



November 7, 2015

Ontario College of Pharmacists
Re: Open Consultation Feedback
483 Huron Street
Toronto ON M5R 2R4

e-mail: consultations@ocpinfo.com

Dear Mr. Moleschi:

RE: Proposed Revision of the Code of Ethics

The Ontario Pharmacists Association (OPA or the “Association”) welcomes the opportunity from the Ontario College of Pharmacists (OCP or the “College”) to comment on the proposed revisions to the Code of Ethics.

The Ontario Pharmacists Association represents the interests of Ontario’s pharmacists, pharmacists-in-training and pharmacy technicians. Our more than 9,500 members work in a wide variety of settings, including but not limited to community pharmacies, hospitals, long-term care, family health teams, and industry. The Association maintains as a key element of its mandate the support for pharmacists in the delivery of the highest quality of care for all Ontarians.

The Association is pleased to see that its work and that of the College has led to an evolution of pharmacy practice over the past two decades. We also recognize that as the profession continues to change, so too will the expectations that others have for the conduct of Ontario’s pharmacy professionals both within the health system and society as a whole. These expectations are most notable with the paradigm shift away from traditional, product-focused dispensing services and toward more innovative, patient-centred pharmacy professional services such as chronic disease prevention and management, and wellness programs.

As patients, other health professionals and policy makers begin to acknowledge that pharmacists are the most accessible healthcare providers, there is a growing need and willingness to integrate pharmacists, their clinical services and decision-making skills into primary care; there is also a heightened importance on pharmacists’ ethical responsibilities.

The Ontario Pharmacists Association welcomes many of the proposed revisions to the OCP Code of Ethics, and offers its comments and recommendations to specific clauses as a means of introducing greater clarity for pharmacists and pharmacy technicians and eliminating confusion and potential conflict between members’ professional responsibilities and those of the business and pharmacy operations.

It is generally acknowledged that with the expansion of pharmacy’s scope of practice comes a simultaneous increase in responsibility and accountability. The Association accepts the proposed overarching concepts of beneficence, non-maleficence, respect for persons/justice, and accountability/fidelity as core principles. That said, this submission provides OPA’s commentary, focused solely on those clauses that we feel require some degree of modification or clarification.

Where appropriate, suggested rephrasing of specific clauses has been included, with deleted text noted in red font and strikethrough and suggest new text in green, underlined font.

As a matter of principle, it is important for all registered pharmacists, pharmacy students, interns and pharmacy technicians to subscribe to and uphold the tenets of a Code of Ethics. Conversely, such a code cannot apply to pharmacies as business entities, and accordingly, it must work side by side with OCP policies, standards of pharmacy practice, legislation, and regulation, while recognizing that there are business model realities that must be considered when a perceived breach of the code has been identified.

DISCUSSION ON THE VARIOUS SECTIONS OF THE PROPOSED CODE OF ETHICS

0. Understanding the Professional Role and Commitment of Healthcare Professionals

It should be noted that throughout the document, reference is made to ensuring that pharmacists and pharmacy technicians, as healthcare professionals *“are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.”* While we completely concur with this general introductory section of the Code of Ethics, we would like to clarify that “direct benefits” to the patient are limited predominantly to “health” and would not necessarily include “financial” or “economic” benefits. The same would hold for other references throughout the document dealing with the patient’s “best interests”.

1. Principle of Beneficence

1.7 *Members ensure that information provided to patients is current, evidence-based and consistent with the standards of practice of the profession.*

- In general, OPA concurs with this clause, and would like to reiterate our request for the College to preserve and enforce the mandate, through standards of practice, requiring pharmacies to maintain a subscription to an approved drug information provider that pharmacists can readily access in order to uphold this clause of the Code.
- OPA would like to mention, however, that although evidence-based practice is the goal, there are still many cases where treatments are based on best practices, especially if there is no definitive evidence to formally support the approach. This is often the case is in hospitals or specialty practices, where it is not uncommon to see off-labelled used of products. While not necessarily evidence-based, these approaches may still be considered as appropriate treatment options.
 - Suggested rephrasing is as follows: “Members will endeavour to ensure that, whenever possible, information provided to patients is current, evidence-based and consistent with the standards of practice of the profession.”

