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## **House of Commons Standing Committee on Health**

### **Study of the Best Practices and Federal Barriers Related to the Scope of Practice and Skills Training of Healthcare Professionals**

**Thursday, April 10, 2014**

#### **CPhA WITNESSES**

**Janet Cooper, BSc(Pharm), ACPR**

Senior Director, Professional and Membership Affairs

**Phil Emberley, PharmD, MBA**

Director, Pharmacy Innovation

**Canadian Pharmacists Association**

1785 Alta Vista Drive, Ottawa, ON K1G 3Y6

613-523-7877; [www.pharmacists.ca](http://www.pharmacists.ca)

[jcooper@pharmacists.ca](mailto:jcooper@pharmacists.ca); [pemberley@pharmacists.ca](mailto:pemberley@pharmacists.ca)

## FOCUS OF STUDY

- 1. The federal role in the scope of practice of Canadian healthcare professionals**
- 2. Highlight best practices on the use of scope of practice, both in Canada and internationally**
- 3. Federal role and support for skills training and curriculum development**

## CPhA SPEAKING NOTES

Thank you Mr. Chair. My name is Janet Cooper, I am the Senior Director of Professional and Membership Affairs at the Canadian Pharmacists Association. With me is Phil Emberley, CPhA's Director of Pharmacy Innovation. CPhA represents the pharmacist profession in Canada. With over 37,000 licensed pharmacists, ours is the third largest health care profession. CPhA is also Canada's leading publisher of evidence-based drug and therapeutic information for practitioners.

As the most accessible health care professionals in Canada, pharmacists are in a unique position to deliver a range of health-related services to Canadians. We are very pleased to meet with you today and highlight the unprecedented changes in pharmacists' scope of practice over the past several years. In fact, in terms of best practices, other countries look to Canada as we are leading the way for expanded scope of practice for pharmacists. To support change, CPhA has been leading the Blueprint for Pharmacy initiative, to achieve the *Vision for Pharmacy: Optimal drug therapy outcomes for Canadians through patient-centred care*.

We'll also discuss with you the significant role that the federal government played in some of these changes. For decades, our profession has been saying that we need to better use the unique knowledge and skills of pharmacists to improve drug therapy outcomes for Canadians. However, some of the major catalysts for the changes that we see today came from the federal government over a decade ago, working with their provincial/territorial counterparts and health care professional organizations, such as CPhA.

### **Federal Government Support for Expanded Scope of Practice**

In 2002 both the Romanow Commission and the Kirby Senate Committee reports recognized the accessibility and underused skills of pharmacists and the need to expand their role. The 2003 Health Accord also identified pharmacists as a priority profession. The \$800 million federal investment in the Primary Health Care Transition Fund, or PHCTF, helped deliver change. Health Canada's Health Human

Resources Strategy Division (HHRSD) played a leading role in engaging with the jurisdictions and health care professionals on primary care reform, health human resources planning, expanded scopes of practice, and supporting interprofessional education and collaboration.

I'll share with you some examples of the federal role specific to pharmacy:

- The Primary Health Care Transition Fund funded the IMPACT project in Ontario, which integrated pharmacists into family practice clinics. A focus of this project was to facilitate collaboration between pharmacists, family physicians, nurses and other team members in this new model of practice. Today, there are pharmacists working within such family practice teams across Canada.
- PHCTF also funded CPhA for the development of e-Therapeutics, an online resource to provide physicians, pharmacists and other providers with just-in-time access to evidence-based clinical decision support. Today it's widely used, but we need to work with Canada Health Infoway and the jurisdictions to take it further – it needs to be integrated at the point-of-care into electronic medical records to improve prescribing and safe and cost-effective medication use.
- Human Resources and Skills Development Canada (HRSDC) funded the Pharmacy Human Resources Moving Forward Study, led by CPhA. The research and recommendations from this study were a key driver for the changes that have occurred since. HRSDC also funded further work by pharmacy regulators to support International Pharmacy Graduates and the introduction of a new health care profession, Regulated Pharmacy Technicians.
- Health Canada also funded, in part, the development of CPhA's online ADAPT training program which focuses on patient care skills such as assessment, documentation, evidence-based decision-making and interprofessional collaboration. ADAPT provides pharmacists with the skills and confidence needed to take on an expanded role and to move from a focus on dispensing prescriptions to focusing on safe and effective outcomes. Not only has ADAPT won a national award, it is so effective in transforming pharmacists' approach to practice that we are now adapting it for use in the United States to support pharmacists there to take on expanded roles, as part of their health care reform.

Without the past support of the federal government, pharmacy in Canada would not be where it is today, and we would not be recognized as the world leader in pharmacy practice change. So, where are we today and what more needs to be done?

