Newfoundland and Labrador government needs to catch up to the rest of the country in pharmacist authority

“Pharmacists could play a key role to help the province increase health care access”

—Stephen Reid,
Executive Director,
Pharmacists’
Association of
Newfoundland and
Labrador

Pharmacists in Newfoundland and Labrador are calling on the provincial government to expand their authority and scope of practice as quickly as possible, saying that pharmacists have lagged well behind their counterparts in other provinces for too long.

In a study submitted to government in August of 2013, the Pharmacists’ Association of Newfoundland and Labrador (PANL) estimated that expanding pharmacist professional services so that they are comparable to those of most other provinces would save Newfoundland and Labrador at least \$165 million over 5 years.

“We are very far behind almost everyone else,” says Stephen Reid, executive director of PANL. “The only real expansion the province has committed to is giving pharmacists the authority to immunize for flu but they still haven’t revealed the terms of compensation.”

Like many provincial governments, Newfoundland and Labrador has reduced generic drug prices and has promised to re-invest a portion of the savings in pharmacist services. “The government keeps talking about re-investing \$37 million from generic drug savings but they have never outlined exactly what they are going to do,” says Mr. Reid. “So far they have allocated \$1 million in extra compensation for 2014 and 2015—which translates into about \$200 per pharmacy.”

In its study, *The Pharmacist Option: Leveraging Newfoundland and Labrador’s Pharmacists for Cost-Effective Health Care Delivery*, PANL details the savings the province could achieve by using pharmacists’ skills to provide expanded medication reviews,

monitoring for medication adherence, smoking cessation, prescribing for minor ailments and other services.

According to Mr. Reid, the slow pace of pharmacy reform in the province is all the more troubling because of the aging of the population and the fact that so many people live in rural, remote communities.

More than 50% of the pharmacies in the province are in these more isolated communities, where pharmacists are often the only licensed health care professionals, says the PANL executive director. And many of the residents are older.

“Pharmacists could play a key role to help the province increase health care access for those now retired and living in these communities throughout the island and in Labrador,” he says.

The association hasn’t received any firm commitments from the province’s health minister, Susan Sullivan, since she received the PANL study. As a first step, the association would like to see the government move quickly on a measure it has already approved—influenza immunization authority.

“Immunization authority for pharmacists has been successful in Alberta because of the accessibility of the service they provide. We have nowhere near that level of access or capability here in this province,” Mr. Reid says.

Statistics Canada reports that in 2012, the flu immunization rate was 23.3% in Newfoundland and Labrador—the second-lowest among the provinces (after Quebec at 22.3%).

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Manitoba pharmacists pass new regulations for expanded scope of practice envisioned 7 years ago

A journey that began for Manitoba’s pharmacy profession close to 7 years ago passed a critical milestone in late July of 2013—when members of the Manitoba Pharmaceutical Association (MPhA) approved regulations

supporting the province’s Pharmaceutical Act of December 2006.

In a message sent to the membership on July 30, MPhA president Kyle MacNair announced that members had voted 90%

in favour of the regulatory package, which implemented pharmacist authority in such areas as immunization, the ordering of lab tests and independent prescribing.

Manitoba is the only province in which regulatory changes must be approved by a majority of licensed pharmacists in a vote. Two previous votes on proposed regulations had been held; in 2008, pharmacists voted against the first

draft and then in 2010, approved an amended version.

However, since that last vote, further changes were made in concert with the provincial government and the MPhA called for yet another vote by the membership.

The target was to have the regulations in place for January 1, 2014.

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Expanded authority for Quebec pharmacists delayed in wake of ongoing negotiations on compensation

“Each day that these new regulations are not in place is penalizing Quebeckers”

—Diane Lamarre, President, Ordre des pharmaciens du Québec

Plans to implement expanded authority for Quebec pharmacists in early September 2013 were put on hold, as the government and pharmacy owners tried to reach agreement on professional fees and related issues.

Bill 41, *An Act to amend the Pharmacy Act*, was passed by the National Assembly on December 8, 2011. The legislation and supporting regulations were to come into force on September 3 of this year but in late August, the province deferred implementation until an undetermined date.

The association representing pharmacy owners, Association québécoise des pharmaciens propriétaires (AQPP), and the provincial health ministry had hit some roadblocks in their bid to agree on remuneration for the expanded professional services. It was reported that the government wanted pharmacists to be paid for only some of those new services, and only through Quebec's public drug plan and not through private insurance plans.

The province's pharmacy regulator expressed strong disappointment with the postponement of the coming-into-force of the legislation and regulations.

“Each day that these new regulations are not in place is penalizing Quebeckers,” said Diane Lamarre, president of Ordre des pharmaciens du Québec (OPQ), in an interview with *CPJ*. “We still have 25% of the population with no

access to a family physician and in some parts of the province, the rate is 50%.”

Under the new authority, pharmacists in the province will be able to adapt prescriptions, substitute medications in certain cases, provide injections for demonstration purposes and prescribe treatments for a defined list of minor ailments.

The colleges for both pharmacists and physicians put considerable effort into setting up the mechanisms for collaboration between the 2 professions around the expanded pharmacist authority—and pharmacists prepared for the change in a major way, Ms. Lamarre says.

“More than 6000 pharmacists completed the mandatory training over the summer, in line with the new regulations,” says the OPQ president. “I think that pharmacists have done all they can to be ready for these new professional contributions.”

Ms. Lamarre says it was somewhat encouraging to hear Health Minister Réjean Hébert express confidence that an agreement on compensation would be reached this fall.

“As a profession, we are ready,” she says. “And we hope that the pharmacy owners and the government put the patient front and centre in their negotiations and reach agreement as soon as possible.”

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