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Kali E. Pieters
*Western University*, kpieter@uwo.ca

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# Conflict or co-operation? Ontarian pharmacists battle for an increased scope of practice

By

**Kali Pieters**

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Department of Sociology
The University of Western Ontario
London, Ontario, Canada

Supervisor: Dr. Tracey L. Adams

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**Abstract**

Pharmacists across Ontario have recently had their scope of practice expanded. Among the new responsibilities are Medscheck programs, vaccine administering, ordering lab tests, and the renewal of prescriptions before authorization from physicians. Further expansions such as prescribing for minor ailments are currently being explored. Both scope of practice changes (those implemented and those being discussed) re-structure healthcare divisions of labour. In doing so, they lead to a situation where pharmacists' scope of practice increasingly overlaps with part of medical doctors' and nurses' jurisdictions. Historically, there has been considerable interprofessional conflict between medicine and pharmacy that has limited pharmacists' scope of practice. Do these recent changes mean that interprofessional conflict is less relevant within the system of professions? Do they suggest a new era of healthcare professional collaboration and co-operation? Or do they suggest the system of professions is changing in fundamental ways? This research will seek answers to these questions through a content analysis of documents such as the Health Professions Regulatory Advisory Council (HPRAC) 2008 Interim Report to identify the contexts and rationales shaping these scope of practice changes. Findings reveal that other professions are supportive but hesitant to expand the scope of practice of pharmacists.

To conclude, current research is missing the investigation of the impact of an increased scope of practice of pharmacists on the profession itself. This research will be of interest both to sociologists and to pharmacists. It will help us begin to understand both the benefits and consequences of an increased scope of practice in the profession.

**Keywords:** scope of practice, pharmacists, professionalization, interprofessional conflict, collaboration.

## Introduction

Pharmacists in Ontario have been a resourceful source of knowledge and under-utilized health care provider for a century and a half. Their roles in health care have changed over the years, and much research has been done on the scope of practice of pharmacists and its impact on the profession, other health care providers, and patients. There is little sociological research however, exploring pharmacists' scope of practice, and their changing relationships with other healthcare providers, especially doctors and nurses.

Pharmacists are important professionals in Canada's healthcare system. Research shows that the public has high regard for pharmacists and endorses their scope of practice. Public polls show that pharmacists are near the top of the list of most trusted professions, and the public is confident in their credentials, skills, and trustworthiness (Perepelkin, 2011). Pharmacists' also practice within a complex division of labour within a broader system of professions (Abbott, 1988). Recent changes to pharmacists' scope of practice, however, are restructuring pharmacists' relationships with other professions, and may be altering divisions of labour within the system of professions. What do these changes mean for inter-professional relations within healthcare,?

Pharmacists' recognition as a health care provider has been increasing due to the transition from a product-oriented role to a service-orientated role, particularly across Canada (Perepelkin, 2011). This shift in recognition is why my research will be useful for both sociologists and pharmacists, because the two can work together to understand the professional roles and responsibilities even further, while examining the jurisdictional changes and challenges that the profession may be currently experiencing.

This paper uses a neo-Weberian lens to understand interprofessional relations in the system of professions. It explores whether scope of practice changes reflect jurisdictional battles, or rather a new era of co-operation within the system of professions. While keeping the focus of this research on pharmacists in Ontario, a sociological lens will be used to analyze the recommendations of the Health Professions Regulatory Advisory Council (HPRAC) respecting pharmacy's scope of practice, as well as other critical literature and resources. Abbott (1988) argues that professions are continually battling over jurisdiction and that several outcomes are possible. Despite potentially causing conflict between health care professions, pharmacists in Ontario have been seeking to expand their scope of practice by advancing claims to key audiences including state actors, employers, and the public. This paper explores the claims made by both pharmacists and stakeholders at two points in time as they have endeavored to increase the scope of practice of Ontario pharmacists and details the opinions of other professions such as Ontario nurses.

