

## **The College of Family Physicians of Canada**

### **Position Statement Prescribing Rights for Health Professionals**

#### **Introduction**

The College of Family Physicians of Canada (CFPC) supports models of practice that include enhanced roles for non-physician health professionals to improve access to care for patients. Legislation enabling non-physician health care professionals to prescribe medications has been enacted in some jurisdictions. The CFPC believes that such expansion of scopes of practice must not compromise patient safety and quality of care. Prescribing rights must go hand in hand with the ability to make a medical diagnosis, taking into account a differential diagnosis and results of an appropriate medical workup. Expansion of scopes of practice must not be affected simply as a short term solution to resource shortages, but should be based on stringent criteria, evidence of efficacy, and consideration of the model of care.

#### **The Issue**

Provincial / territorial governments are implementing legislation to broaden the scopes of practice for many health professions, including nurses, nurse practitioners, midwives, pharmacists, podiatrists, optometrists and naturopaths. These expanded scopes include making a medical diagnosis, delivering and coordinating a range of medical treatments, and prescribing medications. While the CFPC supports evidence-based expansion of scopes of practice for other health professionals, we maintain that every person in Canada has the right to care provided by their personal family physician, working in collaboration with other health professionals as part of a team. It is imperative that ensuring quality health outcomes, optimizing patient safety and minimizing risk serve as the foundation for all policies regarding expansion of scopes of practice, and that such decisions consider the benefits of collaborative rather than independent practice. The CFPC recommends that all jurisdictions review legislative or regulatory changes – be they already passed or pending – to ensure that they are implemented with great caution bearing the above imperatives in mind.



## **History**

For generations, “prescribe” and “diagnose” have had well established meaning in our society, and have fostered patterns of practice among health professionals that have served patients well, ensuring them the safest possible outcomes for their care. Prescribers of medications have been medical doctors – those trained and expert in making a medical diagnosis and incorporating a full understanding of each patient’s medical history as an essential precursor to prescribing. The dispensers of medications have been pharmacists – those trained and expert in preparing the prescribed medications and providing comprehensive advice about them for patients. Each of these professions has evolved over time, but each has unique knowledge and skills to offer the patient – both individually and together as parts of patient centered teams.

With the evolution of education and training programs, some jurisdictions have recently granted health professionals including pharmacists and nurses/nurse practitioners the right to “diagnose” and “prescribe medications”. While it is appropriate for such rights to be extended to those qualified, it is essential that the training requirements and practice boundaries for each profession, including the diagnoses that may be made and the medications that may be prescribed, are clearly defined. Although expanded scopes of practice for other health professions may help address some of the challenges related to timely access to care and may contribute positively to quality outcomes in some defined clinical situations, there is no evidence to support broad sweeping changes as safe for patients.

## **Education and Training of Canada’s Health Professionals**

In Canada, physicians are granted the right to diagnose, treat and prescribe after completing 3 to 4 years of undergraduate university education, followed by 3 to 4 years of medical school leading to an MD degree, and then 2 to 6 additional years of postgraduate training in different specialties. Before being granted a full unrestricted license to practice medicine enabling them to diagnose, treat, and prescribe, physicians must demonstrate their competencies in a series of licensing and certifying examinations throughout their 8 to 14 years of training.

Our College maintains that the right to prescribe most medications independently for most medical conditions should remain the responsibility of medical professionals who have completed training and who have demonstrated their competencies in: (i) taking a medical history; (ii) performing a physical examination; (iii) determining which medical investigations are needed; (iv) interpreting the results of investigations; (v) formulating a differential and then final diagnosis for each clinical presentation for each patient; and



(vi) advising treatments and/or prescribing medications appropriate to each patient's clinical situation. The 2007 position of the Canadian Medical Association and its provincial/territorial medical associations and affiliates<sup>1</sup> reflects similar requirements.

### **Ensuring Quality Care & Patient Safety**

The goal of programs to expand prescribing and/or treating rights for other health professionals should be to increase the quality of patient health outcomes and to enhance patient safety.

International research has clearly shown that health outcomes are better when patients have their own family physician and when the care of their own family doctor is supported by other primary care team members.<sup>2</sup> As noted, the CFPC supports increased roles for many other health professionals as members of inter-professional teams providing care for patients. The CFPC's 2004 Position Paper "Family Medicine in Canada: Vision for the Future"<sup>3</sup> recommended enhanced care teams and the better use of all health professionals in primary care / family practices across the country. In its October 2007 Vision Statement<sup>4</sup>, the CFPC encouraged and supported patient-centered complementary care – provided by teams that include the patient's personal family doctor as well as a nurse or nurse practitioner, and pharmacists and other health professionals as needed in different clinical settings. Our Vision Statement emphasized that in each practice setting, health and medical services should be provided with assurance for patients that each professional will practice within: (a) the legislated scope of practice for his/her profession; and (b) the knowledge and skills each has personally acquired.

Our College opposes substituting one profession for another. Health human resource shortages do not justify role substitution. While each professional should have the opportunity to work to the limits of his/her unique knowledge and skills, team based collaborative care models including the patient's personal physician offer better opportunities for the communications necessary to ensure quality and consistency and the safest environment in which to incorporate the services of other health professionals with expanded scopes of practice.

