

**REVIEW OF NON-PHYSICIAN
PRESCRIBING and
ADMINISTRATION of DRUGS
Under the *REGULATED HEALTH
PROFESSIONS ACT***

QUESTIONNAIRE

Health Professions Regulatory Advisory Council

October 2008

Health Professions Regulatory Advisory Council

Review of Non-Physician Prescribing and/or Use of Drugs

On June 28, 2007, the Minister of Health and Long-Term Care requested that HPRAC

Examine the authority given to non-physician health professions to prescribe and/or use drugs in the course of their practice under the *Regulated Health Professions Act, 1991* (RHPA) and the health profession acts; ...provide advice specific to each of these professions respecting whether lists, categories or classes of drugs should be prescribed by regulation for the profession, or whether restrictions on prescribing of drugs should be placed in regulation under the respective health profession Act.

The Minister also asked that the Council

Provide advice on a framework and process for the ongoing evaluation of requests by Colleges for changes to regulations in this regard to ensure that such regulations reflect efficiency, best practices of the profession, and provide maximum public protection.

HPRAC is responding to the Minister's request through a review of issues impacting the following professions:

- Chiroprody,
- Dental Hygiene,
- Dentistry,
- Medical Radiation Technology,
- Midwifery,
- Naturopathy,
- Nursing – RNs, Registered Practical Nurses and Nurse Practitioners,
- Optometry,
- Pharmacy,
- Physiotherapy,
- Podiatry, and
- Respiratory Therapy.

DEFINITIONS

To assist in HPRAC's review, the following working definitions have been adopted:

“Drug”, “Prescriber” and “Prescription” are as defined in the *Drug and Pharmacies Regulation Act, 1990*:

- “drug” means any substance or preparation containing any substance,
- (a) manufactured, sold or represented for use in,
 - (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or
 - (ii) restoring, correcting or modifying functions in humans, animals or fowl,
 - (b) referred to in Schedule I, II or III,

(c) listed in a publication named by the regulations, or

(d) named in the regulations,

but does not include,

(e) any substance or preparation referred to in clause (a), (b), (c) or (d) manufactured, offered for sale or sold as, or as part of, a food, drink or cosmetic,

(f) any “natural health product” as defined from time to time by the *Natural Health Products Regulations* under the *Food and Drugs Act* (Canada), unless the product is a substance that is identified in the regulations as being a drug for the purposes of this Act despite this clause, either specifically or by its membership in a class or its listing or identification in a publication,

(g) a substance or preparation named in Schedule U,

(h) a substance or preparation listed in a publication named by the regulations, or

(i) a substance or preparation that the regulations provide is not a drug; (“médicament”)

“prescriber” means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health discipline; (“personne autorisée à prescrire des médicaments”)

“prescription” means a direction from a prescriber directing the dispensing of any drug or mixture of drugs for a designated person or animal; (“ordonnance”)

“**Medication**”, also referred to as medicine, can be loosely defined as any substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.^{1, 2} Other synonyms include pharmacotherapy, pharmacotherapeutics, and drug treatment.

“**Use of drugs**” means administration of a drug through various methods including administration by mouth, in-mouth, rectal application, topical application, injection or inhalation.^{3, 4, 5}

1. [US Federal Food, Drug, and Cosmetic Act, SEC. 210., \(g\) \(1\) \(B\)](#). Accessed 18 September, 2008.

2. [Directive 2004/27/EC of the European Parliament and of the Council of 31 March, 2004 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use. Article 1, March 31, 2004](#). Accessed 18 September, 2008.

3. Raman-Wilms, L (Ed.). 2006 Guide to Drugs in Canada. Singapore: Dorling Kindersley Limited.

4. Oxford Concise Colour Medical Dictionary (4th ed.) (2007) New York, New York: Oxford University Press.

5. Swart, B (Ed.). 2007. Toronto: Photo Atlas of Drug Administration in Pharmacology and the Nursing Process in Canada. Toronto: Elsevier.