## **Literature Review**

Pharmacists are self-governing professionals regulated under the Regulated Health Professions Act (1991) and the Pharmacy Act (1991). Various other Acts and Regulations oversee the actions of pharmacists in Ontario including the Controlled Drugs and Substances Act (CDSA), the Drug and Pharmacies Regulation Act (DPRA), and as well as a number of by-laws from the Ontario College of Pharmacists. (Ontario College of Pharmacists Regulations and Standards). As an individual in the profession, a pharmacist is expected and required to abide by a number of standards of practice in order to remain in good standing with the Ontario College of Pharmacists, the provincial governing body. These standards are based on the main roles of a pharmacist as identified by the National Association of Pharmacy Regulatory Authorities

(NAPRA) which are: patient care, drug information, drug distribution, management, and education (NAPRA, 2009).

Professions are privileged occupations. Bissell and Traulsen write that profession "is the term used to denote a certain type of occupation accorded high status and a high degree of autonomy over its work" (2005, p. 189). Researchers have identified many requirements or characteristics of professions, including power and privilege. Professional authority (over the lay person) is one demonstration of the power a profession holds (Bissell & Traulsen, 2005). Other characteristics include an official code of ethics and theoretical knowledge underlying professional practice, a formal process of occupational knowledge transmission and formalized recruitment patterns or processes (Bissell & Traulsen, 2005; Denzin & Mettlin, 1968). Examples of these processes in pharmacy would be the requirements of degrees, examination completion, and training required to become a member of the Ontario College of Pharmacists (OCP). Denzin and Mettlin (1968) also describe the need for a social organization that oversees the development of the profession over time. In the case of pharmacy, this would be organizations such as the OCP who monitor the profession and its members as well as work to expand pharmacists' scope of practice and jurisdiction. Abbott (1988) also adds that professions can exclude workers and claim both social and cultural authority over others. To summarize, pharmacists have authority over the average patient that comes into the pharmacy, a college of governing power in each province, a promise to protect confidentiality of patients, and a consensus of how to behave as a pharmacist that is passed on to new recruits. Given the above considerations, pharmacy is a regulated health profession.

As a regulated profession, pharmacy's scope of practice is specified in law. The scope of practice statement in the 1991 Pharmacy Act after the 2009 revisions delineates what they can do:

> "The practice of pharmacy is,
>
> a) The custody, compounding, dispensing and prescribing of drugs;
> b) The provision of health care aids and devices;
> c) The provision of information and education related to the use of anything mentioned in clauses (a) and (b);
> d) The promotion of health, prevention, and treatment of disease, disorders and dysfunctions through monitoring and management of medication therapy. 2009, c. 26, s. 21 (1)" (Pharmacy Act, 1991, p. 1).

This scope of practice is broader than what it used to be. New powers include the ability to administer the flu vaccine. Since pharmacists have been able to administer the influenza vaccine in 2012, more than 650,000 Ontarians received the flu shot in pharmacies in the 2013-2014 season alone (Randall, G., Barr, N., Wakefield, P., & Embrett, M., 2015). This scope of practice expansion was intended to improve access to healthcare services. The increased scope of practice of pharmacists in Ontario is thought to promote the monitoring and management of chronic illnesses, increase accountability and liability for pharmacists' actions, reduce demand on physician time, and enhance the responsibility in ensuring safe and effective drug distribution (Randall et. al., 2015). This expanded scope could also be viewed as an extension of pharmacists' power as a health care profession. While these changes may improve the efficiency of the health care system, they also grant pharmacists more power and influence, expanding their jurisdiction and increasing their control.

In Ontario, research has been conducted before changes to the scope of practice of pharmacists came into effect. In 2012, Ontario pharmacists were authorized to administer the flu vaccine, and a public consultation was conducted to explore the factors influencing how Ontario

pharmacists approve of or reject the expanded scope of practice opportunity (Foong, Edwards, Houle, & Grindrod, 2017). The study found that pharmacists were concerned about their increased workload due to the added responsibility of administering the influenza vaccine, although the anticipated benefits for patients including vaccine coverage and injection, may be more generally beneficial than the impact of an increased workload. Pharmacists are not the only profession with an opinion on administering vaccines, though. Later in this paper, an analysis of other health care professionals' ideas about increasing the scope of practice of pharmacists to include vaccine administration will occur.

Nonetheless, increasing scopes of practice do bring challenges. Some barriers faced by the profession include: lack of adequate compensation to perform services, weak electronic communications such as Electronic Health Record, low awareness amongst the public population that pharmacists are able to perform services, and the challenge of getting pharmacy owners to embrace new services and take time to implement them (Morrison, 2013). Previous research identifies key barriers the pharmacy profession may experience but does not investigate how pharmacists perceive these changes or how these barriers may affect how these additional services are put into practice. Research on pharmacists' scope of practice currently focuses on the impact it has on physicians, patients, or other stakeholders. As Perepelkin (2011) describes, "a variety of studies have investigated the public's perceptions of pharmacists and their level of awareness of pharmacists' scope of practice" (p. 86).

