



August 15, 2008.

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

Dear Ms. Schiefer

Re HPRAC: Scope of Practice of Pharmacy

The Region of Waterloo Pharmacists' Association represents approximately 400 pharmacists and 80 pharmacies within the Kitchener, Waterloo and Cambridge area. Our members represent the community, hospital, academia and industry sectors. Our Association values education, community and collaboration.

We are pleased to support the recommendations made to HPRAC by the Ontario College of Pharmacists on Scope of Practice of Pharmacy.

With the shortage of health care practitioners, especially physicians, utilizing the skill sets of pharmacists is paramount in optimizing care for our patients.

Many of the day to day tasks of the pharmacist are "hampered" by the need of a pharmacist to contact a physician for authorization to make changes to a prescription which may have been incorrectly written or needing a change such as switching from a capsule dose to a liquid dose for a child or an adult having difficulty swallowing; adjusting dosing regimens to help improve compliance or give a correct dosing regimen. These are very common prescription changes that a pharmacist is quite capable of making and should not require the authorization of a physician to do. Many of our patients can wait days for their medication before an authorization is sent from a physician. In our area, many physicians do not take calls from pharmacists so we must fax over requests for our changes and then wait for a reply. This is very frustrating for both the patient and the pharmacist, causing a delay in delivery of appropriate and needed medication, especially in the case of antibiotics.

When no refills are available for our patients, many physicians will tell the patient to go to the pharmacy and the pharmacist "will give them enough medication to last until the doctor can see them." This puts pharmacists in a very difficult position, where the physician is instructing the patient to see the pharmacist to receive medication without a valid authorization. When pharmacists call the physicians they are told that they are seeing the patient in six weeks so give them enough until then, BUT they will not authorize that quantity for the pharmacy to fill. Both the patient and the physician are



expecting the pharmacist to “loan” or “forward” medication without a valid authorization to do so. This also puts pharmacists at risk with both our licensing body and with third party payers who see this as filling a fraudulent prescription, although it is putting patient care first. Allowing pharmacists to extend a prescription for continuity of care for the patient, where the pharmacist has evaluated the patient and found that the medication is working appropriately and that no other developments have occurred, would solve the dilemma of no refills on maintenance medication.

Pharmacists are the first point of access to many patients for health care. We often triage a patient and help them with minor ailments or refer them on to the appropriate health care provider. Pharmacists often provide education on disease states as well as on promoting health and wellness. Many pharmacists provide education for diabetes care and proper use of glucometers for testing of blood. However, we are not allowed to prick the dermis to demonstrate proper lancing techniques for drawing blood, although other non regulated professional groups will do this. Our patients do not understand when we tell them that we are “not allowed” to prick their fingers for training on appropriate use of testing equipment.

With the pharmacist becoming more involved with pandemic planning and offering flu shot clinics and vaccination clinics, it would also seem appropriate that pharmacists be utilized to the fullest extent in these endeavors, whether prescribing these under various circumstances or in some cases in the administration of these medications. Pharmacists fully realize that to participate in any of these activities, requires a skill set and competency level.

We fully endorse the recommendation, as proposed by the Ontario College of Pharmacists, that the existing scope of practice for pharmacy be amended to: 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. As other jurisdictions move to allow pharmacists expanded scope authority and in some cases, prescribing rights, the proposals being put forward by the Ontario College of Pharmacists appear quite logical and in the best interest of patient care. The legislative and regulatory changes required for pharmacists to be better utilized in patient care are supported by many organizations within and outside of pharmacy, and we add our support to those organizations.

Sincerely,

John Ibbotson  
President  
Region of Waterloo Pharmacists Association