HPRAC's Request for Completion of Questionnaire

HPRAC requests that health professions included in this review complete the following questionnaire and submit to HPRAC, in MS Word, by **November 12, 2008**. You may choose to respond to some or all of the questions, and combine responses to one or more of the questions. If respondents have submitted relevant information as part of HPRAC's recent review of a scope of practice, it is not necessary to resubmit material unless there are additional matters that should be considered by HPRAC, or if specific information or documentation is requested in this questionnaire.

The questionnaire is divided into sections. Questions #1 to #8 seek basic information from respondents. In responding to Question #9, HPRAC is interested in your views regarding the adequacy of current authorized acts and regulations. The following set of questions, (#10 to #16), provides an opportunity for you to put forward proposed changes to the current authorized acts and regulations, and the rationale for proposed changes. Questions #17 to #26 seek clarification regarding the impact of proposed changes, as well as information on a number of other topics, such as education and competencies. Questions #27 to #31 asks for experience and proposals regarding the regulation-making process, and questions #32 to #36 asks for other relevant information.

Responses to the questionnaire will be posted on the HPRAC website and will be available in hard copy on request, for response and comment by individuals and organizations with an interest in the matter.

COMPLETING AND SUBMITTING THE APPLICATION

The response to the questionnaire should be submitted electronically, in MS Word, to HPRAC at the following e-mail address:

HPRACSubmissions@ontario.ca

In addition, a hard copy should be mailed to:

Health Professions Regulatory Advisory Council (HPRAC)
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, ON
M4V 2Y7

Attention: Annie Schiefer, Project Manager

Questionnaire for Health Professions

PROFESSION INFORMATION

1. Name of the health regulatory college, professional association or organization responding to this questionnaire. If this response is from more than one organization, please list the names of the organizations.
2. Address/website.
3. Telephone and fax numbers.
4. Contact person (including day telephone numbers and e-mail address).
5. List other professions, organizations or individuals who could provide relevant information. Please provide contact names, addresses and contact numbers where possible.

FOR PROFESSIONAL ASSOCIATIONS

6. Names and positions of the senior directors and officers.
7. Length of time the association has existed as a representative organization for the profession.
8. List name(s) of any provincial, national or international association(s) for the profession with which your association is affiliated or who may have an interest in this application. Please provide contact names, addresses, contact numbers and e-mail address where possible.

CURRENT AUTHORIZED ACTS AND REGULATIONS

9. Do current authorized acts and regulations reflect best practices for the prescribing or administration of drugs in the course of practice of members of your profession?

PROPOSED CHANGES TO AUTHORIZED ACTS AND REGULATIONS

10. Please describe in detail any proposed changes to current authorized acts and regulations that would reflect best practices for:
 - a) prescribing of drugs by members of your profession, or
 - b) administration of drugs by members of your profession.
11. Why are these changes necessary? What regulatory or clinical practice purposes would be served by such changes? How would they advance patient care and patient safety?

12. Are the proposed changes considered part of current routine practice of the profession, and authorized to members by medical directives, orders or delegation? Please describe. If authorized by medical directives, orders or delegation, is this approach inadequate or insufficient? Please explain.
13. Would the proposed changes result in an enhanced or changed scope of practice for the profession?
14. Please describe in detail any changes or additions that would be required to the controlled acts that are now authorized to the profession and what, if any, limitations or conditions should be attached to the authorized act.
15. (a) Has the profession submitted a request to the Ministry of Health and Long-Term Care for changes or additions to the list of drugs that are included in the regulation under the profession-specific act? If yes, please attach copies of the submissions, and indicate when the request was made.

(b) Are there additions or changes, since the submission was made, that HPRAC should now consider? Please describe in detail.

(c) If a formal submission has not been made at this time, what are the exact changes you now propose to current legislation and regulations?

RISK OF HARM

16. What additional risk of harm to the patient or client might result from the proposed changes? How would your profession manage this risk?

