



Submission from the Ontario College of Family Physicians (OCFP)
to
The Health Professions Regulatory Advisory Council (HPRAC)
In Respect to
The Ontario College of Pharmacist's Submission
For a Review of the Scope of Practice of Pharmacy

Contact:

M. Janet Kasperski, RN MHSc, CHE
Chief Executive Officer
ONTARIO COLLEGE OF FAMILY PHYSICIANS
357 Bay Street, Mezzanine
Toronto, Ontario M5H 2T7
Tel: (416) 876-9646; Fax: (416) 867-9990
Email: ocfp@cfpc.ca; Website: www.ocfp.on.ca

August 15, 2008

The Ontario College of Family Physicians (OCFP) wishes to thank the Health Professions Regulatory Advisory Council (HPRAC) for this opportunity to respond to the Ontario College of Pharmacist's (OCP) submission respecting the Review of the Scope of Practice of Pharmacy and for establishing a comprehensive feedback process. The OCFP appreciates the government's interest in enhancing interprofessional collaborative care (IPC). At the outset, we would like to express our interest in, and support for, interprofessional collaborative care (IPC) and for pharmacists as key members of interprofessional teams.

About OCFP

The Ontario College of Family Physicians (OCFP) is the Ontario Chapter of the College of Family Physicians of Canada (CFPC). The OCFP is a provincial, voluntary, not-for-profit organization whose mandate includes undergraduate, post-graduate education, the continuing professional development of family physicians and the maintenance of high standards of medical care and education in family practice.

The OCFP is the voice of family medicine in Ontario and represents more than 8,236 family physicians who provide patient care for remote, rural, suburban, urban and inner city communities throughout Ontario. The building and maintenance of high standards of practice, the continuing professional development of our members and improved access to high quality family medicine services for all residents of Ontario are at the heart of our organization.

The College strives to improve the health of Ontarians by promoting high standards of medical education and care in family practice, by contributing to public understanding of healthy living, by supporting ready access to family physician services, and by encouraging research and disseminating knowledge about family medicine.

Objectives of the Ontario College of Family Physicians

- To support and advance the professional competence of members of the Ontario College of Family Physicians, a chapter of the College of Family Physicians of Canada, through the provision of programs of continuing medical education;
- To ensure the highest quality of health care for the people of Ontario by promoting and encouraging the highest standards in the practice of family medicine in Ontario;
- To make representations to governments, agencies, commissions, inquiries, and such other bodies as may be appropriate, and to enlighten the general public opinion and direct the formulation of public healthcare policy in the Province of Ontario;
- To serve and further the interests of The College of Family Physicians of Canada, in Ontario, and carry out such duties as are required by the By-Laws of the National College, provided such interests are not inconsistent with the laws of the Province of Ontario;
- To maintain liaison with the undergraduate and graduate programs in medicine of the Ontario universities in order to promote high standards of training for family practice in Ontario;
- To establish awards and other recognitions of outstanding contributions and services to family practice in Ontario; and
- To perform such other lawful things as are incidental or conducive to the purposes and objects of the Ontario College of Family Physicians, a chapter of The College of Family Physicians of Canada, which include generally the maintenance and improvement of the health of the citizens of Ontario, and the enhancement of the interests of the members of medical and other health professions in Ontario.

Overall Perspective on Interprofessional Collaboration (IPC)

Interprofessional Collaboration (IPC) is built upon the bedrock of mutual trust and respect. It can be enabled; it cannot be legislated. As in other submissions to HPRAC, the OCFP is emphasizing that the most significant enablers to IPC include system and practice supports that exist outside of measures to change legislation or to expand scopes of practice. Key enablers including compensation and funding; interprofessional education and training that supports collaborative practice; quality improvement programs; interprofessional communication policies, protocols, guidelines; team building

and skill development; flexible organizational structures; patient/caregiver involvement; health human resource planning; and, integrated health records, are key to moving IPC forward and overcoming a long history of silos of professional education and practice. The OCFP believes that it would be more effective if these key enablers were developed to support pharmacists working together in teams with family physicians, specialists and interdisciplinary health professionals. Moreover, it's our experience that focusing on enhancing scope of practice, particularly without attention to these enablers, can actually foster independence, rather than interdependence and collaboration and therefore contribute to silos. Changes in systems of care and organizational practices would enhance collaboration much more productively than legislative changes or scope of practice expansion.

The OCFP's Response to the Ontario College of Pharmacist's Submission

While there was a very short timeframe allocated for this response, which precluded the opportunity for extensive consultation, OCFP's submission reflects our membership's position on IPC, which includes extensive consultation from previous submissions to HPRAC's process and it specifically includes the views of several family physicians with extensive experience working in partnership with pharmacists in Family Health Teams (FHT), in hospitals and other sectors, whom also hold academic teaching positions with different departments of family medicine, are directors for Family Medicine Residency Programs and including a family physician who is affiliated with the University of Waterloo School of Pharmacy.