1.8 *Members consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.*

- OPA concurs with this clause. Use of the words “when possible” is felt to be appropriate as there may be circumstances whereby, despite the members’ best efforts, it may not be possible to completely eliminate barriers or deterrents to patients’ receipt of pharmacy care/services or achievement of the best possible health outcomes.

1.9 Members prioritize care and services to provide adequate time to ensure that higher risk patients receive the care they need.

- In theory, this clause represents an approach to which all pharmacists should aspire. However, business realities may not always allow for sufficient time to manage high needs patients in one sitting. It should also be noted that the term “higher risk” is subjective in nature and therefore difficult to define.
 - Suggested rephrasing is as follows: “Members will endeavour to prioritize care and services, whenever possible, to ~~provide adequate~~ allocate the appropriate time to ~~ensure that higher risk~~ patients ~~receive the care they~~ based on their needs.”

1.11 Members make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.

- While cost-effective pharmacy care and services is something every pharmacy professional should bear in mind at all times, the most important focus should be on providing the best care possible.
 - Suggested rephrasing is as follows: “Members will make every reasonable effort to provide quality pharmacy care and services to patients and society while considering the cost-effectiveness of treatment as appropriate or feasible.”

1.12 Members participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.

- OPA would like to highlight that not all members have the resources to be able to participate in public education programs. In addition, it is more likely that a pharmacist member may participate in such programs rather than a technician member whose focus is on the technical aspects of dispensing. There are several areas in the document where this distinction applies, and roles should be delineated.
 - Suggested rephrasing is as follows: “Members will endeavour to participate, where possible and as appropriate and viable, in public education programs that promote health and wellness and disease prevention.”

1.13 Members strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.

- OPA concurs in general with this clause. In theory, this seems reasonable as it reflects activities in which most pharmacists would like to participate. However, opportunities for such education and mentoring activities may be logistically impossible due to geographic barriers. The operative word in this clause is “strive”, as despite best intentions, it is unreasonable to expect every pharmacist will have the ability to uphold this element of the Code.
 - Suggested rephrasing is as follows: “Members strive, where feasible, to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.”

1.14 Members within their roles and expertise advance pharmacy knowledge and practice by conducting, participating in or promoting appropriate research practices.

- While participating in practice research is a laudable goal and desire by many pharmacy professionals, not all have the resources to be able to do so.



- Suggested rephrasing is as follows: “~~Members, within their roles and expertise, advance pharmacy knowledge and practice by conducting, participating in or promoting appropriate research practices~~ will endeavour to seek out opportunities to participate in and/or promote appropriate research initiatives in order to contribute to the advancement of pharmacy knowledge and practice.”

1.15 Members ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.

- OPA suggests that not all members may be able to assess whether research meets current ethical research standards. Furthermore, depending on the scope of the work, some research may not warrant an assessment by an ethics board.
 - Suggest rephrasing is as follows: “Members will ensure that when conducting and/or participating in research initiatives, they will seek information and assurances, where available, to determine if the work is scientifically and ethically approved by a research ethics board that meets current ethical research standards and is relevant and appropriate to an individual research opportunity.”

1.16 Members strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

- Not all members are able to actively participate in healthcare policy review. The ability to participate will vary from pharmacist to pharmacist, and from technician to technician.
 - Suggested rephrasing is as follows: “Members ~~strive~~ will endeavour to facilitate positive change in the healthcare system by staying informed about new or revised pharmacy health policy, by striving to uphold such policies, and by actively participating, when possible and feasible, in healthcare policy review and development as it applies to the practice of pharmacy.”

2. Principle of Non Maleficence

2.3 Members disclose medical errors and “near misses” and share information appropriately to manage risk of future occurrences.

