Canadian Society of Hospital Pharmacists

ON BRANCH

September 25, 2023

Patrick Dicerni
Interim Assistant Deputy Minister, Hospitals and Capital
Ministry of Health
438 University Avenue, 4th Floor
Toronto, Ontario, M7A 1N3

Re: Regulatory Amendment to *Public Hospitals Act, 1990*

Dear Minister Dicerni,

The Canadian Society of Hospital Pharmacists – Ontario Branch (CSHP-OB) is seeking your support for our application to amend the *Public Hospitals Act, 1990* (PHA) to allow pharmacists working in settings governed by the PHA to practice to full scope. One key gap in the scope of practice for pharmacists practicing in hospitals and primary care settings governed by hospitals presently is the inability to prescribe treatment and adapt prescriptions, which are essential services pharmacists working in community pharmacies provide to help patients and alleviate health system pressures.

We are seeking an amendment to the PHA to align the language and definition used for 'prescribers' and [those authorized under the Act to order treatments] in the PHA to that in the *Fixing Long-Term Care Act, 2021.*

In the Fixing Long-Term Care Act, 2021, a "prescriber means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of their practice of a health discipline." This definition differs from and is more inclusive than what R.R.O. 1990, Reg. 965: Hospital Management under the PHA stipulates:
24. (1) Every order for treatment or for a diagnostic procedure of a patient shall, except as provided in subsection (2), be in writing and shall be dated and authenticated by the physician, dentist, midwife or registered nurse in the extended class giving the order. O. Reg. 64/03, s. 10.
24. (2) A physician, dentist, midwife or registered nurse in the extended class may dictate an order for treatment or for a diagnostic procedure by telephone to a person designated by the administrator to take such orders. O. Reg. 64/03, s. 10.

Pharmacists working in hospitals, family health teams, and other collaborative care settings manage the pharmaceutical care of patients. As experts in medication management, pharmacists assess medications prescribed throughout patients' hospital stay, at care transitions, and in the community and make recommendations to tailor the therapies to meet individual patient needs.

Over the past decade, regulatory changes to *Pharmacy Act, 1991* and applicable regulations, such as Controlled Acts (O. Reg. 107/96), as defined in the *Regulated Health Professions Act, 1991* (RHPA), have been put into effect to enable pharmacists to bridge the gap in the healthcare system through various ways, including adaptation of prescriptions and renewing prescriptions. The invaluable contribution and expertise of pharmacists were further demonstrated during the COVID-19 pandemic, such as COVID-19 treatment management and prescribing, especially for Paxlovid. Many temporary regulatory changes and exemptions

were put in place to facilitate these tasks that would have otherwise been out of scope. Moreover, the important role pharmacists play in population health and the sustainability of our healthcare system is recognized in [Ontario Health's] Plan for Connected and Convenient Care and through the regulatory approval for the prescribing of select minor ailments by pharmacists.

However, pharmacists practicing in hospitals and certain primary care settings are actually restricted from exercising this full scope granted by Acts and regulations under the RHPA because of the PHA.

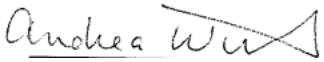
Currently, pharmacists working in hospitals and select primary care settings governed by the PHA are experiencing inconsistent practices across Ontario. Some organizations have the capacity to create policies or medical directives, while others do not have the same ability to fill in the gap created by the legislative misalignment between Acts and regulations as defined by RHPA and the PHA.

This translates into inconsistent care for patients and sub-optimal working environment for pharmacists, especially when one of the hospital pharmacy assessment criteria by the Ontario College of Pharmacists evaluates processes for workflow management [in place] that do not impede pharmacy professionals from practicing to their full scope.
The proposed amendment to the PHA is in alignment with [Ontario Health's] Plan for Connected and Convenient Care and its three pillars. Pharmacists in family health teams and other primary care settings governed by the PHA can further contribute the care patients receive in their communities and at their homes, decreasing the need to visit urgent care centres and emergency rooms (Pillar One). Pharmacists working in hospital emergency rooms, especially those with a 'Rapid Assessment Zone' (RAZ) can help treat lower acuity patients, improving patient flow and decreasing wait times (Pillar Two). Multi-faceted pharmacist interventions have been shown to decrease hospital readmissions and, therefore, the expertise of pharmacists should be leveraged maximally (Pillar Two and Three).

The language and definition for prescribers used in the *Fixing Long-Term Care Act, 2021* represents a feasible solution to the legislative barrier posed by the *Public Hospitals Act, 1990* that prevents pharmacists practicing in settings governed by this Act to prescribe treatments authorized in the *Regulated Health Professions Act, 199*1 and its regulations.

We are asking for your support to have the *Public Hospitals Act, 1990* opened and amended to include the list of healthcare professionals who can prescribe orders for treatment or for a diagnostic procedure within their scope of practice to align with the Acts and regulations as defined in the *Regulated Health Professions Act, 1991*.

Sincerely,

David Liu	Andrea Wist	Rita Dhami
		
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