Research has also been completed regarding the implications of an expanded scope of practice of pharmacists on physicians. Studies have found that physicians cannot keep up with the demands of patients' needs, and perhaps this is where an increased scope of practice of pharmacists can improve the situation (Tannenbaum & Tsuyuki, 2013). One benefit of an

increased scope of practice for pharmacists found by medical researchers is a further collaboration with physicians to improve patient care by taking pressure off physicians and sharing the health-care responsibilities across more health professionals. The two health professions can work together to collaborate on the management of drug-related interactions, issues, and effects (Tannenbaum & Tsuyuki, 2013). Historically, professions battled over jurisdiction of their scope of practice. Abbott (1988) writes of the ways professions use the legal system to earn monopolies over certain activities, certain kinds of payments, settings of work, and control over certain kinds of language. I argue that this is seen in today's health care professions at a lower rate as we see the rise of inter-professional collaboration in circumstances such as family health teams, which are a collection of health care professionals working towards a common goal for patients.

To elaborate, Abbott argues that professions are continually battling over jurisdiction, and that although not all professions aim for domination of practice in a jurisdiction, professions are continuously seeking recognition of their expert knowledge through exclusive rights (Abbott, 1988). Claims to jurisdiction are often made in the legal system, through public opinion, and in the workplace. Professions achieve power mostly through gaining a positive and supportive public opinion that they then use to achieve legal protection and legitimate control over a specific kind of work.

Pharmacists in Ontario have been seeking to expand their scope of practice by advancing claims to key audiences including state actors, employers, and the public. These claims highlight the reasons pharmacists are to be considered health care professionals, and how they can contribute to the health of Ontarians. This paper explores these claims as pharmacists have endeavored to increase their scope of practice, and details the opinions of other professions such

as Ontario nurses, using the documents that have been submitted to the HPRAC. To understand recent changes in pharmacists' scope of practice, and their place in the system of professions, it is helpful to review the historical literature. Significant changes have happened over the years, and this brief literature review aims to situate some of these changes in a way that justifies the importance of the study.

Abbott (1988) writes about the process of professionalization, jurisdiction, and the system of professions. Professionalization involves the act of accomplishing control, either through emphasizing technique that a group directly controls, or working to maintain or extend previously achieved control and professional status. Jurisdiction is a claim made by a profession when recognition of its cognitive structure through exclusive rights are desired. Some of these rights include; absolute monopoly of practice, right to self-discipline, control of professional training, as well as licensing and other rights. Jurisdiction is also the connection between professionals and their work, and largely consists of professions' claims to a scope of practice, and for legitimate control over a particular kind of work.

As stated above, there are many potential settlements of a jurisdictional dispute between professionals. The sole claim to control a jurisdiction is only one of them. Others include forming a division that results in the jurisdiction and responsibilities within it being split between two independent parties. Another is the creation of an advisory council over certain aspects of the work of one profession, or alternatively, professionals may divide their jurisdictions by the nature of the client rather than the content of the work. Abbott (1988) also writes about the system of professions and describes the ways in which professions are an interdependent system where a move by one profession affects the others. This system can include vacancies in jurisdictions created by force, leading one profession to move in on the vacancy while leaving

themselves open to attack from others. These chains of effects start when external forces alter areas of jurisdiction, or when existing or new professions seek new ground. This new ground could include shifting healthcare demand, as well as scope of practice changes like the ones sought out by pharmacists in Ontario, even though some may not be unfilled jurisdiction areas. For example, pharmacists are seeking to administer vaccines, something that physicians already do. These examples will be discussed in relation to pharmacists in Ontario later in this paper, with documents from both professions being included in an analysis of jurisdictional battles and potential conflict between professions.

## Theoretical Perspectives

It is important to analyze the above information sociologically. Using a Neo-Weberian perspective, one can tie together Abbott's ideas about jurisdictional battles and the scope of practice expansion of pharmacists in Ontario. Expertise, power, and the role of knowledge are all important factors to consider in relation to pharmacists and their role in the system of health care professions. Typically, professions are defined by their ability and capacity to have the state sanction their exclusive social closure on their marketplace usually due to their relevant higher educational achievements (Saks, 2012); however there are other ways to consider a profession.