- This clause requires clarity in a number of ways. While documentation and action are required for “medical errors and near misses”, it is unclear as to the extent of the terms “medical errors” and “near misses” as well as to whom disclosures are made. The College will need to clearly articulate the protocols of disclosure.
- OPA is also requesting that the College elaborate on the term “medical errors” so as to clarify if it refers strictly to errors identified by the pharmacy professional that stem from a real/potential mistake by a prescriber or other healthcare provider or, more broadly, if it includes real/potential errors pursuant to a dispensing or pharmacy service activity.
- OPA is also seeking more clarity on and a definition of “near misses.” While all near misses should be a trigger for documentation and actions that result in learnings and a review of internal processes, it should be noted that there are both significant and insignificant near misses. Depending on the definition of disclosure and to whom it is to be made, disclosure of a clinically insignificant near miss to a patient might undeservedly undermine that patient’s confidence in the pharmacy professional.
 - Suggested rephrasing is as follows: “Members will disclose and record medical and medication errors, including significant errors and ‘near misses’, with patients, other relevant health providers and the entire pharmacy team and share information appropriately to manage risk of future occurrences.”

2.6 Members provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.

- OPA suggests that the level of information to be conveyed would best be determined on an individual patient basis and the amount would be based on a number of factors, which may include, but are not limited to, the prescriber’s professional opinion and the patient’s ability to comprehend and manage the information.
 - Suggested rephrasing is as follows: “Members will use their best judgement when providing ~~provide~~ the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.”

2.7 Members ensure that when they are involved in the patient’s transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.

- With respect to community based practice, OPA concurs with this statement but would suggest adding language to drive expediency. However, this concept will require additional thought as it pertains to the member’s role within a healthcare facility such as a hospital. Institutional pharmacists are not always consulted and in some instances may never be actively involved in a patient’s discharge from the health facility. Therefore, to suggest that these members must take an active role in all transitions of care may be difficult, or at times, impossible.
 - Suggest rephrasing is as follows: “Members will endeavour to ensure that when they are involved in the patient’s transition from one healthcare provider or healthcare facility to another, the relevant patient information ~~is~~ will be provided to the receiving healthcare provider or healthcare facility in a timely manner to ensure the safe, ~~and~~ effective and efficient transition of care.”

2.8 Members provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.

- This clause, as currently drafted, could be interpreted such that a pharmacy professional could be in breach of the Code of Ethics for dispensing a medication or health-related product that, at the time of dispensing, was believed to be from safe and proven sources but was later found to be substandard and possibly unsafe. Pharmacists only have a certain degree of insight as to the manufacturing standards of products and cannot justifiably be held accountable for new information presented after the act of dispensing.
 - Suggested rephrasing is as follows: “Members, to the best of their ability and/or knowledge, provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.”

2.11 Members do not under any circumstances participate in sexual behaviour including, but not limited to:

- i. **Sexual intercourse or other forms of sexual relations between the member and the patient;**

- ii. ***Touching of a sexual nature, of the patient by the member; or***
- iii. ***Behaviour or remarks of a sexual nature, by the member towards the patient.***

- In general, OPA concurs with this clause. However, use of the phrase, “under any circumstances” automatically puts this clause in conflict with Clause 4.36, where “members limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.”
 - Suggested rephrasing is as follows: “Members do not under any circumstances, but with exception to situations where another appropriate healthcare professional is not readily available, participate in sexual behaviour including, but not limited to: ...”

2.13 Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:

- i. ***their conscientious objection is conveyed to the pharmacy manager, not the patient;***
- ii. ***there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.***
- Given that some members are designated managers, the first option offered by this clause is not always applicable.
 - Suggested rephrasing is as follows: “Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following: (i) their conscientious objection is conveyed to the pharmacy manager, not the patient; and/or (ii) there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.”

2.17 Members maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation polices and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.

- This is a very sensitive clause and needs careful phrasing. There is a delicate balance between the owner/manager responsibilities to pharmacy professionals and the pharmacist/technician responsibilities to the owner/manager. This balance will vary from pharmacy to pharmacy and will be influenced by factors that may or may not be visible or understood by staff pharmacists and pharmacy technicians.
- Interpretation of this particular clause hinges on the concept of “appropriateness” as it relates to human resources. This is a very subjective term, raising a question as to its inclusion in the Code. It should be noted that prediction of workflow volume, anticipation of patient needs and the calculation of the requisite staffing on any given day can be an inexact science. This may translate to certain instances where resources are more strained than others.
- The question, therefore, is on how aspects of this element of the proposed Code will be measured, evaluated, and assessed in the event of a complaint about a perceived inappropriate level of human resource allocation. The Association seeks additional information on this proposed clause of the Code of Ethics.

