

Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council

Ms. Schiefer,

I am writing to you to express my support of the submissions made by the Ontario College of Pharmacists and the Ontario Pharmacists Association. I have been a practicing community pharmacist for over 25 years and have witnessed the evolving role of the pharmacist to include responsibility not only for the procurement and dispensing of medications, but also for their safe and effective use by patients, the prevention of disease, and the promotion of health and wellness.

I currently practice in a variety of community settings including a pharmacy that delivers patient care 24 hours per day, 7 days per week. Together with my colleagues, I am available to respond to patient's medication needs around the clock. We triage hundreds of patients daily, easing the burden on the health care system by limiting unnecessary visits to physicians offices, urgent care clinics and emergency departments. There is not doubt that pharmacists are the most visible and accessible health care provider in our health care system.

However, we are not able to perform to our full potential for we are limited by regulations that have not kept up with our expanding role in patient care and education. For example, as part of current practice, patients and caregivers expect me to pierce a patient's finger to demonstrate how to use a lancing device for chronic care monitoring, administer medication such as insulin to demonstrate proper technique, and administer medication when teaching patients how to use inhalers. Current legislation prohibits me from performing these activities.

On a daily basis I encounter patients who have run out of their chronic medication and are unable to visit their physician or no longer have a family physician. Often after regular physician office hours, I am presented with prescriptions that require dosage form changes to best meet the patient's needs. (i.e. Amoxicillin caps written for a young patient who cannot swallow capsules). I provide advice for minor ailments as part of my daily routine however often I am unable to provide the recommended therapy. 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; provide immunization services to patients, if necessary; and assess, initiate and monitor the most appropriate therapeutic approach for smoking cessation.

Pharmacists are willing and able to play an important role in making Ontario's health care system more efficient and effective. To make the most of our accessibility and expertise as pharmacists, our scope of practice needs to expand so we have greater responsibility for prescribing decisions, and the tools we need to monitor drug therapy outcomes, to better meet the needs of Ontarians now and in the future. I urge you to give full consideration to the submissions made by OCP & OPA.

Respectfully submitted,

Tina Perlman R.Ph., B.Sc. Phm.