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1 Canadian Medical Association Resolutions on Pharmaceutical Issues – 2007: Prescribing Scope of Practice

2 Starfield B, Lakhani M, The effectiveness of primary health care. *A celebration of general practice*. Abingdon, UK: Radcliffe Publishing; 2003. p. 19–36.

3 Family Medicine in Canada: Vision for the Future, The College of Family Physicians of Canada, November 2004.

4 CFPC Vision Statement on Inter-Professional Care, The College of Family Physicians of Canada, October 2007.



## **Medication Management by Members of Inter-professional Teams**

There are many responsibilities related to the management of prescription medications where health professionals including pharmacists, nurses, and nurse practitioners working on collaborative teams with family physicians, can contribute significantly to the best possible health outcomes and safety for patients. These include:

- 1) developing and maintaining patient medication profiles;
- 2) monitoring adverse drug reactions;
- 3) counseling patients regarding medication use;
- 4) assisting patients and physicians in optimizing pharmacological management of certain conditions;
- 5) renewing specifically defined prescriptions for approved time periods for defined medical conditions, including some chronic diseases requiring long term use of the same medications.

## **Communications**

Good communications among health care professionals are essential to producing quality outcomes and ensuring patient safety. A record of each encounter where health care advice is provided by pharmacists, nurses, nurse practitioners, or other health professionals should: (i) be kept by that professional; and (ii) be shared with the patient's physician in a timely manner. Where legislation permits other health professionals to provide new prescriptions or renew or modify a physician's prescription, there must be timely communication with the patient's physician regarding these interventions.

## **Regulatory and Legislative Issues**

Professional regulations and provincial/territorial legislation must clearly define the scopes of practice for each profession, including the clinical situations in which each non-physician health professional may make a diagnosis and prescribe medications. The regulations must also describe (i) the formative and ongoing education and training requirements that must be completed; (ii) the competencies that must be demonstrated and maintained by each professional; and (iii) the medications that may be independently prescribed, renewed or modified.

## **Legal and Ethical Issues**

Prescribing rights for non-physician health professionals must be subject to the same legal and ethical guidelines that apply to physician prescribing. All health care providers



must avoid conflicts of interest related to possible financial benefits derived from the sale of prescribed medications. Legislation must clearly enunciate the parameters that will prevent prescribing, dispensing and selling of medications for profit by the same professional.

Liability of all health care providers for expanded scopes of practice, including making a “diagnosis” and “prescribing” of medications, must be clearly defined and sufficiently covered by professional liability insurance.

### **Research and Evaluation**

Ongoing research and evaluation is needed to determine the impacts of expanded scopes of practice, including prescribing rights for non-physicians, on patient safety and health outcomes. System support for such research is essential.

### **Conclusion**

The CFPC recognizes the unique knowledge and skills of other health care professionals and supports models of practice that include their expertise as members of inter-professional teams where each patient has a personal family physician. Prescribing rights for non-physician health professionals must be clearly defined based on evidence of their education and training and their demonstrated competence to take a medical history, examine, and diagnose patients. In most cases, non physicians who are granted the right to prescribe medications should do so only in settings where they are practicing as part of collaborative inter-professional teams that include the patient’s personal physician. To ensure high quality care and patient safety, the right to make medical diagnoses and to prescribe medications should be granted only to those educated, trained and licensed to do so.

### **Recommendations**

1. All legislation, regulations and policies related to expanded scopes of practice for non-physician health professionals, including making a medical diagnosis and prescribing medications, should be based on achieving evidence based quality health care outcomes and ensuring patient safety.
2. The need to make a medical diagnosis should be recognized as an essential precursor to prescribing most medications and/or providing most other medical treatments.



3. The right to make medical diagnoses and/or prescribe prescription medications and/or provide other medical treatments should be restricted to those educated, trained and licensed to do so.
4. Non-physician health professionals who have completed the required advanced skills training and demonstrated the added competencies may carry out significant responsibilities in the management of patients' medications, including monitoring for adverse drug reactions, counseling patients regarding medication use, and prescribing/renewing specifically defined medications for approved time periods, the above occurring whenever possible on collaborative inter-professional teams, including the patient's physician.
5. Legislation and/or regulations granting the right for expanded scopes of practice for health professionals who are not medical doctors must clearly define:
  - i. the education, training and continuing professional development programs that must be successfully completed and the initial and ongoing competencies that must be demonstrated by each professional within his/her profession; and
  - ii. the clinical presentations/situations that may be addressed, diagnoses that may be made, medications that may be prescribed, and other medical treatments that may be provided in the practices of those in each profession.
6. Where legislation permits other health professionals to provide new prescriptions or renew or modify a physician's prescription, there must be:
  - i. A record kept by the prescribing professional, and
  - ii. Timely communication with the patient's physician regarding these interventions.
7. Liability insurance must be carried by all health professionals permitted to diagnose, prescribe medications, and/or provide other medical treatments for patients.



8. The legal framework and ethical guidelines governing coincident prescribing, dispensing and selling of prescription medications for profit should not permit such, and must be the same for all health professionals.
9. Research must be supported and carried out to determine the impacts on patient care and population health outcomes of expanded scopes of practice for non-physician health professionals, including their right to diagnose, prescribe medications and/or provide other medical treatments
10. Patient-centered inter-professional care teams including physicians, nurses/nurse practitioners, pharmacists and others as needed should be strongly supported in Canada.

