



August 12, 2008

Ms. B. Sullivan
Chair
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, ON M4V 2Y7

Dear Ms. Sullivan:

The Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP) appreciates this opportunity to provide the attached response to the submission from the Ontario College of Pharmacists (OCP) to the Health Professions Regulatory Advisory Council (HPRAC) regarding pharmacist scope of practice in relation to interprofessional care optimization. Ontario Branch, CSHP was represented at an invited focus group meeting of pharmacy stakeholders held by OCP in April 2008. At this meeting we discussed their proposed submission.

We are pleased with HPRAC's direction to review barriers for members of professions to maximize scope of practice. We welcome the opportunity to provide feedback, as it relates to pharmacists practicing in hospitals and related health care settings, to OCP's submission. We look forward to the outcome of the review.

Please feel free to contact us for further information or clarification regarding this response or hospital pharmacy practice issues.

Respectfully submitted,

Marita Tonkin RPh, BScPhm, PharmD, ACPR
President, Ontario Branch
Canadian Society of Hospital Pharmacists

cc: Myrella Roy – Executive Director, CSHP
Richard Jones – President, CSHP
Jennifer Ryan – Chair, CSHP National Advocacy Committee
Deanna Williams - Registrar, Ontario College of Pharmacists
A. Schiefer - Project Manager, HPRAC



**Health Professions Regulatory Advisory Council Submission
Scope of Practice of Pharmacy**

**Response from
Ontario Branch, Canadian Society of Hospital Pharmacists
To Ontario College of Pharmacists Submission to HPRAC**

The Canadian Society of Hospital Pharmacists (CSHP) is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related health care settings.

The Ontario Branch of CSHP represents more than 1300 pharmacists working in hospitals and related health care settings in Ontario. We advocate with related provincial health care organizations and provincial government and provide ongoing continuing education support to our members.

On behalf of our members we submit the following comments in support of the Ontario College of Pharmacists (OCP) submission to HPRAC regarding scope of practice change recognition for pharmacists.¹

Ontario Branch CSHP appreciated the opportunity to be part of the focus group reviewing the proposed OCP submission to HPRAC in April 2008 along with other stakeholders. We support the recommended changes put forward that more accurately reflect pharmacist practice today including:

- New definition of pharmacy practice, especially the inclusion of monitoring and management of medication therapy
- Expanded scope of practice to include current controlled acts needed for education and demonstration purposes
- Adapting an existing prescription (dosage form, dosage regimen or dose strength)
- Adjusting dosage of medication in response to monitoring (e.g. lab tests)
- Authorizing prescription extensions for continuation of care

Most importantly, we support these changes as they will lead to the best health outcomes for Ontarians at a sustainable cost.

In addition, Ontario Branch CSHP requests the inclusion of prescribing in a collaborative model into the scope of pharmacist changes being recommended for Ontario.

In 2007, the Canadian Patient Safety Institute identified the “ability of health professionals to effectively collaborate with others to maximize patient safety and the quality of care” as one of the seven core domains of abilities for all health professionals to incorporate into their work in its Safety Competency Framework.²

The collaborative care team model has been working very effectively for some time in hospitals, where health care professionals respect and rely on each other's unique and complementary expertise. Hospital pharmacists are partnering with physicians by prescribing under medical directives to ensure the best possible care for patients. Pharmacists have the education, training and skills required to initiate, modify, monitor and manage drug therapy. Evidence shows that pharmacists are critical to improving patient health outcomes by reducing medication-related adverse events.³ Making the best use of skill sets of healthcare providers while containing costs is critical. Governments have acknowledged that pharmacists can and should play a more active role in this regard.⁴

A broad range of professional activities and responsibilities are involved for pharmacists to practice to the full scope of their abilities as medication management experts in a patient-centered collaborative environment. These services include, but are not limited to the following, according to the individual needs of the patient:

- a. Performing or obtaining necessary assessments of the patient's health status.
- b. Formulating a medication treatment plan.
- c. Selecting, **initiating**, modifying, or administering medication therapy.
- d. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness.
- e. Performing a comprehensive medication review to identify, resolve, and prevent medication related problems including adverse drug events.
- f. **Documenting** the care delivered and **communicating** essential information to the patient's other primary care providers.
- g. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications.
- h. Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens.
- i. Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.

CSHP supports pharmacist initiation of medication therapy (i.e. prescribing) in a collaborative practice setting. CSHP first stated its support for the pharmacist's role in a collaborative prescribing model to improve patient health outcomes in its 2001 *Statement on Pharmacist Prescribing*.⁵ Models of pharmacist prescribing authority through collaborative drug therapy management or by protocol have been successfully legislated in a number of countries and are now being legislated in other provinces across Canada.

Ontario Branch CSHP strongly believes that pharmacists have the necessary education and competencies to work collaboratively with other health care providers within an expanded scope of practice, including prescribing, in order to meet the demands of the health care system, to contain system costs and, most importantly, to improve the health of Canadians.

References:

¹ Health Professions Regulatory Advisory Council Submission: Scope of Practice of Pharmacy. Toronto (ON): Ontario College of Pharmacists; June 19, 2008.

<http://www.ocpinfo.com>

²The safety competencies: enhancing patient safety across the health professions. Edmonton (AB): Canadian Patient Safety Institute; 2007.

<http://www.patientsafetyinstitute.ca/education/safetycompetencies.html>

³Bond CA, Raehl CL. Clinical pharmacy services, pharmacy staffing and hospital mortality rates. *Pharmacotherapy* 2007;27:481-93

⁴Romanow RJ, commissioner. Building on values: the future of health care in Canada. Saskatoon (SA): Commission on the Future of Health Care in Canada; 2002.

http://www.hc-sc.gc.ca/english/pdf/romanow/pdfs/HCC_Final_Report.pdf

⁵Statement on pharmacist prescribing. Ottawa (ON); Canadian Society of Hospital Pharmacists; 2001. http://cshp.ca/productsServices/officialPublications/index_e.asp