In general, the OCFP supports the OCP's Scope of Practice Submission to HPRAC. The 'dispensing' versus the 'prescribing' tone makes sense. Our specific comments are highlighted in the table on the following pages, where we have included our general expression of support, but we are also highlighting words of caution, should HPRAC accept the OCP's submission and as we move forward with scope of practice changes, with the goal of enabling Interprofessional Collaborative Care (IPC). The focus must be on pharmacists working in collaboration with the patient's family physician to ensure that

safety is first and foremost. Moreover, recognizing how lack of understanding of each other's scope of practice in is itself a barrier to IPC, expanding and changing scopes of practice discussions should continue in interprofessional collaborative forums, to ensure that all pharmacists endorse the changes and feel prepared to accept new responsibilities and to ensure that family physicians are aware and engaged.

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician’s Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
<p>“The practice of pharmacy is the promotion of health, prevention and treatment of diseases, dysfunction and disorders through medication and non-medication therapy; the monitoring and management of medication therapy; the custody, compounding and the dispensing of drugs; the provision of health care aids and devices and information related to their use.”</p> <p>and adds:</p> <p>“Specifically, because pharmacists are expected to provide information and education to patients or their agents when providing drugs, health care aids and devices, pharmacists will:</p> <ul style="list-style-type: none"> - pierce a patient’s finger with a lancet to obtain blood for the purpose of demonstrating the proper use of a glucose monitoring device - administer insulin by injection for demonstration purposes when teaching new diabetic patients or their agents how to properly do so - administer a substance by inhalation when providing education respecting the proper use of inhalers and inhalant devices.” 	<ul style="list-style-type: none"> - These important tasks of patient care are within the expertise of a pharmacist. The OCFP endorses these tasks. As we continue to develop Inter-professional Care models, the need for pharmacists to conduct such tasks is critical. 	<ul style="list-style-type: none"> - Many of the tasks outlined here are also the roles of highly trained diabetes educators and/or asthma educators, which speaks to the importance of training and education. Pharmacists may become diabetes or asthma educators but not all pharmacists should take on these roles without extensive education and training. - The treatment of disease depends on diagnosis, which requires extensive medical training. As outlined below, these tasks require clear communication in a collaborative practice model where the pharmacist is working in partnership with family physicians, rather than in an independent practitioner model.
<p>“We consider pharmacists to currently possess the knowledge, skills and abilities within their scope of practice to:</p> <ul style="list-style-type: none"> • dispense a prescription without further authorization from a prescriber under certain 	<ul style="list-style-type: none"> - These are sensible suggestions that would be in keeping with pharmacists’ expertise and would enhance accessibility to care for patients. There is no need for family physicians to spend time on these tasks 	<ul style="list-style-type: none"> - These tasks require clear communication in a collaborative practice model where the pharmacist is working in partnership with family physicians, rather than in an independent practitioner model.

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician’s Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
<p>circumstances, including:</p> <ul style="list-style-type: none"> - adapting an existing prescription to facilitate patient compliance, such as changing the dosage form (e.g. from a capsule or tablet to an oral liquid formulation for patients who have difficulty swallowing); changing the dosage regimen (e.g. from one tablet twice a day to two tablets once a day to facilitate compliance); changing the dosage form to one reimbursable by the patient's third party drug benefit plan (e.g. capsule to tablet); and when the prescribed dose or dosage form is not commercially available (e.g. 50 mg only comes in 52.5 mg); - authorizing further extension of a prescription where there are no existing refills for continuity of care; - providing Schedule II and III drugs as a prescription where required for reimbursement under drug plans; - adjusting dosage of medication in response to monitoring (e.g. lab tests); • administer drugs, including through injection and inhalation, for patient education” 	<p>(e.g. signing back a form to approve a medication from table to liquid form) if well-trained professionals such as pharmacists are available to administer these services. In keeping with the Inter-professional Care that we are encouraging, the ability of pharmacists to conduct these roles and responsibilities is important. The OCFP endorses these changes.</p>	<ul style="list-style-type: none"> - We would not want to see for example, physicians creating clinics where pharmacists service patients that are under the care of other physicians and are receiving other medications (e.g. physicians running a community INR clinic for all comers). This would contribute to fragmented care for patients who are under the care of a family physician who is not associated with the clinic doctor. <ul style="list-style-type: none"> o Specifically, the adjustment of dosages of medication in response to monitoring and order lab tests should be done only in the context of a collaborative relationship with the family physician such as in FHTs, hospitals, CHCs or other team-based models. - Where pharmacists are dispensing medications when the family physician is on vacation or over a weekend, this makes sense however, the OCFP would like to express some concern with how long a pharmacist should continue to dispense medications without the patient being assessed by a physician. <ul style="list-style-type: none"> o Even in communities where there is a shortage of family physicians, patients

