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RN/Pharmacist Scope of Practice Expansion and Expansion of NLPDP

Dear Colleagues:

This week the provincial government announced changes in regulations to expand the scope of practice for registered nurses and pharmacists. In both cases the NLMA did not have advance notice of the announcement. Both announcements leave us with unanswered questions and many concerns.

The most noteworthy change to pharmacy services is the expenditure of \$16.6 million for coverage of a pharmacist's fees to allow any patient to access the expanded services at community pharmacies. This service is now accessible for any citizen, not only NLPDP clients. While this new funding for pharmacy services will provide patients who do not have a family doctor with additional access to several services, the NLMA is concerned that this spending will fragment care for people who are already attached to a primary care provider. It is unclear how information on assessments and prescribing will be passed on to the "Most responsible physicians" (MRPs), and who will provide follow-up care if any concerns arise in a patient's treatment. The new spending does not reinforce Family Care Teams or team-based care. We will pursue this issue with government and the Pharmacy Association to see how team-based connections can be built under this new initiative.

We are also concerned about possible misleading descriptions of the new program. The public needs to understand that these services are being provided by pharmacists, not medical doctors, and that the program is not part of MCP. Patients are not receiving "comprehensive primary care" from a pharmacist, and every citizen deserves access to a family doctor as the gold standard for their health and wellbeing. We will raise the issue with government about the regulation of the term "doctor" as it has been used in Ontario's legislation on health professions.

The new changes to the registered nurse regulations allows the College of Registered Nurses to authorize prescribing, ordering of tests, and referrals to specialists within a set of parameters outlined by the employer (the Health Authority). The employer will be responsible for having organizational policies, procedures, and oversight for referrals to another health care provider. As the NLMA was not consulted on the drafting of the regulation, we have questions on whether the regulation is consistent with the original design that we saw in 2020. We also have questions about how these changes will work in practice. Is the provincial health authority prepared with appropriate policies and oversight? How will specialists be assured that referrals will not be unduly increased so that it negatively affects wait times? Will the Health Authority commit to not using the expanded scope to require registered nurses to provide care in settings where the Health Authority has failed to recruit an adequate supply of physicians? The NLMA will pursue these questions in the coming weeks.

The logo for the Newfoundland & Labrador Medical Association, featuring a stylized signature or script.

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The key benefit of expanding publicly-funded pharmacy services is that it provides another access point for a component of primary care for unattached patients who are waiting for more family doctors to be recruited into the province. However, the government has framed the changes to scope expansion as a solution to help address the province's recruitment and retention challenges. The NLMA disagrees. We support all health care providers working to their full scope, but these changes do not address recruitment and retention challenges that are preventing patients from being attached to an MRP family physician in the community. This problem can only be resolved by recruiting more family physicians.

We will continue to advocate for clarity on these issues and the appropriate integration of new services into a system adequately resourced by physicians.

Sincerely,



Kris Luscombe
President