Historically, taxonomic writers set out two broad variants describing the ways in which regulated professions held high education achievements and a strong organized formal knowledge (Saks, 2012). This idea has been reviewed and Neo-Weberians now identify that "we live in a dynamic and competitive world of macro political power and interests, in which occupational groups gain and/or maintain professional standing based on the creation of legal boundaries that mark out the position of specific occupational groups" (Saks, 2012, pg. 4). A

strength of this approach compared to others is the ability to see beyond a linear process of knowledge and expertise previously examined by functionalists. Further consideration has led to the understanding that professionalization is a socio-political process, one that needs to be understood on a more macro level using investigations of power and interests in the market (Saks, 2012). While it is important to possess knowledge and expertise, there is more involved in professionalization and professional practice.

An example of power and use of knowledge and expertise would be pharmacists' ability to discipline patients by holding knowledge over them in ways such as advising on medications, suggesting over the counter products, control patients' access to medications, and other daily tasks pharmacists complete for patients and medicine users. This also occurs in multiple clinical settings. Pharmacists have become surveyors of patient behaviours because of services such as MedsCheck, which involves checking in on patients' medicine use. This discipline can begin with the primary surveillance of patients and medicine users in the pharmacy and extend to full surveillance and professional power that occurs in an interaction such as a medication review, or a MedsCheck in Ontario (Waring et. al., 2016). These various clinical settings may result in varying levels of surveillance and professional power between pharmacists and patients or medicine-users. Services such as the MedsChecks may "be seen as having more dynamic implications for social power" (Waring et. al., 2016, p. 125).

Additionally, it is important to note that the world of pharmacy is ever-changing. Foucault's theory on power relations and subjectivity has been used to analyze the field of public health. Bissell and Traulsen (2005) write that "the knowledges and practices of public health and health promotion are socially and culturally constructed and change with social, political, and economic changes" (p. 158). In order to adapt to changes in society, such as the new emergence

of inter-professional collaboration, a profession may need to change their jurisdiction or scope of practice. I argue that this is what Ontarian pharmacists are doing. As new legislation regarding the increased scope of practice of pharmacists is released, so is the increased common knowledge of the services that pharmacists are able to provide to patients and medicine-users. The field of pharmacy is dynamic and presents opportunities for new experiences of patients and medicine-users' interactions with their pharmacists. These changes are a part of the public opinion, the second area jurisdictional claims are made according to Abbott (1988). In this area, professions are able to achieve power needed to make changes to their jurisdiction. When the public supports changes, the profession can take that support to the legal system to implement the proposed changes. Bissell and Traulsen (2005) write that current work "encourages health professionals to be reflexive about their practices; to be cognisant of lay health beliefs, knowledges and understanding and not to privilege medical or pharmaceutical knowledge uncritically" (p. 160). This warning can apply to pharmacists as well, emphasizing the need for pharmacists need to be careful as to how they use their expert knowledge, especially compared to that of the lesser knowledgeable patient or medicine-user.

Pharmacists complete years of schooling, as well as further continuing education programs throughout their career as their profession changes and their scope of practice increases to include more services. A profession requires groups to have expert knowledge and control of the expert-client relationship (Bissell and Traulsen, 2005). This is evident in current Ontario pharmacy programs, which require schooling, technical training, examination completion, and other components (HPRAC, 2008). These education programs and requirements are an example of a strategy of the profession to exercise control over individuals entering the occupation, ensuring optimal value of the profession as a whole in order to increase the market value and

reputability of pharmacists (Saks, 2016). Pharmacists have expert knowledge on drug interactions, health promotion, and other services. They have the power in the expert-client relationship they hold with patients or medicine-users. This power also leads to some form of social control, with pharmacists influencing the way that patients or medicine-users take their medications, including when they take them in the day, which ones to avoid taking together, and which lifestyle choices to consider. Social control is a factor in being considered a profession (Bissell and Traulsen, 2005). The relationship between the patient or medicine-user and the pharmacist can be compared to that of the relationship between patient and physician, as described by Bissell and Traulsen (2005). “The relation between the patient and the physician is consequently determined and kept in line by the ‘established structure and functional requirements of the social system’” (p. 191). It is important to ask if pharmacists and patients or medicine-users could also have a relationship like the one described.

