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To:

Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7
HPRACSubmissions@ontario.ca

From:

Malcolm Ng,
R.Ph., M.B.A., B.Sc. (Pharm), B.Sc. (Microbiology)
Hospital clinical pharmacist
Markham Stouffville Hospital

My August 15, 08 submission regarding to HPRAC

PHARMACY SCOPE OF PRACTICE

BACKGROUND

The profession of pharmacy was invited this year to submit recommendations for changes in scope of practice to enhance inter-professional collaboration and assist members to work to the maximum of their scope of practice.

I have practiced as an Ontario pharmacist for the last 29 years (since 1979). Through different practice sites and levels, including retail drug store, hospital pharmacy and management, I have gained an insight into the potential higher value of pharmacy profession to the society. I was also a council member of the Ontario College of Pharmacists for three years (1998-2001) in which I witnessed the important roles of the profession regulators.

PROBLEM WITH CURRENT PHARMACY SCOPE OF PRACTICE

The current scope of practice (Ontario) for pharmacists is embedded in the Pharmacy Act 1991: c.36 s 3 Scope of Practice

"The practice of pharmacy is the custody, compounding and dispensing of drugs, the provision of non-prescriptive drugs, health care aids and provision of information related to drug use."

The Regulated Health Professions Act, 1991, c18 s27 (2) defines the "controlled act" for pharmacist as follows:

(8) Prescribing, dispensing, selling or compounding a drug as defined in subsection 117 (1) of the Drug and Pharmacies Regulation Act, or supervising the part of a pharmacy where such drugs are kept."

Whereas the control of drugs, especially the highly abusive drugs like narcotics, is an important task for Ontario pharmacists, it makes common sense for the highly skilled professions to go beyond ensuring drug safety of patients. We can contribute to the selection of appropriate drugs for disease states, and ensure patient get timely health care.

THE ONTARIO PUBLIC WANTS PHAMACISTS TO DO MORE

When we look at the demographic trend of Ontario in the next 20 years, it points directly to an aging of the general population. More baby boomers are turning 65. They are more educated in health care and more demanding than their earlier generation.

Their medical needs, including drug therapy, will be much larger. Society also must have increasing respect for patients' right to choose their own treatment options. Self medication, especially with herbal products, is expanding exponentially. Self testing, using OTC kits, becomes more popular because of high reliability. They will become more popular due to patients' desire for more self-control.

The public recognizes pharmacist as one of the most readily accessible health care providers. Most pharmacies are open 7 days a week and some to mid-night and others even 24 hours. Pharmacies that sell surgical and medical supplies in addition to drugs are often the first stop for patients discharged from hospitals.

Emergency rooms in Ontario hospitals are often crowded and inaccessible for patients of relatively minor needs e.g. emergency contraception and minor infections. More people are relying on pharmacies as the first point of access to the health care system. For example, patients often ask pharmacist for pneumonia / flu types of question before deciding to seek a doctor's help. Sometimes it is out of necessity because of the difficult to access doctors' office during off hours, or due to scarcity in small towns.

Therefore it is only common sense that with primary care reform all providers, including pharmacists, should be involved in designing the better future of health care for all Ontarians.

ONTARIO PHARMACISTS ARE READY FOR AN EXPANDED ROLE

The pharmacY profession has been experiencing a major transformation in the following areas:

(1) Patient focused instead of product focused

Pharmacists are now trained not only on the proper use of drugs, but on each individual patient's medical need. We determine if a drug or drugs have any role in each of the patient's disease state. We only recommend the best medications to the patient and /or the doctor.

(2) Pharmaceutical care - pharmacists taking direct responsibility

When pharmacists dispense a prescription, we insure the patient understands the proper use of medications. Drugs have limited value if we do not get involved directly with the selection of the drug and the appropriate length of treatment. In the past twenty years the College of Pharmacists established a code of responsibility called "pharmaceutical care". It defines a patient's drug related problem, outlines options, establishes monitoring criteria and follows up on their progress. A good example is the anticoagulation or clot prevention in my hospital, Markham Stouffville Hospital. Under the authority of the orthopaedic surgeons, pharmacists are responsible to ensure post knee and hip replacement operation. We use a variety of drugs including oral coumadin and injectables such as Lovenox or Fragmin to achieve this goal. This frees up surgeons to use their skills in the operating room.