2.18 Members raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.

- While the draft wording is well-intended, it is nonetheless very general, a fact which may pose challenges for certain pharmacy operators and corporations. The concept is certainly sound and supported for obvious cases where patient risk is very real, for example, intoxication of the pharmacy professional or inappropriate prescribing and dispensing of narcotics. However, questions arise in the determination of the “appropriate authority” to be notified in specific instances. For example, most, if not all corporate pharmacy organizations have robust policies and procedures in place, and internal reporting to the corporation (as the appropriate authority) may be the optimal approach for certain circumstances either before or in place of reporting to an external authority such as the College or other body. Clearly, emergency situations such as pharmacy robberies/hold-ups would override this approach.
- Similar to our comments for Clause 2.17, terms such as “appropriate” and “reasonably”- are subjective and broad-based. The balance of operational needs and human resource requirements may not be as well understood by staff pharmacists and/or technicians as they are by owners/managers. Such misunderstandings might generate frustrations by a pharmacist/technician when, in fact, the business needs are justifiable. The Association does support regular communications between pharmacy management and pharmacy professional staff to eliminate such frustrations; however, to include this element in the Code is problematic as it is difficult to capture the various business/operational nuances.
- It should also be noted that there are restrictions embedded within existing collective bargaining agreements (i.e. with unions) around performance and concepts such as “progressive discipline.” Therefore, raising concerns with the appropriate authority needs to be carefully directed, and interpretation of the issues will be critical.
- Lastly, OPA seeks clarity with respect to the inclusion of “health” as a measure of the ability of other pharmacy professionals. Like that of patients, the health status of pharmacy co-workers is strictly confidential; therefore, caution needs to be exercised here so as not to unfairly and negatively label a colleague and possibly breach their confidence and trust. Since it is logical to assume that a suspected serious health concern in another co-worker might lead to professional performance issues that could compromise patient care or safety, there is no need to include the term “health” in the clause – the matter would simply be identified as a matter of “professional performance.”
 - On the premise that this clause is to remain in the Code, suggested rephrasing is as follows: “Members *will* raise concerns to the appropriate *internal or external* authority if they reasonably believe human resources, policies, procedures, working conditions or the actions *and/or* professional performance ~~or health~~ of others may compromise patient care or public safety.”

3. Principle of Respect for Persons/Justice

3.9 Members respect the patient’s right to choose a pharmacy and/or pharmacy professional and facilitate the patient’s wish to change or transfer pharmacy care and services as requested.

- While OPA concurs with this clause, we suggest that the term “facilitate” overstates the role of the pharmacy professional. When it comes to a patient’s wish to change or transfer care and services from one pharmacy to another, the perspectives are different depending on which side of the transfer the pharmacist or technician find themselves.
- For example, if one’s pharmacy will be the recipient of the new patient file, then “facilitation” is quite important and is in that member’s best interest to complete the transfer as smoothly as possible. However, if one’s pharmacy is on the verge of permanently transferring a patient’s file,

perhaps due to external pressures such as insurer/employer directives pursuant to a preferred provider network arrangement, then facilitating the transfer implies doing everything one can to make that transfer easy while refraining from making efforts to retain the patient.

- Suggested rephrasing is as follows: “Members will respect the patient’s right to choose a pharmacy and/or pharmacy professional and ~~facilitate~~ will cooperate with the patient’s wish to change or transfer pharmacy care and services as requested.”

3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.

3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.

