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RE: Pharmacy Scope of Practice Review

Dear Ms. Schiefer

As a Registered Dietitian and member of a regulated health profession, I support interprofessional collaboration (IC) and interprofessional care. I work in a hospital setting and have had the opportunity to work within teams of multiple health disciplines. When all members understand and acknowledge the unique expertise of each health discipline, the result is comprehensive, competent, patient-focused care.

When reviewing all of the submissions, I was encouraged by each College's dedication to improving patient care. However, I continued to reflect on a phrase from the Ontario Medical Association's previous submission on this topic - "HPRAC must emphasize *collaboration and not competition* between health care professions in the interprofessional context". The Pharmacy submission very wisely pointed out that pharmacists are not trying to replace physicians, nurses or any other health care professionals (presumably including Registered Dietitians). I understand that one of the largest barriers to IC is "turf protection" and I have given careful consideration of my comments/concerns in this regard. Ultimately, we must ensure that care provided to the public is *safe* and while overlapping scopes and shared Controlled Acts are possible and often desirable, we must ensure we don't erase lines of expertise of any one professional group. Expertise in specific areas is what defines and differentiates the professions.

I agree that the promotion of health and the prevention and treatment of disease is crucial to public health. As indicated on Page 32 of the submission, Nutrition figures prominently in heart health, osteoporosis, diabetes, women's health and weight management – the topics of many wellness clinics offered by pharmacies. I believe that the public should have easy access to reliable general nutrition information and agree that pharmacists are accessible to the majority of the population and can play an important role in distributing general healthy eating/nutrition information from reliable sources (Dietitians of Canada, Canadian Diabetes Association, Heart and Stroke Foundation, etc). However, I believe that caution must be exercised in ensuring that nutrition education given by a pharmacist doesn't extend beyond dissemination of this general information. A lot of effort is put into educating the public that Regulated Health Professionals are experts and that advice/education provided can always be trusted, and stems from current, evidence-based practice. Providing an individualized "Heart Healthy Diet" to a person

without consideration of other co-morbidities, like kidney disease, could render the teaching unsafe, or even fatal. It is my opinion that conducting Nutrition Assessments as indicated on Page 32 (Heart Health clinics) in the absence of a Registered Dietitian or Physician would be inappropriate and not in the best interest of the public. Registered Dietitians undergo extensive education and training prior to achieving competence in performing such Nutrition Assessments and are then required to prove maintenance of this competence on an annual basis.

I was disappointed to discover that the College of Pharmacists had omitted the College of Dietitians of Ontario and Dietitians of Canada from their consultation session held on May 9, 2008, given the request to amend their scope of practice to include promotion of health and prevention and treatment of disease with non-medication therapy – with Nutrition being a major theme. I think that developing/nurturing relationships between appropriate professional groups is imperative in facilitating the mutual exchange of information/education to ensure we are all providing current and reliable information to the public. This becomes even more important as groups are requesting to extend scopes of practice. In addition, Nutrition-related courses weren't evident to me in my review of the University of Toronto's Pharmacy curriculum – and this wasn't addressed on Page 44 of the submission (Competencies/Education Requirements for Practice). I believe that the inclusion of Nutrition courses to the Pharmacy curriculum is essential to provide a base of knowledge to prepare/enable pharmacists to expand their scope, as requested.

I appreciate the opportunity to provide feedback on the various Colleges' scopes of practice reviews. The task before HPRAC is enormous, and I look forward to the outcome of this important project.

Sincerely,
Krista Witherspoon, RD