

PRINCE EDWARD ISLAND *PHARMACY BOARD*

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Member Organization of the National Association of Pharmacy Regulatory Authorities (NAPRA)

Strategic Plan 2010-2015 Expanding the Scope of Practice of Island Pharmacists Where are we, where we are going, and what is needed to get there?

Where are we?

In March of 2008, the PEI Pharmacy Act was amended to recognize the pharmacist as a “prescriber” for by including in the definition of a pharmacist the “giving a prescription for a drug”. Additionally, the definition of a prescription was amended to include “a direction for the preparation and dispensing of a drug that is given by a pharmacist”.

Another amendment of the Act had the functions of the Board amended to “prescribe conditions and restrictions on the authority of pharmacists to give prescriptions”. This has begun with the successful passing of the “continued care prescribing regulations”. Pharmacists can continue a chronic prescription for a patient if the prescribing physician is unavailable. It can be renewed for up to 90 days, depending on the original quantity and the pharmacist’s professional judgment. The original prescription must be in the pharmacy refilling the order.

Realizing our Pharmacy Act and Regulations, while have had some amendments over the years, is outdated (originally from 1988) the Board decided to undertake a strategic planning session this past May (2010). With facilitation, we reviewed the strategic plans of several other provincial regulatory bodies (PRAs), as well as that of the National Association of Pharmacy Regulatory Authorities (NAPRA). We wanted to learn from others’ successes as well as maintain consistency with our colleagues. As a regulatory body, we have a responsibility to ensure the public of Prince Edward Island are provided quality pharmacy services, similarly to all other publics of the other provinces. We also needed to ensure we upheld our obligations with the “mobility Agreement for Canadian Pharmacists” that has been signed by all PRAs of the provinces and territories.

The participants identified a need for a “Vision” and a set of “Values” initially be developed, which were then applied to a list of identified needs to prioritize/incorporate into a five-year plan.

Vision: *Working collaboratively with all health professionals to achieve optimal health of all Islanders.*

Values: The group decided that an acronym would be easy to remember and “**ICARE**” was used in the model.

- Integrity:** We act with professional, ethical and honest conduct
- Collaboration:** We foster a culture of teamwork, partnerships and openness to change
- Accountability:** We are responsible for our actions in an open and transparent manner
- Respect:** Responsiveness to the consideration of the values and needs of others
- Excellence:** We strive to attain and demonstrate high quality and exemplary performance and we continue to enhance our knowledge and competency through lifelong learning

Where are we going?

Participants identified key projects that will be attempted to be completed over a five-year period. Some will be started in a particular year, but not necessarily completed that year due to its complexity and/or the need to have government support. For example, the development of a new Pharmacy Act and accompanying Regulations.

YEAR ONE	<ol style="list-style-type: none"> 1. Pharmacy Act – reviewed, changed, rewritten and updated to facilitate changes to scope of practice, e.g. regulations, discipline, definitions, etc. Optimize our legislation to support the role of the pharmacist 2. Prescribing under conditions – generating a new prescription for a drug without requiring the prior approval of another health professional: <ol style="list-style-type: none"> a) In emergency situations b) To treat certain medical conditions, e.g. contraception, smoking cessation) c) Further to a medical directive or through a collaborative practice agreement or a delegation protocol d) To treat/relieve minor ailments e) As a follow-up to the receipt of laboratory test results 3. Adapting a prescription – change in dose, dosage regimen or quantity dispensed, completing missing information on a prescription, or making a non-formulary generic substitution
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<p>YEAR TWO</p>	<ol style="list-style-type: none"> 1. Therapeutic substitution – substituting a different drug that will treat the patient’s condition as effectively as that prescribed. This could be due to cost savings, formulary limitations, etc. 2. Order and interpret certain lab tests – INR, cholesterol, etc that may assist in adaptation and/or prescribing of certain drugs
<p>YEAR THREE</p>	<ol style="list-style-type: none"> 1. Collaborative Practice Agreement and delegated protocols – a formal working relationship is developed between a pharmacist and a prescriber, where the pharmacist is the prescriber based on a directive from the physician. For e.g., The pharmacist is a certified asthma educator and has a formal, written collaborative practice agreement with respiratory specialists to select and manage the pharmacotherapy of patients upon receiving the diagnosis and/or therapeutic goal for asthma. Under collaborative practice or drug therapy management arrangements or agreements, physicians and pharmacists formally determine the circumstances and conditions under which pharmacists make drug therapy decisions on behalf of physicians. These agreements recognize the knowledge, skills and training of the pharmacist and set the limits and boundaries within which the pharmacist may prescribe. 2. Licensing of Pharmacy Technicians – define the role of pharmacy technicians. The Board will implement a regulatory process to support the use of qualified technicians on an optimal supportive role for pharmacists. 3. Immunization and drug administration – implement pharmacists’ training /certification program from Dalhousie
<p>YEAR FOUR</p>	<p>Enhance the utilization of hospital pharmacists by increasing:</p> <ol style="list-style-type: none"> a) the potential of hospital pharmacists in the role of in-patient care to achieve the best use of medications b) the leadership and potential of hospital pharmacists in patient safety and quality initiatives c) the extent to which hospital and related healthcare setting pharmacists actively apply evidence-based methods for the improvement of medication therapy d) the extent to which hospitals and related healthcare settings apply technology effectively to improve the safety of medication use e) the extent to which pharmacy departments in hospitals and related healthcare settings engage in public health initiatives on behalf of their communities
<p>YEAR FIVE</p>	<ol style="list-style-type: none"> 1. Efficient use of technology – how will it drive pharmacy practice? <ol style="list-style-type: none"> a) Privacy b) Remote dispensing, drug distribution in non-pharmacy settings, telepharmacy c) Effect on need for pharmacists d) PRA’s need to ensure optimal patient care & safety e) Ensuring accuracy in the electronic health record with different professions entering data f) Ability to regulate technology and knowledge g) Electronic prescribing via DIS 2. Development of Standards of Practice for hospital pharmacies

What is needed to get there?

This is a very comprehensive and challenging list for the Pharmacy Board, particularly if we are to accomplish all in the Five-Year time frame. In the end, the role of the pharmacist will be optimized in Prince Edward Island. Many factors will determine our success or failure:

1. Strong commitment from the Board itself to allocate personal time, staff time and finances. The Board will strive to ensure that receipt and expenditure of its funds are dedicated to fulfilling this strategic plan.
2. Support from the provincial government and the Department of Health and Wellness to ensure legislative changes are supported and completed in a timely manner
3. Educate and engage the pharmacists in this process. Recruit volunteers to work in specific areas.
4. Educate other healthcare professionals, particularly physicians and nurses, of the expanding role of the pharmacist and the importance of collaborative practices. Perhaps build interdisciplinary teams.
5. Prepare an educational process for the public, as this expanded role evolves