EDUCATION AND CONTINUING COMPETENCY

17. How does your profession require demonstration of competencies for pharmacotherapy?
18. Please provide pharmacotherapy course content in the current educational curriculum and demonstrate how it ensures the minimum qualifications for the prescribing or administration of drugs by members of your profession.
19. Does the health professional college require continuing education and training for members to ensure competency in the prescribing or administration of drugs? Please be specific and provide documentation to the extent possible. Please describe how the college ensures its members keep pace with advancements in pharmacotherapy, pharmacology and patient safety.
20. Please indicate what college documents are available to members on the prescribing or administration of drugs, including relevant standards of practice, rules and guidelines. Are these documents current? Please include the documents with the submission.
21. Please describe current competencies, education and training of members of the profession to perform any of the proposed changes.

22. Do all members of the profession have the competencies to perform any proposed activity related to the prescribing and/or administration of drugs?
23. What effect would the proposed change in the prescribing or administration of drugs have on members of your profession who are already in practice?
 - a) What additional competencies, education and training would be required for all (or some additional) members of the profession to perform any proposed activity?
 - b) How will the members become current with the changes, and how will their competency be assessed?
 - c) What quality improvement or quality measurement programs do you have in place and what additional programs would be put into place?
 - d) What educational bridging programs will be necessary for current members?

PUBLIC INTEREST

24. Describe how the proposed changes are in the public interest. Please consider and describe the influence of any of the following factors or other relevant matters:
 - a) Patient safety,
 - b) Epidemiological trends in illness and disease,
 - c) Access to care and coordination of care,
 - d) Wait times for health care services,
 - e) Best practices of the profession,
 - f) Promotion of collaborative practice, and
 - g) Professional competencies not currently recognized.
25. How would the proposed change affect other health professions? The public? Describe the effect the proposed change in the prescribing and/or administration of drugs might have on:
 - a) Health human resources,
 - b) Enhancement of quality of services,
 - c) Access to services,
 - d) Service efficiency,
 - e) Interprofessional care delivery, and
 - f) Other impacts.
26. Are members of your profession in favour of the proposed changes? Please describe any consultation process and the response achieved.

PRESCRIBING: DRUG REGULATIONS UNDER PROFESSIONAL ACTS

27. Please describe challenges faced by members of the profession as a result of listing specific drugs in regulation schedules made under the profession-specific act.
28. If classes of drugs, rather than a list of specific drugs, were included in the proposed regulations, please describe how this would impact the members of the profession and

the college. What, if any, additional education and training, competency review, or updates to clinical guidelines or standards of practice would be required?

29. If classes of drugs, rather than a list of specific drugs were included in the regulation, what conditions should be attached, if any, to the classes? Should the broad purpose, indications, or some other reference be specified (e.g. for pain relief in labour; for smoking cessation; for treatment of sexually transmitted diseases; in emergency; refill). Please comment in detail.
30. If classes of drugs, rather than a list of specific drugs were included in the regulation, how would you classify the drugs for your profession? Are there circumstances where a drug class would not be appropriate in a regulation schedule for the profession? Are there situations where a combination of class and list of specific drugs would better respond to the competencies of the profession?
31. If applicable, please describe in general your profession's experience with requests for changes to drug regulations, including specifics of the requests made, regulation changes that followed, if possible the time required for changes to regulations, and what, if any, proposed changes were, or were not, approved by government.

COLLABORATION

32. Do members of your profession practice in a collaborative or team environment where a change in drug regulations or legislation would contribute to multidisciplinary health care delivery? How would relations between professionals working in a team be impacted? What additional standards would be required (e.g., record-keeping, referral protocols)? Please describe any consultation process, agreements or other arrangements that have occurred with other professions.

OTHER JURISDICTIONS

33. Describe any obligations or agreements on trade and mobility that may be affected by the proposed changes for the profession. What are your plans to address any trade/mobility issues?
34. What is the experience in other Canadian jurisdictions? What is the experience in international jurisdictions?

COSTS AND BENEFITS

35. What are the potential costs and benefits to the public and the profession of the proposed changes? Please consider and describe the economic impact, costs and benefits to:
 - a) patients,
 - b) broader health care service delivery system,
 - c) educational sector,
 - d) regulatory sector, and

e) the profession.

ADDITIONAL INFORMATION

36. Is there any other relevant information that HPRAC should consider when reviewing your submission?