## **Pharmacy Practice Change in Canada**

Over the past several years, there has been a great deal of change with respect to the scope of practice of pharmacists in Canada, starting with legislative changes in Alberta in 2006. The level of change in practice is unprecedented in the history of the profession. This includes pharmacist prescribing, such as renewing prescriptions, prescribing in emergency situations, adjusting doses and dosage forms, and discontinuing or starting new medications. Changes also include assessing and prescribing for minor ailments, which can greatly reduce the burden on emergency rooms and walk in clinics, immunizing, and ordering of lab tests to enhance monitoring of drug therapy for safety and effectiveness. In addition, we now have regulated pharmacy technicians in several provinces. They can do a final check on dispensed prescriptions, freeing up pharmacists to focus on patient education, adherence and medication monitoring services. (We have provided the Clerk with a one page table of the range of expanded scope across Canada).

Although specific scopes of practice differ across the jurisdictions, the trends have all been the same – increasingly governments are recognizing that pharmacists can deliver accessible, high quality care to Canadians, at a lower cost to the health system. Research shows that pharmacists’ services improve patient adherence, outcomes and reduce hospitalization. In addition to regulatory changes to scope of practice, provincial governments are also paying pharmacists to provide new services, such as flu shots, treatment for minor ailments, diabetes management, smoking cessation, and meeting with patients to do comprehensive medication reviews and develop annual care plans.

In fact, last summer, Canada’s Premiers at the Council of the Federation meeting directed the Health Care Innovation Working Group to “examine opportunities within the team-based model framework to increase the important role paramedics and pharmacists play in the provision of front line services.” We’re pleased that Health Canada, through the FPT Committee for Health Workforce, has recently engaged in this work.

## **Recommendations and Next Steps**

The pharmacist profession welcomes these developments. However, there are three core areas where we feel the federal government could play a stronger role.

1. Provincial governments have enabled an expanded role for pharmacists, not only through legislative changes, but also by paying for new medication management services. The same has not happened federally. Although the majority of health care in Canada is delivered by the provinces, the federal government does have populations for which it is responsible for provision of health services. This includes groups such as aboriginals, veterans, refugees and the RCMP – in fact, Health Canada is the fifth largest health care provider in the country.

However, unlike provincial governments, the federal government does not cover the cost of

extended pharmacist services. This is placing these federal populations at a disadvantage – they are not able to receive the same level or accessibility of services that most other Canadians are receiving.

As a result, our first recommendation to the Committee is to instruct Health Canada to review the services that it insures for its federal populations, particularly pharmacist-provided medication management services, so that at a minimum, coverage policies are aligned with the corresponding provinces' programs.

2. Second, as we undergo primary care reform and expanded scopes of practice, all health care professionals need support for change, in particular having the patient care, documentation and collaboration skills to practice as part of a team. Our ADAPT skills training program is an excellent example of a best-in-class course to support pharmacists to transform the way they practice. But we need more of these types of programs to support intra- and interprofessional collaboration between pharmacists, pharmacy technicians, physicians, nurses and other health care providers.
3. Our third recommendation is about the federal government's leadership to support pan-Canadian health human resources (HHR) planning and innovation to achieve "better health, better care and better value".

As we've described, the pharmacist profession is very much in flux. In addition to changes in professional practice, there have also been unprecedented changes to the pharmacy business model. With lower generic drug prices in all jurisdictions the pharmacy business model has been squeezed. Pharmacists are in a situation of being asked to do more with less. As well, we went from an acute shortage of pharmacists a decade ago to a surplus in some cities. With so much change afoot, it is becoming increasingly difficult to plan and manage the pharmacy labour supply.

The sustainability of the health care system requires that cost-effective models of practice be explored and human resources be deployed effectively. Therefore, we recommend that the federal government assume a greater role in health human resources planning, health care needs assessment, and support for interprofessional collaboration. Specifically for pharmacy, we need more research on the supply, workplace challenges and labour market needs of both pharmacists and regulated pharmacy technicians across Canada. We need to track and forecast pharmacy human resources so that our profession can contribute its drug therapy expertise to ensure Canadians' medication use is as safe and effective as possible.

## Summary

To summarize, CPhA is submitting three recommendations for your consideration: 1) extending coverage of new pharmacist-provided services to federal populations; 2) investing in education and training that supports practice change and expanded scope of practice; and 3) increasing the role and capacity of the federal government in pan-Canadian health human resources planning, that includes pharmacy labour market studies and forecasting models.

While we recognize that health care is mostly regulated and delivered at the provincial-territorial level, the federal government does have a key leadership role to play. With our aging population and the challenges of health care costs and chronic diseases, we still have a lot more to do to make sure Canada has the “right mix of health care providers, with the right skills, in the right place, and at the right time”.

Once again Mr. Chair, on behalf of the Canadian Pharmacists Association, thank you for undertaking this important study, and we look forward to your comments and questions, and to working with the federal government and other stakeholders in implementing solutions.