## Methodology

Most research surrounding the scope of practice of pharmacists already conducted has been quantitative, providing statistics and data to support or contradict the research. This study is qualitative to achieve more in-depth and personal documentation of perceptions from pharmacists’ in Ontario. I believe that a qualitative study is the best choice for the research objectives because it will capture the perspective of pharmacists’ and stakeholders more comprehensively and fill the gap in literature that exists. I believe that this is an opportunity for further quantitative research. While there are strengths to both methods, and I hope that my research can help build a foundation for further investigation on the perspective of active pharmacists and stakeholders.

Qualitative document analysis was used to explore the professional developments of pharmacists in Ontario and their increased scope of practice. To do this, the analysis primarily focused on the Health Profession Regulatory Advisory Council 2008 Interim Report, while also utilizing reports from the Ontario Pharmacist's Association, Ontario Medical Association, and Ontario Nurses Association. These reports, and others like them, provide us with crucial information for better understanding what Ontarian pharmacists are proposing as potential arguments to support their goal of an increased scope of practice within their jurisdiction. Each of these reports allow us to further analyze how pharmacists, stakeholders, related professions, and other groups such as members of the state come to understand the increased scope of practice of Ontario pharmacists and the impact it may have on their roles.

All documents were read, and key words were manually coded based on how they related to four themes: theoretical, literature findings, pharmacy knowledge, and strong emphasis. From these themes, an investigation into the significance of these key words followed. Analysis of who was using these key words was conducted, as well as how they related to both professions literature and social pharmacy literature describing pharmacists increased scope of practice.

In the analysis that follows, I will outline what these crucial reports have to say, and how they relate and contribute to the sociological literature on professions. A comparison between the scope of practice expansion of pharmacists in Ontario in 2008 when the HPRAC review was conducted, as well as more recent 2019 requests from the government for the Ontario College of Pharmacists to compile a plan to further expand practice. This comparison includes a summary of occurrences at each time-period, pharmacist's motivations and opinions, as well as stakeholders and other professions motivations and opinions.

Following the comparison of the collected documents, Abbott's theories resurface in a discussion of how they both apply to the scope of practice and jurisdictional battle of pharmacists in Ontario, and how over time, inter-professional collaboration may have increased to a new level that allows for conflict between professions to be limited.

## Analysis

### What was happening in 2008?

According to the HPRAC Report, pharmacists at the time were seeking a long list of changes to their scope of practice (2008). A list was submitted to the Council from both the College of Pharmacists and the Ontario Pharmacists Association, and together their requests were compiled and are as follows:

"1. Provide Schedule II and III drugs as a prescription where required for reimbursement under drug plans.

2. Authorize further extension of a prescription, where there are no existing refills, for continuity of care.

3. Adapt an existing prescription to facilitate patient adherence. These include, changing the dosage form from a capsule or tablet to an oral dosage formulation for patients who have difficulty swallowing; changing the dosage regimen from, say, one tablet twice a day to two tablets once a day to facilitate adherence; changing the dosage form to one reimbursable by the patient's third party drug benefit plan such as from a capsule to tablet; and when the prescribed dose form or pack size is not commercially available, such as when 50mg only comes in 52.5mg or 30-day pack instead of a 28-day pack, based upon all available information to the pharmacist and the appropriateness for the individual patient.

4. Adjust dosage of existing medication in response to monitoring of laboratory results or other tests.

5. Order relevant laboratory tests for the purpose of monitoring and managing a patient's medications.

6. Administer a substance by inhalation for the purposes of education and demonstration, with limits and conditions. Administer drugs through injection for patient education and demonstration.

7. Perform a procedure on tissue below the dermis (with limits and conditions).

8. Implement a Minor Ailments Scheme in Ontario similar to the model in Britain. Include Schedule II and III medications.

9. Public Hospitals Act: Permit pharmacists various authorities to treat inpatients, including the recognition of orders for treatment or diagnostic tests given by pharmacists.

10. Health Insurance Act: Allow pharmacists to be classified as "practitioners" under the Health Insurance Act to permit payment for activities within an enhanced scope of practice model. Without this recognition, services and programs funded under the Act may exclude pharmacists due to payment concerns." (HPRAC, 2008, p. 24).

