

OPA's Response to HPRAC's Final Report

Executive Summary

The Ontario Pharmacists' Association (OPA) welcomes the opportunity to provide its comments on the final report by the Health Professions Regulatory Advisory Council (HPRAC), entitled *Critical Links: Transforming and Supporting Patient Care*.

As outlined in our response to HPRAC's interim report, OPA is very pleased with the recommendations made to enhance the role of pharmacists in Ontario's healthcare system. In its reports, HPRAC endorsed several of OPA's proposed activities, including prescription extension, adaptation, adjustment, and monitoring through laboratory testing. HPRAC recommended that pharmacists be able to pierce the dermis, administer drugs by injection and inhalation with conditions and limitations, all of which will ensure continuity of care, a reduction of therapeutic failure and reduced wait times in physicians' offices. In addition, HPRAC recommended that a minor ailments program, similar to the program in the United Kingdom, be implemented in Ontario. Under such a program, pharmacists would assess, triage or treat patients presenting with a variety of minor ailments such as athlete's foot or cold sores. As part of the treatment, pharmacists would be authorized to prescribe Schedule I, II or III drugs for the patient.

While we are pleased with the recommendations for pharmacy put forth by HPRAC, there are a number of proposals from our submissions that were not included in the final report.

Administration of Drugs for the Purposes of Immunization

While HPRAC recognizes the need to ensure pharmacists have the core competencies to provide immunizations for emergencies, OPA believes that the development of these core competencies will be limited unless an expanded scope of practice also includes routine immunizations. Proficiency in the technical task of immunization only comes with routine performance.

Prescribing Schedule I Products for Travel Prophylaxis

Pharmacists are often called upon by physicians to consult on drugs and doses for travel prophylaxis for patients travelling abroad. This is especially true in less urban areas, and communities without travel clinics. We believe that with additional training, all pharmacists would have the ability to prescribe Schedule I medication for travel prophylaxis, if they choose to do so.

Initiation of Therapy for Schedule II, III and Unscheduled Products

There are many non-prescription products, including diabetic supplies and low-dose ASA, which are critical for chronic disease management and ongoing monitoring of therapy that we believe pharmacists should have the authority to initiate, and that should be recognized by third party payors. By initiating these products on prescription, patients' adherence rates are significantly improved.

Regulatory Concerns

With regards to the regulatory issues raised by HPRAC, OPA supports the Ontario College of Pharmacists in its view that an oversight agency is not required to ensure collaboration among healthcare professionals.

Scopes of Practice for Other Health Professions

With respect to the dispensing, compounding and selling of drugs by healthcare professionals other than pharmacists, physicians and dentists, OPA recommends that the standards of practice that are developed, circulated and enforced be equivalent to those of pharmacists.

OPA is not in a position to comment on the training and education associated with each health profession for which HPRAC has recommended dispensing, compounding or selling of drugs. However, we believe it would be critical to ensure that all who are authorized to perform these controlled acts have the necessary clinical judgment and therapeutic knowledge to do so safely.

Conclusion

We are very pleased with the changes to pharmacists' scope of practice recommended by HPRAC and hope that the Minister recognizes the importance of the additional activities that pharmacists would undertake to provide enhanced healthcare to Ontarians. We look forward to the Minister's decision.