

OHA SUBMISSION

Expansion of Pharmacists' Scope of Practice

October 18, 2024

The Ontario Hospital Association (OHA) appreciates the opportunity to provide feedback on behalf of its members on the Ministry of Health's (Ministry's) consultation on expanding pharmacists' scope of practice and addressing barriers to practice in the hospital setting. The OHA serves as the voice of the province's 136 public hospitals, which employ approximately 3,000 pharmacists.¹ The OHA and its members are supportive of expanding the scope of practice of regulated health professionals, as long as it is done safely, with appropriate education and training available, and in a manner that supports a more integrated system, rather than potentially creating more siloed care.

Barriers for Hospital-Based Pharmacists

The Ministry has indicated in its consultation that it is seeking feedback on the barriers that prevent hospital-based pharmacists from practicing to their full scope of practice. The key barriers that have hindered pharmacists in hospitals to date are legislative in nature.

The *Public Hospitals Act* (PHA) sets out the framework for how public hospitals operate in Ontario. As the Ministry's consultation acknowledges, the PHA – specifically Regulation 965 (Hospital Management) – allows physicians, dentists, midwives and registered nurses in the extended class to issue orders for treatment or diagnostic procedures for a patient in a public hospital.² This means that under the current framework, pharmacists are not able to make orders in a public hospital, which includes prescribing medication and ordering tests. This is contrary to what occurs in the community setting, where pharmacists have the authority to prescribe medication that are deemed within pharmacist scope of practice pursuant to the *Pharmacy Act, 1991*.³ As such, the PHA is the most significant barrier for pharmacists practicing in a hospital setting being able to practice to their full scope of practice (including any proposed expansion).

The *Nursing Act, 1991* also poses a barrier for hospital-based pharmacists. While it does not prevent pharmacists from issuing an order, it does impact how such an order would be carried out. In a community setting, when a pharmacist receives a prescription issued by another health professional or issues a prescription themselves when authorized to do so, the pharmacist will then dispense the prescribed medication to the patient and the patient will typically administer the medication themselves.

In contrast, when a hospital-based pharmacist receives or issues a prescription, the pharmacist will dispense the prescribed medication (to a health care professional), which will then typically be administered by a nurse. However, pursuant to the *Nursing Act, 1991*, certain acts, including administering a substance by injection or inhalation, can only be performed by a nurse if ordered by specific regulated health professionals.⁴ The list of health professionals does not include pharmacists, which means that if a hospital-based pharmacist prescribed a medication that would most

¹ "Statistics of Pharmacists, Pharmacy Technicians & Pharmacies in Canada." *National Association of Pharmacy Regulatory Authorities*, 8 April, 2024. <https://www.napra.ca/resources/national-statistics/>.

² *Hospital Management*, R.R.O. 1990, Reg. 965, at [s. 24\(1\)](#).

³ *General*, O. Reg. 256/24, at s. 51.

⁴ *Nursing Act, 1991*, S.O. 1991, c. 32, at [s. 5\(1\)](#).

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appropriately be administered to a patient intravenously, a nurse would not be able to administer the medication.

Hospitals have adapted to these barriers and introduced flexibility while still adhering to the law through the use of medical directives. However, the process of developing, approving, and implementing directives can be a lengthy, time-consuming process that prevents hospital administrators and leadership from allocating their time to other important responsibilities. This approach to overcoming the barriers faced by hospital-based pharmacists also creates inconsistencies across the hospital system for how pharmacists practice and interact with other health professionals in a hospital setting. Amendments that address these legislative barriers would result in a more efficient and standardized approach to how medication is ordered and dispensed by pharmacists in the hospital setting.

A third legislative barrier prevents both community and hospital-based pharmacists from working to their full scope of practice. The *Laboratory and Specimen Collection Centre Licensing Act* (LSCCLA) sets out the framework for the licensing, operation and oversight of laboratories and specimen collection centres. Ontario Regulation 45/22 (General) under the LSCCLA sets out who can make requisitions for laboratory tests.⁵ While the Regulation provides certain health professionals, such as physicians, registered nurses in the extended class, and dental surgeons, with a broad, unrestricted requisition authority, other health professionals are only authorized to requisition specific laboratory tests. Currently, pharmacists are only authorized to requisition a single test, which is for COVID-19.

Similarly, while physicians and registered nurses in the extended class have broad authority to perform point-of-care tests (POCTs), O. Reg. 45/22 under the LSCCLA sets out a very limited list of specific POCTs that pharmacists are allowed to perform.⁶ Amendments to the Regulation that either provide pharmacists with broad requisition and point-of-care testing authority or add additional tests to the current lists are necessary for pharmacists to practice to their full scope of practice, particularly as the legislative framework does not allow for flexible application through medical directives.

Conclusion

The OHA hopes that this feedback is constructive and helpful and looks forward to working with the government to address the legislative barriers that prevent hospital-based pharmacists from practicing to their full scope of practice. If you have any questions or would like to discuss the OHA's feedback, please contact Alice Betancourt, Director, Legal, Regulatory, and Governance Issues, at abetancourt@oha.com.

Sincerely,



Melissa Prokopy
Vice President, Policy and Advocacy

⁵ *General*, O. Reg. 45/22, at [s. 18\(1\)](#).

⁶ *Ibid*, at [s. 28](#).