**What were Pharmacist's saying in 2008?**

Pharmacists at the time were arguing that since they are often the first point of access into the health care system, and a readily available resource for patients, their at-the-time scope of practice statement and day to day responsibilities did not reflect their ability or potential (HPRAC, 2008). They argued that they can have a role in health promotion and wellness, access to health care professionals, patient education, and professional judgement.

One large part of pharmacists' argument in 2008 was that competency requirements for pharmacists were at high enough levels to warrant an increased scope of practice (HPRAC, 2008). In 2008, pharmacists completed an undergraduate pharmacy degree recognized by the Pharmacy Education Board of Canada (PEBC), a Certificate of Qualification from the PEBC, pass the College's Pharmaceutical Jurisprudence examination, and successfully complete in-service training while registered as a student and/or intern with the College (HPRAC, 2008, pg. 29).

Although competency and education may not have been a concern for pharmacists at the time, day to day issues within the pharmacy and its practice were cited as barriers to a more effective patient care system (HPRAC, 2008). Pharmacists observed that the rules and practices in place prevented them from timely and effective access to care. While this was seen as an overall health care system issue, with physicians being increasingly difficult to access in a timely manner, pharmacists noted that they felt too much of their time was spent on unnecessary medical directives, wait times for prescription refills, and too much time spent on paperwork (HPRAC, 2008).

One important point that pharmacists wanted to make clear at the time was that they were not aiming to replace physicians as primary health care providers, but to aide in the health care system and provision while appeasing physicians (HPRAC, 2008). They also noted that expanded activities would not be done in isolation but rather in a collaborative framework with other health care professionals already involved in patient care. An example of this would be the activity of assisting with medication devices, something that although originally prescribed by a physician, the pharmacist is now involved in with regards to the patient's care.

**What were stakeholders saying in 2008?**

HPRAC investigated barriers to the increasing scope of practice sought after at the time and found that there were multiple barriers to pharmacists achieving their goals. The evolution of the profession, regulatory issues of overlap and shared practice, medico-legal and liability concerns, as well as education and training, were some of the reasons identified (HPRAC, 2008). Roundtable consultations involving members of the College of Physicians and Surgeons of Ontario, The College of Nurses in Ontario, The Ontario Medical Association, among others, found that participants expressed support for increased use of pharmacists' expert knowledge in

medication management and collaboration with other health care professionals (HPRAC, 2008). It was found that "physicians, nurse practitioners and other health care professionals expressed their confidence in the expertise and reliance on the pharmacist as part of the patient's circle of care" (HPRAC, 2008, pg. 37). These health care professionals noted that their own time would be freed to better provide patient care in other areas if pharmacists were awarded additional medication management roles.

When asked about competency and ability to provide additional services, roundtable discussions with other health care professionals resulted in the general agreement that pharmacists have the competency to carry out the responsibilities proposed based on previously mentioned qualifications (HPRAC, 2008).

**What was happening in 2019?**

Council reports from the Ontario College of Pharmacists from both November 2019 and June 2020 show that some scope of practice expansions have been the topic of debate amongst the profession and others in the medical field (Ontario College of Pharmacists, Council meetings November 21, 2019 & June 15, 2020). The meeting minutes explain that on May 30, 2019 the Ontarian Minister of Health, Christine Elliott, asked the College to submit proposed regulation changes for an expanded scope of practice including the following four tasks:

1. Administer the flu vaccine to children as young as two years old;
2. Renew prescriptions in quantities of up to a 12-month supply;
3. Administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration and;
4. Prescribe drugs for certain minor ailments.

The deadline for proposed regulations for the first three items was November 30, 2019, and the fourth item was due back to the Minister by June 30, 2020. In order to meet both deadlines, an open consultation was conducted and reports were sent in from various organizations such as the College of Nurses of Ontario, the Ontario Medical Association, and the Ontario Pharmacists Association, with all documents being available to the public.

