patterns – amongst any of the health professions – would benefit Ontario's patients. Our support for scope expansion is contingent upon the changes enhancing, not impeding, collaborative care.

The success of collaborative care for any health care professional, including physicians, is dependent on achieving the correct balance of independent activity and consultation with experts for the benefit of patients. To this end, we are confident the CPSO and other health care regulatory colleges will continue to work together to promote collaborative care.

The CPSO agrees that to facilitate collaborative care processes in place must allow all regulated health professions to respond quickly to scientific developments and changes in the health care system. We must be diligent, however, in evaluating and implementing changes to expand access, in order to ensure each change maintains patient safety and is in the best interests of the Ontario public.



I hope these comments will be of assistance to HPRAC as it reviews the scopes of practice for dietitians, midwives, pharmacists and physiotherapists.

Yours very truly,

Rocco Gerace MD
Registrar

c.c. College of Dietitians of Ontario
College of Midwives of Ontario
College of Physiotherapists of Ontario
Ontario College of Pharmacists