

Introduction and Executive Summary

Pharmacists are medication management experts committed to the delivery of healthcare services in a patient-centered collaborative environment. The role of the pharmacist has evolved over the years to include responsibility and accountability not only for the procurement and dispensing of medications, but also their safe and effective use by patients, the prevention of disease and the promotion of health and wellness. Pharmacy practice in Ontario exemplifies the latest model of patient-centered care as defined below:

Pharmaceutical Care

This model of patient-centered practice requires the pharmacist to identify or influence the desired health outcomes of an individual patient, and determine those outcomes that can be achieved by the appropriate use of medication. The desired health outcomes are determined by the patient, while the drug-related needs are determined collaboratively by the patient and the pharmacist, and other health care professionals, as necessary. To fully determine the patient's drug-related health outcomes requires the establishment of a special caring relationship (i.e. covenantal) between the patient and the pharmacist. Once the appropriate therapeutic course of action is determined to achieve the drug-related health outcomes, the pharmacist and the patient must agree on their relative responsibilities in implementing and monitoring the resulting therapeutic plan, for the benefit and the safety of the patient¹.

In our June 30, 2008 submission to the Health Professions Regulatory Advisory Council (HPRAC) regarding the scope of practice for pharmacists, the Ontario Pharmacists' Association (OPA) identified that pharmacists are not using their body of knowledge and expertise on drugs, disease prevention and health promotion to their utmost potential. Given the constraints on the healthcare system and the ability of pharmacists do more than dispense and counsel on medications, we believe that pharmacists can safely and effectively prescribe medications and administer medications by injection.

OPA has proposed that, subject to defined protocols and appropriate training, specific Schedule I medications can be safely initiated by pharmacists for minor ailments as well for purposes of travel prophylaxis, smoking cessation and emergency situations as outlined within the submission. Above and beyond initiating medication therapy, we have proposed that, if it is in the patient's best interest, and is reasonable in the pharmacists' professional judgment, pharmacists are capable of refilling chronic care prescriptions, adapting prescriptions, adjusting dosages of medication in response to monitoring, and prescribing Schedule II, III and Unscheduled drugs for the purposes of drug-plan reimbursement.

Over the years, patients' expectations of their pharmacists have grown, which has had an impact on the evolution of pharmacy practice today. It is now commonplace for pharmacists to teach their patients how to prick their skin using a lancing device for purposes of disease monitoring and for the proper technique for administering medications by injection and via inhalation. OPA believes that these activities must

¹ Canadian Council for Accreditation of Pharmacy Programs - Accreditation Standards and Guidelines for the baccalaureate Degree Program in Pharmacy 2006 (Revised). Available at: http://www.ccapp-accredit.ca/common/pdfs/standards/standards_2006.pdf

be recognized in pharmacists' scope of practice, and that additionally pharmacists be trained to inject medication by intramuscular injection in order to administer vaccinations, when appropriate.

OPA's submission to HPRAC is underscored by a collaborative patient care model whereby patients and all healthcare practitioners work together to achieve optimal health outcomes. To work collaboratively, pharmacists will be expected to communicate any changes made to medication therapy to the patient's relevant healthcare provider(s) in a timely manner. In order to achieve this model of care, the following principles must be established:

- Expand the scope of practice for pharmacists such that it is optimized by collaboration and communication with other healthcare providers and engages and entrenches the established direct pharmacist-patient relationship to achieve optimal health outcomes for patients.
- Facilitate the provision of pharmacists' professional activities through recognition, integration and compensation for these valuable services.
- Develop/modify legislation and regulations which would enable rather than oblige pharmacists to expand their clinical activities.
- Ensure quality assurance standards and practices are in place to maintain the integrity of the pharmacists' role in an expanded model.
- Ensure pharmacists' accountability for the activities that come with an expanded scope of practice.

Pharmacists in Ontario are prepared to join their colleagues in other Canadian and international jurisdictions and to embrace a greater role in healthcare with an expanded scope of practice. OPA is pleased to be consulted in this momentous review process.