**What were pharmacists saying in 2019?**

The Ontario Pharmacists Association (OPA) wrote a 2019 letter to the CEO of the Ontario College of Pharmacists (OCP) in response to the potential increased scope of practice of pharmacists in Ontario. The OPA believed that pharmacists' education levels are high enough to warrant additional responsibilities such as administering the flu vaccine to children as young as two years old (Bates, 2019). However, the association did hear of some workplace-related challenges when their membership was consulted, and so they recommend a working group be established with OCP and the Neighbourhood Pharmacy Association of Canada, but that overall this change to the scope of practice should be approved. The second and third potential changes were also welcomed by the OPA, and the organization provided additional recommendations such as: Ontario pharmacists and pharmacies should be enabled to participate in and be remunerated for other publicly-funded immunization programs beyond influenza, and that "Ontario pharmacies and pharmacists should be publicly remunerated for the administration of injections and/or inhalations where similar public funding arrangements are available to other health professionals (physicians, nurses, nurse practitioners, etc.)" (Bates, 2019, n.p.).

**What were stakeholders saying in 2019?**

The Ontario Medial Association (OMA) wrote in a 2019 letter to the CEO of the Ontario College of Pharmacists (OCP) highlighting twelve principles that scope of practice expansions

should be assessed on. These principles range from a rigorous regulatory structure, to stringent conflict of interest provisions and system evaluations (Wright, 2019). The OMA, an overarching association of multiple medical professions with a higher level of authority than other groups, identified that although a rigorous regulatory structure exists and that quality assurance measures are in place in the profession, there are still areasthat the OMA would like the OCP to work on before expanding pharmacists' scope of practice. The first of these concerns stems from the request to administer flu vaccines to children as young as two years old. The OMA feels that there are too many inconsistencies in the current flu vaccine administration process to involve younger children, and the Association recommends additional training and education on the skills necessary for the task (Wright, 2019). The Ontario Nurses Association (ONA) wrote that they are concerned changes to pharmacists scope of practice will have a negative impact on the quality of care patients receive, and that health care professionals within the system will be impacted as well (McKenna, 2019). This could be an example of a profession feeling that encroachment is happening on their jurisdiction, an example of conflict that Abbott (1988) writes is a potential result of one profession expanding.

There is also support for an increased scope of practice for pharmacists in Ontario from organizations and stakeholders. The Ontario Pharmacists Association (OPA) wrote in a 2019 letter that they support the OCP in their efforts, and that they feel the expansion of the proposed scope of practice go forward (Bates, 2019). Additionally, the College of Nurses of Ontario wrote that the proposed changes would improve the experience of people in Ontario accessing timely and high-quality care, which is currently a concern (McCarthy, 2019). A collaborative, team-based approach and inter-professional communication with information sharing was a potential benefit to pharmacists being more involved with patient care with an increased scope of practice

according to the OMA (Wright, 2019). This finding is consistent with recent studies but is not aligned with Abbott's theories about jurisdictional battles.

Upon investigation of the 2008 HPRAC report, as well as submissions from other organizations such as the Ontario Medical Association submitted to the Ontario College of Pharmacists council meeting on November 21, 2019, one can see that the combination of support and hesitancy from other professions has remained consistent when discussing Ontarian pharmacists' increased scope of practice. The main issue that others identify is the potential lack of education and training provided to pharmacists to complete the tasks of an increased scope of practice. The main motivation for support is the alleviation of pressure on other health care professions thanks to pharmacists being utilized as a front-line health care professional, although this is also a concern for some professions, as identified by the ONA (McKenna, 2019).

While similar concerns as well as declarations of support were brought up both in 2008 and 2019, the initiation of changes seem to differ between the two period of scope of practice expansion. In 2008, pharmacists were battling for more rights and responsibilities as health care providers and had to convince stakeholders and government that they were worthy of changes to their scope of practice. However, in 2019, the College of Pharmacists appears to have been approached by the government to develop a plan for a further expansion in their scope of practice. I think that this is because of the identification of pharmacists as a valuable resource in the field of health care, as well as the alignment with the government's goals to improve health care, as well as stakeholders political and financial interests. Abbott (1988) explains that systems of professions change when external forces (such as the government) open or close areas for jurisdiction, or when existing professions seek new ground. From 2008 and into 2019, we can see that both forms of change to the system of health care professions has occurred. The external

