Canadian Society of Hospital Pharmacists | Société canadienne des pharmaciens d'hôpitaux

November 1, 2022

Minister Tom Osborne
Dept. Of Health and Community Services
3rd Floor, West Block
Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6

Dear Minister Osborne,

The Canadian Society of Hospital Pharmacists (CSHP) represents pharmacy professionals working in hospitals and other collaborative health care settings. CSHP seeks excellence in pharmacy practice and patient care through the advancement of safe and effective medication use. The Newfoundland and Labrador Branch of CSHP represents the voice of hospital pharmacists currently practicing within this province. On behalf of our membership throughout our province, we are writing to urge government to act expeditiously in **modifying the Pharmacy Act to allow pharmacists licensed in this province to practice to their full scope of practice and prescribe schedule I drugs and order laboratory tests.**

Pharmacist scope of practice in Newfoundland and Labrador is the narrowest of the Atlantic provinces, and lags far behind the advances seen in Alberta, the United Kingdom, and elsewhere around the world. Pharmacists in this province currently have some limited authority to prescribe, for example adaptation or management of a prescription by making a therapeutic substitution, changing the drug dose, formulation, or regimen, and reviewing / extending a prescription for continuity of care. Since 2015, pharmacists have been authorized to prescribe schedule I drugs for minor ailments and vaccines. However, pharmacists in Newfoundland and Labrador do not have either collaborative or independent prescribing authority, or the ability to order and interpret laboratory tests to monitor drug therapy.

Urgent change is needed to the Pharmacy Act in order to bring our scope of practice up to par with our national and international counterparts. We were encouraged to have recently heard from the Newfoundland and Labrador Pharmacy Board (NLPB) that your department is actively working on some of these changes. We look forward to seeing them put into the legislation, and subsequently into practice, in the near future. However, in order to take full advantage of the breadth of pharmacists' skills, we suggest modification to allow pharmacists the ability to prescribe independently. This would allow pharmacists to fully manage and take responsibility for medication therapy, rather than simply being able to adjust or extend the prescriptions of others. The ability to order and interpret laboratory tests would ensure pharmacists can utilize their broad medication expertise to use targeted and appropriate laboratory monitoring to ensure safety and efficacy of drug therapy. Some examples of how the aforementioned changes could look in practice are included in Appendix A (attached). These suggested changes to legislation to allow expanded scope of practice will have a significant impact on pharmacists' ability to manage patient care, save costs, and contribute to improved patient outcomes in both hospital and community settings.

For pharmacists working in hospitals and other primary care settings, full scope pharmacist prescribing would save time, reduce unnecessary or redundant calls to other prescribers, and helps the pharmacist optimize medication therapy. By expanding the proportion of hospitalized patients cared for by team-based pharmacists, these benefits could be more widely leveraged.

In September 2022, the Government of Newfoundland and Labrador and the College of Registered Nurses of Newfoundland and Labrador announced several initiatives, including exploration of amendments to the Registered Nurses Regulations which will permit prescribing by Registered Nurses in accordance with a framework that would be provided by the College. We applaud any effort to expand the practice of other professionals, given the health care crisis ongoing in this province.

CSHP-NL Branch previously provided a submission to the Health Accord, in which we provided recommendations and evidence for how hospital pharmacists help fulfil the vision of the Health Accord. This submission is available on our website. Hospital pharmacists can improve the quality of team-based care, reduce health care costs, and better serve Newfoundlanders and Labradorians when practicing to their full scope.

We believe that hospital pharmacists have an essential role to play in improving health and health outcomes for Newfoundlanders and Labradorians. Expanding our practice to full scope, similar to our national and international counterparts, is needed in order to maximize the benefit pharmacists provide to patients and care teams in fully managing medication therapy. We hope that you will consider making the aforementioned amendments to the Pharmacy act in a timely manner. Our Executive would be happy to meet with you if you would like to discuss these issues further.

Thank you,

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APPENDIX A

If pharmacists in Newfoundland and Labrador had full independent prescribing authority, here are examples of how that scope could be utilized by hospital and health systems pharmacists in team-based care within the regional health authorities and collaborative care settings:

