

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

Proposed Regulatory Amendments to O. Reg. 202/94 (General) made under the Pharmacy Act, 1991 Under the *Medicine Act, 1991* to expand the scope of practice for pharmacists.

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Introduction

The Ontario Nurses Association (ONA) is the union representing 68,000 registered nurses (RNs), health-care professionals, and more than 18,000 nursing student affiliates, providing care in hospitals, long-term care facilities, public health, community, industry, and clinics. ONA represents 60,000 registered nurses and health-care professionals working in publicly funded and publicly operated hospitals across Ontario. ONA also represents registered nurses and health-care professionals working in privately-operated health care settings such as long-term care homes and primary care facilities.

Underlying cause and workload implications

Ontario's public health-care system is experiencing an unprecedented shortage of nurses. This government has paved the path to expand a parallel privately operated system through Bill 60. This has already exacerbated the staffing crisis as overburdened nurses feel they have no choice but to leave public hospital roles for the private sector. The proposed regulations will increase the scope of practice for pharmacists yet again. This is a temporary fix and fails to address the root cause of the shortage of health-care professionals such as physicians and RNs. Delegating responsibilities and accountabilities to alternative health-care professionals introduces the prospect of heavier workloads and the potential for adverse health outcomes for patients, ultimately compromising timely access to pharmacists.

Billing

Amidst the proposed regulations, there needs to be more information regarding the billing process that involves the enlarged scope of practice. This leaves many questions unanswered, including whether the *Executive Officer Notice*, which indicates the modification in funding for Minor Ailment Services in Ontario Pharmacies effective by April 30, 2023, will be similar to the framework. The government must ensure that public health nurses receive equitable compensation and support since they possess the skills and expertise necessary to perform their duties on par with pharmacists. Interestingly, our Public Health Nurses (PHNs) in Hastings and Prince Edward County are currently on strike as they advocate for fair pay for performing the same duties that pharmacists will soon be able to perform – and receive additional compensation through the proposed expansion.

It is worth questioning why Nurse Practitioners (NPs) weren't included in the same proposal as Physician Assistants in July this year. If NPs were given the same consideration, it could have expanded their abilities and improved follow-up processes, reducing the possibility of public health risks. Additionally, we must assess whether allowing pharmacists to bill for each vaccine could create a false sense of security if the focus is solely on financial gain.

Feedback Process

Under analysis, the Ontario College of Pharmacists Board briefing note dated June 2023 states, "*While the College has initiated consultation with clinical experts and received feedback that supports the proposed expansion of scope, further input will be sought through the consultation process.*" Emphasis is placed on consulting with clinical experts

and receiving feedback to confirm proposed scope expansions. The document also highlights their intention to seek further input during the consultation process. In this case, asking who these clinical experts are and how their advice is sought is essential. It is equally important to understand the nature and source of feedback received and the identity of the person providing it. Furthermore, the note alludes to comparisons with the for-profit health-care system in the United States, where a different paradigm exists. Given that the Canadian health-care system was founded on principles of universal access, not-for-profit and a non-tiered structure, it is pertinent to question the rationale behind such comparisons.

Additionally, it will be crucial to determine whether extensive research or data collection efforts have been addressing previous changes in pharmacists' scope of practice in recent years. These efforts can provide valuable insights into documented patient outcomes. ONA expected RNs, NPs, and especially PHNs to have been consulted as the clinical experts and health-care professionals already performing the duties.

Patient Safety and Consent

Within the Pharmacy Act, 1991, Ontario Regulation 202/94 General under controlled acts section 34 (3) 2, the member "shall ensure that they only perform the act in a clean, safe, private, and comfortable environment for the patient." And, in section 34 (3) 5, the member must consider "whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances." The proposed regulations state that a safe environment and measures must be met before the administration of vaccines. However, many questions remain. What constitutes a safe environment? Is there access to equipment should the patient experience severe adverse reactions? What about in the case of "babies?"

ONA believes that having a safe environment with the necessary support to administer vaccines is imperative. This includes both staff that possess knowledge, skill, and judgement, in addition to an environment that supports the process and safety of the public, which includes equipment. ONA has significant concerns regarding consent and how the pharmacists would be required to document it. There must be guidelines for pharmacists to educate the patient regarding the medication, contraindications, and adverse effects of how patient history is being captured and documented to mitigate risk and the complete lack of continuity via The Pharmacy Act under section 35 (4)(g) references through a therapeutic assessment.

Conclusion

The proposal to increase the scope of practice for pharmacists is vague in parts and leaves many unanswered questions and concerns related to safety and risk. Building on the NP role would have permitted already well-established standards through the College of Nurses of Ontario (CNO) under the Code of Conduct and through the Scope of Practice by ensuring a safe environment. It also provides documentation standards and medication standards. If consideration were to be given to the NP role, then it would be a more cost-effective solution for our taxpayer dollars. The current government is moving one health-care professional's existing roles and responsibilities to other health-care providers. The government must

implement policies addressing the root causes of the nursing shortage – namely, uncompetitive wages and untenable working conditions that deplete the workforce.