(3) Promotion of health e.g. cholesterol, BP screening

Technological advances increasing enable individuals to take control of his/her own health needs. Internet allows high quality health information dissemination. Medical devices that can be bought over the counter in drug stores make monitoring of disease states like diabetes, hypercholesteremia and hypertension much easier to do. Pharmacy is now the first access point for these patients when they do their purchases. Pharmacists are also becoming their first contact for information on self-monitoring devices.

(4) Dialogue with patients has become mandatory in most provinces

There is increasing emphasis by pharmacy colleges and faculties on communication skill of pharmacists while advising patients on drugs. This is the new kind of "bedside manner" that pharmacists have practised to increase patient care. The public have come to rely on pharmacists for information on personal health care. The next logical step is to make decisions in certain disease states. The modern pharmacist is well trained and ready for this new role.

(5) Specially trained hospital pharmacists

Hospital pharmacists have been successfully prescribing, under protocols, adjustment of i.v. antibiotics, pain medication, warfarin and cholesterol control etc. When given extra responsibilities, pharmacists have demonstrated again and again that they are capable and willing. This helps the patients and the busy doctors.

OTC CONSULTATION

Pharmacists have always been available to the public for over the counter medication counselling. This often involves some diagnostic and prescribing activities for minor ailments.

Some examples include

- (1) Detailed questions leading to diagnosis;
- (2) Physical assessment in some cases e.g. weight, skin rashes, burns, athletes' foot, wart, wound, sport injury, phlegm, blood pressure from the self-activated machine, edema on the leg.
- (3) Life style assessment like eating and drinking habits, smoking, sleeping pattern, contraceptive methodology, school activities (head lice);
- (4) Risk assessment include asking patients questions on
 - cholesterol levels (LDL, HDL),
 - glucose reading by glucometer,
 - fever (temperature readings),
 - Shortness of breath (SOB) and expired volume by spirometer
 - INR for Coumadin patients
 - renal functions for renal adjustment of antibiotics and other renally excreted drugs
 - liver function tests for hepatically excreted drugs.
- (5) Advice patients on dosages, potential adverse effects, duration of therapy
- (6) Refer patients to other health professionals
 - Emergency room for severe cases bleeding, PID, GI bleed, severe Flu, fracture
 - Family doctor or walk-in clinic for urgent conditions
 - Physiotherapist or chiropractor for severe back pain
 - Specialists for specific conditions like sleep interfering GERD
 - Podiatrist for diabetes foot corns
- (7) Recommend non-drug treatments (more exercise, eat less, reduce stress, drink lots of fluid, sleep more to increase immunity)

INFRASTRUCTURE FOR TRAINING PHARMACISTS

ON EXPANDED ROLE HAS BEEN BUILT ALREADY

Ontario pharmacists have received extensive training before licensure to practise. This includes a minimum of five years of university education, either a bachelor degree in Pharmacy or six years for

a Pharmacy Doctor degree. In the school of pharmacy students receive structured practical training that is demanding and vigorous. In addition, nearly one third of first year pharmacy students already have another university degree before enrolment. Therefore, many of those students are more mature and motivated than ever before.

Within the pharmacy curriculum, the concept of Pharmaceutical Care is taught early and consistently. Students are taught skills in assessment, evaluation and monitoring of drug therapies. More importantly students are trained to give critical recommendation on drug therapies to advise and assist doctors.

STANDARDS OF PRACTICE

A national organization of pharmacy regulators called NAPRA has been working hard for the past fifteen years. NAPRA has been successful in harmonizing all the provinces in the scheduling of OTC and prescription drugs. NAPRA also sets core competency and standards of practice for all licensed pharmacist across Canada, which has helped to standardise and raise the professionalism among pharmacists.

The standards are built with the concept that the public has a higher expectation of pharmacists than just filling their prescriptions. The current standards comply with the current Ontario scope of practice for pharmacists. However, it is obvious to many that standards need to be raised substantially when the scope is expanded.

