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ScienceDirect
Research in Social and Administrative Pharmacy 10 (2014) 341–354
RESEARCH IN SOCIAL & ADMINISTRATIVE PHARMACY

Original Research

Initial perceptions of key stakeholders in Ontario regarding independent prescriptive authority for pharmacists

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Abstract

Background: A number of jurisdictions, both in Canada and internationally, have recently expanded pharmacists' scope of practice to allow prescriptive authority.
Objective: To ascertain the initial perceptions of the Ontario government and health professional stakeholder groups regarding the prospect of prescriptive authority for pharmacists.
Methods: Qualitative research methods were used; data sources were policy documents and semi-structured interviews with key informants from the Ontario government and pharmacy and medical professional organizations. Purposive and snowball sampling strategies were used to identify 17 key informants. Fifty-one relevant policy documents were retrieved through searches of organizational websites and interviewee suggestions. Interview transcripts and documents were content analyzed independently by 2 researchers; and once consensus was achieved on key themes, the primary investigator analyzed the remainder.
Results: Pharmacy organizations and Ontario government representatives both expressed support for pharmacist prescriptive authority, suggesting that it would enhance patient access to primary care. Medical organizations were opposed to this expanded pharmacist role, arguing that pharmacists' lack of training and experience in diagnosis and prescribing would endanger patient safety. Other concerns were fragmentation of care and pharmacists' lack of access to patient clinical information. Some government and pharmacy informants felt that pharmacist prescribing would decrease health system costs through substitution of cheaper health professionals for physicians, while others felt that costs would increase due to increased utilization of services. Medical organizations preferred delegated medical authority as the policy alternative to pharmacist prescribing.
Conclusions: Widely different views were expressed by the Ontario government and pharmacy organizations on the one hand and medical professional organizations on the other hand, regarding the potential impact of pharmacist prescribing on patient safety and access to primary care. This is likely due, at least in part, to the lack of evidence on the expected impact of this expanded pharmacist role. More research is needed to help inform discussions regarding this issue.

Keywords: Pharmacist; Independent; Prescribing; Scope of practice; Role; Stakeholder perceptions

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http://dx.doi.org/10.1016/j.sapharm.2013.05.008

Introduction

There has been increasing recognition in recent years, both in Canada and internationally, that pharmacists are an underutilized resource in the health care system, particularly with respect to medication management and prescribing.[1–3] In response, many jurisdictions have passed policies expanding pharmacists' scope of practice to include limited prescriptive authority.[4]

While these pharmacist prescribing policies differ in several respects, they can generally be grouped into two models based on prescribing autonomy: dependent and independent.[5] A dependent prescribing model is one where the pharmacist is granted prescriptive authority through delegation from a physician or another prescriber. This model has been implemented in the UK (supplementary prescribing) and in most states in the USA (collaborative practice agreements).[6,7] An independent pharmacist prescribing model is one where the pharmacist has legal authority to prescribe, as outlined in legislation and regulations. This model is currently being implemented in all Canadian provinces and territories, except for the Yukon and Nunavut,[8] and has been in place for several years in the UK.[9]

Pharmacists in Ontario were granted prescriptive authority through Bill 179, the *Regulated Health Professions Statute Law Amendment Act*, which received Royal Assent in December 2009.[10] The associated regulations, which specify the limits of pharmacist prescriptive authority, were approved by the Ontario Ministry of Health and Long-Term Care in October 2012. Ontario pharmacists are now permitted to adapt (change prescription dosage, formulation, form or regimen) and extend existing prescriptions, and initiate drug therapy (but only for smoking cessation).

The Ontario Pharmacists' Association also requested that a minor ailments program be implemented in Ontario through which pharmacists would be permitted to initiate drug therapy for the treatment of 9 specified minor ailments (e.g., cold sores), but the Ontario government did not authorize this expanded role in Bill 179.[11]

There is little published research on pharmacist prescriptive authority in Canada.[12–15] The majority of the recent research has come from the UK and has focused on public, pharmacist and physician perceptions and implementation factors in supplementary prescribing.[4,16,17] The perceptions of government officials or health professional organizations have not been studied. However, these organizations play a key role in the policy implementation process in that their efforts to support or hinder the implementation of the policy may influence its ultimate success in achieving desired outcomes.

The overall goal of this research study was understand the factors influencing the genesis and formulation of the pharmacist prescribing policy in Ontario. This paper report on a subset of the findings related to the initial perceptions of the representatives from Ontario government and pharmacy and medical professional organizations regarding pharmacist prescriptive authority as the policy was being developed. These 3 stakeholders groups were chosen since they were most involved in the policy process that led to the pharmacist prescribing policy in Ontario.[c]

Methods

Qualitative research methods were used. Data were obtained from policy documents and semi-structured interviews with key informants from the Ontario government (Ministry of Health and Long-Term Care and Premier's Office) and provincial pharmacy and medical regulatory colleges and professional associations. The organizations were selected based on their decision-making or advisory role with respect to health professions' scopes of practice (Ontario government), or because they made policy submissions to the Health Professions Regulatory Advisory Council (HPRAC)[d] and/or the Health Minister concerning pharmacists' scope of practice (medical and pharmacy organizations).

Key informants are individuals who are particularly knowledgeable about a topic of interest and are able to provide specific information and a deeper understanding of it by virtue of their position, experiences and/or affiliations.[18] For the purposes of this study, key informants at each

[c] Nurse practitioners are another stakeholder group that could be expected to provide knowledgeable input on this topic (due to their extensive prescriptive authority). However, their involvement in the policy process that led to pharmacist prescribing in Ontario appears to have been limited, as evidenced by lack of submissions/presentations at various policy development stages.

[d] HPRAC is an arms-length agency of the Ontario government whose function is to advise the Health Minister on the regulation of health professions, including their scopes of practice.