

October 23, 2019

Nancy Lum-Wilson
CEO and Registrar
Ontario College of Pharmacists
483 Huron Street
Toronto, Ontario M5R 2R4

Dear Ms. Lum-Wilson,

The Ontario Medical Association (OMA) appreciates the opportunity to participate in the Ontario College of Pharmacists' (OCP) consultation regarding the expanded scopes of practice requested by the Minister of Health and Long-Term Care. This letter will outline the OMA's perspective on each of the proposals. It is important to reinforce that the OMA values the important contribution that pharmacists bring to the health care team in all practice settings, whether in hospitals, clinics, or other community-based facilities. The OMA has developed a list of principles by which scope of practice expansions should be assessed. While not every principle will be applicable in each instance, we feel it is beneficial to utilize a framework to consider expanded scopes in a consistent, objective and evidence-based manner. We would encourage others to utilize these OMA principles and would welcome the opportunity to discuss them further.

The OMA has established a standard set of principles that address any scope of practice changes:

1. Be subject to a rigorous regulatory structure,
2. Be consistent with the knowledge, skill and judgment of the professionals involved,
3. Support a truly collaborative, team-based approach to care as opposed to parallel care,
4. Not raise patient safety concerns,
5. Be accompanied by system initiatives/supports to ensure that no health care provider is unreasonably burdened with complications arising from expanded scopes of practice from other professions.
6. Be subject to stringent conflict of interest provisions,
7. Be applied with consideration of current best practices and lessons learned from other jurisdictions,
8. Be applied with consideration to cost effectiveness at a health system level,
9. Promote inter-professional communication and information sharing,
10. Promote continuity of care,
11. Promote positive relationships with patient,
12. Be subject to system evaluation to determine if they are leading to positive outcomes.

The OMA acknowledges the OCP's important role in regulating the pharmacy profession in the public interest. It is apparent that a rigorous regulatory structure exists through the development of professional standards and quality assurance measures to ensure patient safety. With this in

mind, the OMA would like to identify some considerations for the College to take into account as it moves forward to review the proposed scope changes listed below:

1. Administering flu vaccine to children as young as two years old

The OMA notes that there currently seems to be some inconsistent application of skills, knowledge, and judgement exercised by pharmacists in relation to the flu vaccination. For example, at times it has been observed that the decision to vaccinate or not vaccinate is based on inaccurate non-evidence based information, such as patients with colds should not get the flu shot, or that the scheduling of vaccines established by the National Association of Pharmacy Regulatory Authorities (NAPRA) is not followed. It is recommended that additional education and skills training may be necessary to ensure the safety of patients of all ages. Furthermore, pharmacists would need regular ongoing training in how to manage adverse reactions and have access to the appropriate equipment should a reaction occur. For the purposes of collaborative team-based continuity of care, it would be important for pharmacists to communicate with physicians about any vaccinations their patients receive and about any negative outcomes.

2. Renewing prescriptions in quantities of up to a year's supply

Physicians often use a 12 month renewal timeframe as a critical opportunity to have important discussions with patients, order tests as necessary, and ensure continuity of care. As such, the OMA is concerned about the proposal to enable pharmacists to renew prescriptions for up to a year. Extending prescriptions for an extended timeframe without adequate or timely monitoring by a physician, could result in a negative impact on their health. As well, there is a potentially negative cost to the system should pharmacists renew prescriptions for patients when medications are no longer necessary. A better communication infrastructure and an integrated Electronic Medical Record (EMR) are needed to facilitate the sharing of information between pharmacists and physicians to ensure patient safety and to prevent potential misuse of the system.

3. Administering certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration

The OMA believes that a listing of specific drugs rather than categories of drugs in the regulation is preferable. While we acknowledge the challenge in updating lists on a regular basis when contained in regulation, drug categories consist of such a broad range of substances with various drug interactions, side effects, and contraindications that the purpose and use of each drug should be examined individually before being approved for use by pharmacists.

There are many potential adverse reactions that may result from the administration of such a range of medications. Some of the substances on the list, such as various antibiotics, carry a high risk of adverse reactions in patients with certain conditions, such as liver or renal issues, and may not be safe for the patient. The administration of some drugs in specific categories, such as anti-infectives, carry the risk of immediate life-threatening reactions such that the place of

administration must be very carefully considered. In these circumstances the practice has often been to give patients their first dose in a hospital emergency department to ensure fast and appropriate care and equipment are available should an adverse event occur. It could be dangerous to patients to administer these drugs in an outpatient community setting such as a pharmacy. In these instances, the risk to patients far outweighs the benefit of easy access to care.

In addition, the OMA has concerns regarding the therapeutic aspect of pharmacists administering substances to patients. Therapeutic treatment should be done in the context of the whole patient. Practitioners must have knowledge of drug interactions and potential risks resulting from the patients' medication conditions, co-morbidities, and/or underlying causes that may impact patient safety. Physicians have clinical expertise, a comprehensive understanding of patient health, and ideally an ongoing relationship with patients. These are all necessary to ensure the effective and safe treatment of patients.

Finally, regarding the therapeutic administration of substances as well as for the delivery of point of care testing that is further outlined below, there are concerns about potential conflicts of interest for pharmacists. By virtue of their practice, pharmacists work within a business model of health care that is quite different from physicians. Conducting point of care testing and then receiving compensation for both the medication and the administration of a treatment in an inherent conflict of interest. What is good for business may not always be what is best for the patient. This is not meant to be a negative statement about pharmacists, but rather a recognition of the business environment in which they operate.

4. Enabling pharmacists to perform certain point of care tests (POCT)

Regarding point of care testing by pharmacists, the OMA understands that discussions about this initiative are still in the early stages and that specific point of care tests have yet to be identified. It is difficult to provide constructive feedback without this information, and the OMA would like to be consulted as more details become available. Our initial concern is the potential negative impact on health care costs. Physicians practice within the guidelines of the Choosing Wisely Canada initiative that encourages physicians and patients to engage in conversations about unnecessary tests and treatments, and to make smart and effective care choices. An increase in unnecessary tests can be a costly and wasteful use of health system resources and can potentially be harmful to patients. Other professions should be required to follow the Choosing Wisely principles just as physicians are required to do so.

As a team of health care partners, we must always consider the absolute importance of patient safety and continuity of care. The OMA must reinforce the risk that some of these proposals pose. Pharmacists may not have the knowledge to adequately manage a negative result from a point of care test. Without timely communication between pharmacists and physicians, serious medical conditions may be missed and appropriate treatment opportunities may be delayed or lost altogether. Successful interprofessional care must be supported by an infrastructure that has mechanisms in place to ensure ongoing, integrated communication between health care

providers. Collaboration between providers is vital when more than one team member has responsibility for a patient. Shared access to patients' health information through an integrated EMR is critical for patient safety and for responsible cost effectiveness of the health care system. This is something all health care organizations can advocate for.

Thank you for the opportunity to participate in the OCP's consultation regarding expanding scope of practice for pharmacists. The OMA values the critical role of pharmacists in our shared healthcare system. We look forward to opportunities for continued collaboration between our professions to improve patient care.

Sincerely,



Dr. James Wright, CM, MD, MPH, FRSCS
Chief, Economics, Policy and Research