

I have been a Pharmacist for over 20 years and have seen a positive change in attitude and fulfillment of the dreams I had when I first entered into the practice.

I have seen my role become enhanced to the point where I can see myself be a Primary Health Care Professional. This has always been true in the sense that the personal contact with patients is both noticeably visible and easily accessible. Recent changes to the technicians role have improved the delivery of this function.

I have referred many patients to physicians, podiatrists and other health care providers with the aim of providing an economical (to both patient and health care system) solution to many problems. As such these interventions both save money by preventing unnecessary physician visits, but also recommending them when otherwise a condition may have worsened and caused a higher cost both to the patient in lost work time/expense and to the system. These activities have been provided without re-imburement, perhaps causing them to be undervalued. In the Owen Sound area there is a critical shortage of physicians and pharmacists have become primary triage consultants as well as managing patients medications.

An increased scope of practice [to include administering routine injections and to to refill chronic medications defined under a set protocol; refill a patient's chronic medication on a one-time basis if the original prescriber is not available; order and receive laboratory tests, as needed, under a defined set of protocols; monitor and adjust doses of chronic medications under a prescribed protocol; adapt a prescription; initiate therapy for minor ailments from a set formulary; initiate therapy for travel prophylaxis and immunizations when needed; provide immunization services to patients, if necessary; and assess, initiate and monitor the most appropriate therapeutic approach for smoking cessation] would both relieve a cost to the health care system and also provide an extra body of accessible Health Care Professionals in times of emergencies (eg SARS, Influenza etc)

This increase scope of practice would also enable physicians to be set free to utilise their own skills to increase the level of health care in this Province without the time consuming elements of current practice that discourage them to remain in the Province.

My ability to perform to my full potential is limited by regulations that have not kept up with the pharmacist's expanding role in patient care and education. For example, as part of current practice, patients and caregivers expect me to pierce a patient's finger to demonstrate how to use a lancing device for chronic care monitoring, administer medication such as insulin to demonstrate proper technique, and administer medication when teaching patients how to use inhalers. Pharmacists have watched while other non-experts have tinkered with the medication systems. I myself alerted the ministry 2 years after the ODB regs on generic drug were introduced, to the fact that generics then were all mysteriously 80% of original drug price. While technically saving some money, previous generics were around 20% of brand price. This came as news to the representative and yet nothing substantial has changed. Pharmacists do make valuable formulary decisions based on their skills in hospitals. Greater access to patient information will enhance the already comprehensive patient databases in local pharmacies. It is common practice for physicians, hospitals and nurse practitioners to access this information. Enhanced access to patient information will give Pharmacists better information in order to make better evaluations for patients to make better health care decisions.

I personally am willing to invest time and effort into making this Province a leader in the use of Pharmacists education and skills. It is time to widen the scope as I have described and I support fully the OPA submission that is currently being considered by the Province.
Here's to a great future for Ontario Health Care!

Colin Bain