- For clauses 3.16 and 3.17, OPA concurs with the concepts presented, but with the caveat that there are varying levels of access to pharmacy care and services based on a patient’s eligibility for coverage under a public and/or private insurance plan. Access to care does not imply free access in every circumstance.
- OPA understands that this differentiation is captured through the application of the concept of “equitable” (as opposed to “equal”) access, but seeks the College’s validation of this.
- The Association recommends alternate language for this clause as a means to more accurately capture the original intent while providing members and the public with an acknowledgement that the business model is predicated on the fact that access for partially or totally uninsured services require varying levels of payment for which insurers or the patient are responsible. Examples include public or private copayments or deductibles, and performance of the service by the pharmacy professional will be dependent on the patient’s ability to pay and meet their financial obligations.
 - Suggested rephrasing for Clause 3.16 is as follows: “Members will provide fair and equitable access to pharmacy services and deliver consistent quality of pharmacy care and services to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.”
 - *Members provide consistent quality of care to all patients regardless of socioeconomic status,, culture, disease state, or any other factor that might unfairly bias patient care’*

3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

- While the intent of the original clause is clear, its wording could be misunderstood, as its corollary might imply that for resources that are not under a member’s control, there is no obligation to make fair decisions regarding their allocation. This would not be an intended interpretation.
 - Suggested rephrasing is as follows: “Members with the ability to control the allocation of resources will make fair decisions about their ~~allocation of resources under their control~~ based on the needs of persons, groups or communities to whom they are providing care and services.”

4. Principle of Accountability (Fidelity)

4.1 Members abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.

- It is important to recognize that some members of the College are practicing the profession of pharmacy outside of the more traditional settings of a community or hospital pharmacy. This element of the Code of Ethics needs to reflect practice in any setting where pharmacy care and services are provided, including, but not limited to, family health teams and other collaborative practices.
 - Suggested rephrasing is as follows: *“Members will abide by the spirit of this Code which applies to the practice of the profession of pharmacy, ~~and the operation of pharmacies~~ regardless of the practice setting.”*

4.3 Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code and therefore permissible.

- OPA completely agrees that unethical behaviour cannot be ignored or sanctioned. However, this clause in the Code of Ethics is out of place and deserves to be stricken from Section 4 of the Code and captured in a more prominent and appropriate spot in the document, ideally within the section dealing with “Compliance with the Code of Ethics” on page 1.
- Despite the importance of this concept, the language employed should be less accusatory and more all-encompassing and acknowledge that the Code does not, and is not, intended to capture any specifics of or identify all forms of unethical behaviour.
 - OPA recommends striking clause 4.3.
 - OPA suggests new language to be inserted on page 1 under “Compliance with the Code of Ethics” as follows:
 - *“The College holds members accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach. The Code of Ethics is not intended to identify all forms of unethical behaviour nor does it comprise a list of specific activities that might be interpreted as being unethical. Members are expected to use professional judgement at all times in the determination of their decisions, actions or inactions with respect to the provision of pharmacy care and services; justification of their decisions, actions or inactions cannot be rationalized by any exclusions in the Code.”*

4.6 Members do not perform controlled acts under their scope of practice for an unethical or illegal purpose.

- As it exists right now, this clause could imply that a pharmacy professional may only perform acts that are controlled and within their scope of practice. To avoid confusion, OPA suggests rewriting this clause with a more positive tone.
 - Suggested rephrasing is as follows: *“Members ~~do not~~ will only perform controlled acts under their scope of practice and any unrestricted acts for an ~~un~~ethical or ~~il~~legal purpose.”*

4.16 Members participate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abides by any undertakings or restrictions placed on their practice as result of an investigation.

- While OPA concurs with this clause of the Code, the word “participate” may not be sufficient to express the overall intent.



- Suggested rephrasing is as follows: “Members ~~participate~~ *cooperate* in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abides by any undertakings or restrictions placed on their practice as result of an investigation.”

4.18 Members recognize that their patient’s best interests must always override their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.

