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**Re: Consultation on proposed changes to advance the pharmacy sector in Ontario**

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On behalf of the Ontario Branch of the Canadian Society of Healthcare-Systems Pharmacy (CSHP-OB), we appreciate the opportunity to provide feedback on the proposed changes aimed at optimizing the scope of practice for pharmacists in Ontario.

CSHP-OB represents pharmacy professionals who work in collaborative practice settings where health care is truly interdisciplinary as health care professionals are co-located typically within an institution. This includes acute care hospitals, chronic care/rehab hospitals, long-term care, ambulatory care clinics, and primary care teams. These settings uniquely position pharmacists to have close involvement in the medication therapy plans for patients.

Patient safety is central to our profession, and the proposed changes are critical for advancing both safety and care quality. Expanding the scope to allow pharmacists to order laboratory tests and point-of-care tests (POCT) directly enhances patient care. Pharmacists can proactively monitor medication safety and efficacy, reducing the risk of adverse drug events and improving therapeutic outcomes. This capability allows for real-time adjustments to medication therapies based on lab results, which minimizes errors and enhances patient monitoring.

Our feedback will focus on the following key areas:

Scope of Practice Expansions for 1.4 Identifying Barriers in Hospital Setting, 2.1 Pharmacy Technicians Administering Additional Schedule 3 Vaccines, and 3. MedsCheck.

### **1.4 Identifying Barriers in Hospital Settings**

Pharmacists in hospitals, family health teams, and other collaborative care environments play a key role in managing the pharmaceutical care of patients. As experts in medication management, pharmacists assess and adjust medications throughout a patient's institutional stay, at care transitions, and in the community, tailoring therapies to meet individual needs.

The ability to order laboratory tests is essential for institutional and family health team pharmacists to assess the safety and effectiveness of medications. For this to happen, pharmacists and the tests they would be permitted to order must be included under *O. Reg. 45/22: General under the Laboratory and Specimen Collection Centre Licensing Act (RSO 1990, c. L.1) (Lab Act)*. Additionally, pharmacist prescribing needs to be added to the *Public Hospitals Act (PHA)* and the *Nursing Act, 1991*, similar to the changes made under the *Ministry of Health and Long-term Care Act*. This alignment of the legislation would allow pharmacists' orders to be executed and enable them to prescribe medication adjustments based on lab results, ensuring timely and effective patient care. Pharmacists are currently authorized to perform point of care tests (POCTs) such as glucose, hemoglobin A1C, lipids, PT/INR, as listed in the Lab Act. Expanding their scope to order lab tests beyond POCTs, would further improve patient care. Pharmacists need to be able to order all lab tests (e.g., creatinine, CBC, drug levels) to make timely adjustments to medication therapies, enhancing patient flow and care efficiency.

### **Barriers include:**

**Legislative barriers:** Pharmacists can only order lab tests when the PHA, Nursing Act, and Lab Act are amended. Similarly, legislative changes are needed to allow pharmacists to prescribe medication changes directly on the patient chart, enabling nurses to execute these orders. Without simultaneous amendments to the PHA to allow pharmacists to prescribe medications, hospitals would need to rely on medical directives, which require sign-off from all professional staff. This process creates unnecessary administrative burden, and redundant, duplicate work in facilities across Ontario. Contacting physicians for every medication change causes unnecessary delays in therapy management.

**Lab Scope Limitations:** Restricting the lab tests that pharmacists can order to a limited group (e.g., creatinine, CBC, specific drug levels) would limit the benefits of this scope expansion. Given the rapid evolution of medications, a full scope of lab tests should be allowed, with oversight by each institution's governance through their pharmacy and therapeutics committee and medical advisory committee, who can work with their labs to determine the most appropriate tests for pharmacists to order. Pharmacists in institutional settings can be practicing with such variation in their specialties, from oncology to critical care to paediatrics, that practicing within the confines of a list will require constant amendments.

**Operationally, changes in workflows and staffing** may be necessary to accommodate follow-up on lab tests ordered by pharmacists. We suggest incorporating pharmacists' costs into quality-based procedures (QBP), as seen with Cancer Care Ontario (CCO), to incentivize institutions to adopt these changes.

**Lab values need to be documented** within institutional settings into electronic medical records to allow visibility to all health care professionals as to what has been ordered, and ensure that results are shared within the institutional setting so that duplication of orders is not an issue.

However, linkage of this data into the Comprehensive Medication Record of Ontario (CMRO) will help to improve efficiency and patient safety by eliminating duplication of effort ensuring seamless care during transitions, improving continuity of care across healthcare settings.

**Documentation** of lab values should be digitally uploaded into Clinical Connect or the Comprehensive Medication Record of Ontario (CMRO). This would improve efficiency and patient safety by eliminating duplication of effort ensuring seamless care during transitions, improving continuity of care across healthcare settings.

## 2.1 Pharmacy Technicians Administering Additional Schedule 3 Vaccines

CSHP-OB supports expanding the scope of pharmacy technicians to administer additional Schedule 3 vaccines. Pharmacy technicians are regulated health professionals in Ontario, and with appropriate training, they can safely administer vaccines. We agree that registered pharmacy technicians should complete training similar to pharmacists (i.e., an OCP-approved course).

We recommend that this initiative not be limited to community pharmacies. Pharmacy technicians in hospitals and primary care clinics should also be authorized to administer vaccines, provided appropriate policies and procedures are in place. This would improve access to timely vaccinations, particularly in remote or rural areas.

Expanding pharmacy technicians' responsibilities in administering vaccines would also reduce strain on other healthcare professionals, improve patient access, and foster professional growth within the pharmacy technician role.

## 3. MedsCheck

CSHP-OB continues to support the MedsCheck program, ensuring that patients who qualify for a MedsCheck have access to this valuable service.

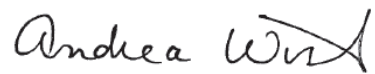
In institutional settings, an accurate history of a patient's home medication profile is essential for a robust medication reconciliation process during admission, transfer, and discharge. However, current systems like Clinical Connect only show whether a MedsCheck has been completed, *without providing the detailed documentation.*

We propose exploring digital solutions to centralize the MedsCheck process, enabling the upload of documentation into Clinical Connect or the CMRO. This would improve efficiency and patient safety by reducing discrepancies in medication profiles and eliminating duplication of effort across healthcare settings.

## Conclusion

CSHP-OB thanks the Ministry of Health for the opportunity to provide feedback. We believe that expanding the scope of practice for pharmacists and pharmacy technicians will greatly benefit patient outcomes, and we look forward to further collaboration.

Sincerely,

A handwritten signature in black ink that reads "Andrea Wint". The signature is written in a cursive style with a large, sweeping initial 'A'.

President, CSHP-OB