

Annie Schiefer, Project Manager  
Health Professions Regulatory Advisory Council  
55 St. Clair Avenue West  
Suite 806, Box 18  
Toronto, ON M4V 2Y7

Dear Ms. Schiefer,

As a pharmacist in practice for 27 years, 16 of which were in retail , I have seen the need to expand my role in order to capably fill gaps in the health care continuum. Particularly with the Doctor shortage and the advent of the Nurse Practitioner, I had many opportunities to reduce inappropriate Emergency department visits for the simple writing of a refill prescription to maintain an orphan patient on chronic meds but was constrained by current legislation that needs to change with the times.

Our education and experience makes us the drug experts but we do not have the legal framework to maximize this expertise. We continually provide information to Nurse Practitioners who need help with sorting out patients medication regimens.

The increase of pharmacies and hours of operation make us the most accessible health care provider in the province. Where else can someone walk in to a health care facility from at least 8 am to Midnight 7 days a week and receive health information without an appointment and free of charge!

I support the OPA's position that pharmacists should be able 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; and assess, initiate and monitor the most appropriate therapeutic approach for smoking cessation.

Sincerely,  
Richard Eppel,  
R.Ph.

-