- Insofar as this clause falls under the subheading “Participate in Ethical Business Practices,” it becomes very difficult for pharmacy professionals to balance the provision of pharmacy care and services with operational realities that come with a fee-for-service business model.
- It is well-understood that there are costs associated with the provision of health-related care and services. This clause therefore becomes problematic in situations where a patient, at any given time, is unable to afford the provision of a particular service. In such circumstances, this clause stipulates that the patient’s need for care or service overrides their ability to pay, thereby obligating the professional to provide the care or service in the absence of compensation. As such, OPA suggests that this clause cannot be an absolute requirement.
 - Suggested rephrasing is as follows: “Members *will endeavour to act in* ~~recognize~~ *that* their patient’s best interests ~~must always override~~ *ahead of* their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.”

4.23 Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations or service suppliers related to the practice of the profession and to the operation of the pharmacy.

- OPA concurs with this clause. However, it is uncertain if public and private payers are appropriately captured in the abbreviated listing.
 - Suggested addition as follows: “Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, ~~or~~ service suppliers, *payers or other care custodians* related to the practice of the profession and to the operation of the pharmacy.”

4.28 Members avoid situations that are or may reasonably be perceived to construe a conflict of interest.

- It is important to note that the operative word in this clause is “reasonably”, as the provision of any form of care under a fee-for-service model has the potential to be construed as a conflict of interest. At this current point in time, remuneration for the delivery of community-based pharmacy care and services is provided to the business and not the individual. However, as the proposed Code of Ethics has most likely been written to consider current and future business models, it is important to ensure that the language of the clause captures scenarios where compensation for a service flows directly to the pharmacy professional.
- With potential expansion of pharmacy’s scope of practice to include assessments for common (minor) ailments, it is reasonable to assume that questions of conflict of interest might arise in the treatment for said common ailments – for example, the prescribing of an over-the-counter or prescription product. Like other healthcare providers, pharmacists are regulated professionals who have been, and will continue to be governed by legislation, regulations, policies, guidelines,

standards of practice and a code of ethics that will ensure they provide only those services which are needed and are clearly in the best health interests of the patients.

4.35 Members ensure that they do not participate in referral programs with other members or with members of other healthcare professions for the expressed purpose of benefiting financially.

- This clause may require further clarification, as many pharmacists work to build intra- and interprofessional relationships that are predicated on referrals. It is reasonable to assume that many pharmacy services are revenue positive, with or without a referral, as they need to be viable and sustainable in the long-run. When promoting a service to one's network of health professionals as a basis for referrals, a fine line exists between offering the service for the benefit of patients and running the service for the financial benefit of the business.
- It should also be stated that, consistent with Clause 3.8 and 3.10, members of the College will respect the patient's right to accept or refuse treatment and/or services offered, without prejudice, and that members will also obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services. What this means is that irrespective of any referral, there is no obligation for that patient to accept/consent to the service or to its provision by that pharmacy.

MISCELLANEOUS COMMENTS ON THE PROPOSED CODE OF ETHICS DOCUMENT

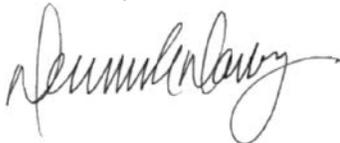
- The College should strive for consistency in tenses for each clause, preferably future tense.
- Whenever possible, the tenets of the Code of Ethics should be constructed to promote positive behaviours versus mitigate negative behaviours.

SUMMARY

The Ontario Pharmacists Association is pleased to have had the opportunity to comment on the proposed revisions to the College's Code of Ethics. With the positive strides made through an expanded scope of practice, the introduction of new services, and the steadily increasing recognition by stakeholders of the role pharmacists can and should play in Ontario's health system, the time is appropriate for the Code to be significantly refreshed as a means of underscoring the expectations Ontarians have of their pharmacy professionals.

Should you have any questions or comments with respect to this submission, please do not hesitate to contact me at your earliest convenience.

Yours truly,



Dennis A. Darby, P.Eng., ICD.D
Chief Executive Officer

cc: Sean Simpson, Chair of the Board of Directors, Ontario Pharmacists Association
Deb Saltmarche, Past Chair of the Board of Directors, Ontario Pharmacists Association
Allan H. Malek, SVP, Professional Affairs, Ontario Pharmacists Association
Anne Resnick, Deputy Registrar, Ontario College of Pharmacists