HEALTH PRIVACY ACT OF ONATRIO

In December 7, 2000 the Ontario Personal Health Information Act was introduced. The Act enables the privacy and confidentiality of people's health information to be protected.

The Act has also laid a cornerstone for an integrated health system such that confidential health data can be readily available for the multiple care providers. This reduces unnecessary repetitions of tests and questions. It also enables improved patient care and use of technology by including computerized patient records, such as electronic charts.

Pharmacists are then part of this new team. Pharmacists will arguably be in an excellent position to ask the provincial government for access this data if they have an expanded scope of practice. It would take little to enhance data sharing because all pharmacies are computerised

Currently, the ability of pharmacists to help patients meet their medication-related needs is limited by non-availability of patient-specific information to pharmacists.

OTHER PROVINCES

The Colleges of Pharmacists of B.C., Alberta and New Brunswick have asked their provincial

government for

- (1) expanded scope of practice including: physical assessment, obtaining patient-specific information and initiating /modifying prescription medication therapy with protocols
- (2) authority to administer medications including: parenteral, intradermal, subcutaneous, intramuscular and intravenous injections
- (3) authority to perform screening and monitor procedures using pharmacy-based laboratory tests, including: the associated quality control functions, interpreting and communicating the results
- (4) authority to select, recommend and initiate the drug therapy, dose and route of administration once a qualified practitioner has made a diagnosis

In Alberta a law past two years ago provided some independent prescribing rights for specially trained pharmacists.

ISSUES IN AN EXPANDED SCOPE OF PRACTICE

(1) DEVELOPING COMPETENCY BEFORE SCOPE OF PRACTICE EXPANSION

Like any regulated health care professionals, pharmacists accept the personal and professional responsibility for determining their own skill level, and for practising within those boundaries. Similar to the Nurse Practitioners RN (EC), competency statements (not the details) should be developed for the pharmacists who choose to participate in the expanded Scope of Practice.

Pharmacists working in hospitals in Ontario have already developed several models for training and certifying the skills in prescribing. These models can be modified for an expanded practice in retail drug stores.

(2) OCP'S ROLE

The College of Ontario pharmacists should be involved in the certification process of pharmacists who desire an expanded role. The process must ensure public safety. Only well trained and skilled pharmacists should be allowed to proceed. The training can be provided with partners like the Canadian Society of Hospital pharmacists (CSHP). However, private for-profit companies should not be allowed to run this process despite marginally more efficiency. The stake is simply too high.

For example: Warfarin adjustment training must be done in a formal school, with practical training in hospitals. Four years ago, I was trained one full day in another hospital, and six months on the job training before I could truly feel competent in my warfarin skill.

(3) DOCUMENTATION AND REPORTING TO PHYSICIANS

The College of Ontario Pharmacists (OCP) needs to set standards and guidelines for documentation of initiating and modifying drug therapies. The College also needs to require pharmacists to notify the primary care physician of these activities under the expanded Scope of Practice. Information sharing is a hallmark for an integrated healthcare system. Hospital pharmacists have already developed many models of documentation in the patient's chart.

(4) LIABILITY INSURANCE

Liability insurance is already mandatory for both community and hospital pharmacists. An expanded scope of practice will necessitate an expansion in the insurance coverage. Pharmacists can then benefit from existing health professional insurance models.

(5) IS IT ETHICAL FOR PHARMACISTS TO SIMULTANEOUSLY PRESCRIBE AND DISPENSE?

There are many models to follow. An optometrist can both examine patients' eyes and sell eye glasses in the same location. There are ethical standards that need to be maintained. A patient must not be made to feel obligated to purchase an OTC drug in the same pharmacy when receiving advice. By the same token, an emergency refill of a puffer must be made in the same pharmacy where it was originally filled. This will prevent patients to pick and choose willing pharmacists for emergency refills.

CONCLUSION

With the needs for health care rising sharply in the near future, Ontario pharmacists can contribute more by an expanded scope of practice. The time for change is now. The issues discussed in this article are manageable by a regulated model.