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician’s Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
		<p>could be seen by an emergency physician at least once a year to make sure for example, their thyroid levels are within range or their blood pressure or cardiac medications are still appropriate. With out this precaution, pharmacists will open themselves up to liabilities.</p> <ul style="list-style-type: none"> o While the College of Pharmacists and its membership have the best intentions, anecdotally the OCFP has examples from our membership which cause us to raise ‘red flags’ and caution that patient safety is first and foremost, that all pharmacists need to be trained and educated about the limits of their scope and the need to work with the patient’s family physician. For example: 1) a pharmacist renewed a diabetic patient’s prescription without the physician’s authorization and the patient’s sugar was significantly out of control; and, 2) a physician saw a patient for blood pressure and noticed a large suspicious lesion on his face that by appearance looked like a Squamous Cell Carcinoma. When the physician asked the patient about it he said that it was nothing to worry about

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician’s Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
		<p>and that the pharmacist told him to put polysporin on it and it would go away. This is an example of an incorrect diagnosis that could have endangered the patient’s health. Pharmacists are not trained to diagnose.</p> <p>- Monitoring of conditions is usually for a medical doctor or nurse practitioner, in a system of care. The pharmacy industry is competitive in nature and patients do not have the same allegiance to one pharmacist as they do to their family physicians, which raise potential concerns about quality and continuity in care.</p> <p>To summarize, patients should only be serviced by pharmacists who have an established collaborative relationship with that patient’s family physician.</p>
<p>“Our proposals are intended to:</p> <ul style="list-style-type: none"> - reflect current practice, education and competencies of pharmacists, - increase patient access to timely health services, - increase efficiencies within the system and enhance cost-effectiveness by decreasing duplication, and - clarify and enhance pharmacist accountability.” 	<ul style="list-style-type: none"> - The OCFP is in agreement with these statements. 	<ul style="list-style-type: none"> - While enhancing efficiencies are the underlying goal, access to electronic medical records is important or there will be duplication in lab orders. Additionally, with more professionals independently ordering tests, duplication is a concern leading to fragmentation and additional costs.
<p>Health Human Resource Issues</p>	<p>Pharmacists play an important role as key</p>	<ul style="list-style-type: none"> - OCFP would not like to see the shortage

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician’s Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
	<p>members of the health care team, as the OCP’s submission outlines and family physicians welcome the additional support that pharmacists can offer.</p>	<p>of family physician issue used to justify the need to increase the scope of pharmacists or other health professionals. The focus should be on ensuring an adequate supply of family physicians and other interprofessionals, working together in a collaborative practice model.</p> <ul style="list-style-type: none"> - The proposed changes will have supply implications for pharmacy, particularly for rural areas that are already having difficulty recruiting pharmacists.
Wellness and Health Promotion		<ul style="list-style-type: none"> - Immunizations are often the reason that people go to their family doctor for well baby care. This visit provides the opportunity for developmental assessment that goes along with the immunization. This is beyond the pharmacist’s scope of practice, highlighting once again, the importance of a collaborative team-based relationship.
Evidence-based decision making		<ul style="list-style-type: none"> - The OCFP would like to express some concern because of the close relationship between pharmacists and drug companies, which could put evidence-based decision making at risk. - Currently, physicians are not permitted to own a significant stake in a pharmacy

Ontario College of Pharmacists Scope of Practice Submission Statements	The Ontario College of Family Physician's Response	
	<i>General Expression of Support</i>	<i>Words of Caution</i>
		because of possible conflict of interest with prescribing and selling medication. These standards should also be applied to pharmacists as scope of practice extension moving into prescribing and dispensing medications.

Conclusion

Pharmacists are well trained health professionals, are key members of the health care team and the OCFP supports the proposed scope of practice changes that will allow them to be functioning autonomously and as equal members in a collaborative practice with family physicians. It's critical, however, for the College to ensure that all pharmacists have the necessary education and training to support changes in responsibilities. Moreover, the focus should remain on ensuring that more pharmacists work in collaborative relationships with the patient's family physician and other members of the health care team, including the patient. If pharmacists inform the physician when a medication is written incorrectly in terms of dose, frequency or formulation, then physicians learn and are prevented from making the same mistake. When pharmacists see patients on a regular basis, they can ensure that the physician is alerted to changes in that patient's health condition. Both the physician and pharmacist can work towards educating patients about taking self responsibility for their health. These are just a couple of examples of how a collaborative relationship can be synergistic.

Interprofessional Collaboration (IPC) is built upon the bedrock of mutual trust and respect. It can be enabled; it cannot be legislated. As in other submissions to HPRAC, the OCFP is emphasizing that the most significant enablers to IPC include system and practice supports that exist outside of measures to change legislation or to expand scopes of practice. Key enablers including compensation and funding; interprofessional education and training that supports collaborative practice; quality improvement programs; interprofessional communication policies, protocols, guidelines; team building and skill development; flexible organizational structures; patient/caregiver involvement; health human resource planning; and, integrated health records, are key to moving IPC forward and overcoming a long history of silos of professional education and practice. Moreover, the focus on enhancing scope of practice can foster independence, rather than interdependence and collaboration. Systems of care and organizations enhance collaboration much more productively than legislative or scope of practice expansion.