- Regional health authority pharmacists could expand Memorial University's Medication Therapy Services (MTS) clinic to all regions. The MTS clinic is a referral-based pharmacist-led outpatient clinic to manage, adjust, and titrate medications based on response, adverse effects, and the therapeutic goals set by the team or physician. For example, a diabetic patient whose medications are being adjusted to achieve target glycemic control, or a stroke patient referred for management of cardiovascular risk factors such as hypertension treatment and smoking cessation.
- Hospital pharmacists can also contribute to quality patient care in other outpatient settings for example by titrating and optimizing anemia and bone and mineral disorder treatments for dialysis patients, working collaboratively in community-based teams, and in outpatient clinics caring for patients with chronic diseases or complex medication needs.
- Team-based pharmacists contribute to antimicrobial stewardship, and can carry out the patient's antimicrobial treatment plan set by the team. For example, when a patient is admitted and started on IV antibiotics, the pharmacist can narrow therapy once culture and sensitivity results are available, step-down to oral options once the patient is clinically improving, and choose short course durations for patients who respond well to treatment. They can also contribute to opioid stewardship by prescribing to optimize non-opioid pain management during admission.
- Team-based pharmacists decrease inappropriate medication use at discharge by helping to taper and discontinue medications started in hospital. Examples include proton pump inhibitors started in ICU for stress-ulcer prophylaxis, and sedatives/antipsychotics started for patients who are delirious or agitated during their initial presentation of acute illness.
- Hospitalization is an opportunity for team-based pharmacists to do a thorough medication review and assessment, and deprescribe unnecessary medications, or simplify home medication regimes, for example by slowly tapering and discontinuing benzodiazepines and other inappropriate medications in the frail elderly patient at risk for falls.
- When patients present to hospital with an acute illness, many home medications are held or reduced during the early stages of hospitalization. A team-based pharmacist could restart, adjust and up-titrate home medications to ensure their hospitalization does not negatively impact their guideline-driven chronic disease management. One example of this would be a patient on quadruple therapy for heart failure with reduced ejection fraction (treatment with beta-blocker, ACE inhibitor, SGLT2 inhibitor, and spironolactone).
- Particularly in rural areas where physician coverage is difficult to access, pharmacists could manage patients during their oncology treatments to address chemotherapy-related toxicity, adjust antihypertensives and insulin/oral hypoglycemics as the patient progresses through chemotherapy treatments, and respond to other medication needs of the patient.

- On community care teams, a pharmacist could collaborate with team members and patients to identify and resolve actual and potential drug therapy problems through delivery of comprehensive medication management and optimize drug therapy outcomes for the patient. For example, an elderly patient has a recent fall and the team is unsure of his ability to manage his own medications as he lives alone. The pharmacist meets with the patient, reviews his medications, and identifies potential medications that may be contributing to his recent fall, as well as identifies that he may not be taking his medications as prescribed. The pharmacist implements a plan to safely deprescribe the culprit medication and liaises with the community pharmacy to implement blister packaging to improve his adherence.

PHARMACISTS' SCOPE OF PRACTICE IN CANADA

✓ Implemented in jurisdiction | P Pending legislation, regulation or policy for implementation | X Not implemented

		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	YT	NWT	NU
Prescriptive Authority (Schedule 1 Drugs)[1]	Independently, for any Schedule 1 drug	X	✓[5]	X	X	X	X	X	X	X	X	X	X	X
	In a collaborative practice setting/agreement	X	✓[5]	✓[5]	✓[5]	X	X	✓	✓	X	X	X	X	X
Initiate[2]	For minor ailments/conditions	X	✓	✓	✓[5]	P	✓	✓	✓	✓[5]	✓	X	X	X
	For smoking/tobacco cessation	X	✓	✓	✓[5]	✓	✓	✓	✓	✓[5]	✓	X	X	X
	In an emergency	✓[7]	✓	✓[7]	✓[8]	✓	✓	✓	✓	✓	✓[7]	X	X	X
Adapt[3]/ Manage	Independently, for any Schedule 1 drug[4]	X	✓[5]	X	X	X	X	X	X	X	X	X	X	X
	Independently, in a collaborative practice[4]	X	✓[5]	✓[5]	✓[5]	X	X	✓	✓	X	X	X	X	X
	Make therapeutic substitution	✓	✓	✓[9]	X	X	✓[10]	✓	✓	✓	✓	✓	X	X
	Change drug dosage, formulation, regimen, etc.	✓	✓	✓[9]	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Renew/extend prescription for continuity of care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Injection Authority (SC or IM)[1,5]	Any drug or vaccine	P	✓	✓	✓	X[11]	✓	✓	✓	✓	✓	✓	X	X
	Vaccines[6]	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
	Influenza vaccine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X
Labs	Order and interpret lab tests	X	✓	P[12]	✓[13]	X	✓	P	P[12]	✓[14]	X	X	X	X
Techs	Regulated pharmacy technicians	✓	✓	✓	✓[15]	✓	X	✓	✓	✓	✓	X	X	X

1. Scope of activities, regulations, training requirements and/or limitations differ between jurisdictions. Please refer to the pharmacy regulatory authorities for details.
2. Initiate new prescription drug therapy, not including drugs covered under the *Controlled Drugs and Substances Act*.
3. Alter another prescriber's original/existing/current prescription for drug therapy.
4. Pharmacists independently manage Schedule 1 drug therapy under their own authority, unrestricted by existing/initial prescription(s), drug type, condition, etc.
5. Applies only to pharmacists with additional training, certification and/or authorisation through their regulatory authority.
6. Authority to inject may not be inclusive of all vaccines in this category. Please refer to the jurisdictional regulations.
7. Applies only to existing prescriptions, i.e., to provide continuity of care.
8. Pursuant to a Ministerial Order during a public health emergency.
9. Applies only to pharmacists working under collaborative practice agreements.
10. Only in the case of a drug shortage.
11. For education/demonstration purposes only.
12. Pending health system regulations for pharmacist requisitions to labs.
13. Authority is limited to ordering lab tests.
14. Authority limited to ordering blood tests. No authority to interpret tests.
15. Pharmacy technician registration available through the regulatory authority (no official licensing).

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Canadian Pharmacists Association | Association des pharmaciens du Canada