sources of the system or jurisdictional change can lead to both tasks and professionals to enter or exist the system that is changing (Abbott, 1988). Examples of this in recent pharmacy scope of practice changes would be the new tasks awarded to the profession in the province, as well as the inclusion of pharmacists in what are considered primary health care professionals. It should be noted that technologies can change jurisdictions, and while Abbott may not have been able to predict the rapid change in pharmaceutical technologies or those of health care, they may have had a large impact on the jurisdictional change that more research may be required to analyze. Technologies do not change on their own, though. These changes are driven by actors, in this case, government, health care providers, and patients could all be driving these technological advances. Comparatively, internal sources of jurisdictional change do not create entire jurisdictions but rather strengthen or weaken existing ones, develop a new skill or knowledge that allows for expansion of a profession, or facilitates the weakening of another (Abbott, 1988). In the case of pharmacists increasing their scope of practice, it could be argued that they are strengthening their own profession and other professions, as discussed above, feel that such changes benefit the provision of healthcare, without infringing on their own jurisdictions. .

One weakness of Abbott's work is the limitation of focusing on conflict within a system of professions, and the absence of discussion about cooperation between professions. While there is tension between health professions, as discussed above, there is also evident collaboration for the sake of the patient. This may mean that since the time of Abbott's work, health professions have shifted to favour inter-professional collaboration over jurisdictional conflict. Abbott writes that there are multiple outcomes possible when one profession is seeking expansion, but there is an absence of a positive conclusion to jurisdictional battles in Abbott's work that appears to be present in current health care professional settings.

## Discussion and Conclusion

This paper sought out to understand the recent changes in the scope of practice of pharmacists in Ontario in relation to health care professional collaboration and Abbott's system of professions. I asked if recent scope of practice changes were evidence of a new era of collaboration between health care professionals, or if Abbott's system of professions has changed in fundamental ways. Based on the results of the content analysis, I argue that there is a new way of working in the health care field that allows for the collaboration between health care professions, even when system of professions' jurisdictional conflict and battles are taking place. This is especially evident in the finding of nursing organizations in Ontario such as the ONA identifying that although they take issue with an increased scope of practice for pharmacists, they acknowledge that it is important for the health care field and ultimately for patients to move forward with one.

The content analysis found that organizations such as the OMA, ONA, OPA, and others believe there is a real benefit to the expanded scope of practice of pharmacists in Ontario but that these changes are not flawless. While there was great support in benefiting patients receiving care, there are concerns over the education levels of pharmacists in taking on more roles and responsibilities, especially surrounding vaccine administration of patients as young as two years old. I argue that with proper continuing education programs for current pharmacists and the implementation of curriculum for pharmacists in training, this gap in education can be filled in order for pharmacists to complete these new tasks with more support and less hesitancy from surrounding health care professions. These demonstrations of both support and resistance from other health care professions are examples of modern jurisdictional battles at work. Due to the argued new way of working in health care, Abbott's 1988 ideas of professions clashing over

jurisdiction appears moderately outdated, with newfound inter-professional collaboration in health care professions. One specific example found in the relationship between pharmacists and physicians is the expanded scope allowing pharmacists to adapt or extend physicians prescriptions when required for the best treatment of the patient.

Although beneficial to begin to understand jurisdictional battles between pharmacists and other health care professionals, as well as to begin understanding the effects of an increased scope of practice of pharmacists in Ontario, a content analysis does not allow for thorough investigation. It is merely a starting point for further research, which will be described below.

Further research is needed to begin to understand the effects of an increased scope of practice of pharmacists in Ontario. This could happen in many ways. Patient outcomes and perceptions could be investigated, and a thorough review of other health care professions experiences would also be beneficial. By investigating both areas, we would begin to uncover if the increase is beneficial for the field of health care. That is, are patients receiving timelier but consistently quality care? What are other professions perceptions of the increase once it is implemented? Further, how are pharmacists handling the potential increased workload, responsibility, and attention to the patient? With outstanding decisions to be made regarding the scope of practice of pharmacists, more research is needed to analyze the outcomes of the decision from Minister of Health, Christine Elliott, after reviews are completed following the submissions sent in by June 2020. All the suggested further research would be beneficial to policy makers, health care professionals, and patients because it would allow for a better review of past, present, and future policies that impact the health of Ontarians.

References

***All documents from Council meetings***

Abbott, A (1988). *The System of Professions: An Essay on the Division of Expert Labor.* Chicago and London: The University of Chicago Press.

Bates, J. CEO of Ontario Pharmacists Association (2019). "Letter to Nancy Lum-Wilson". October 25, 2019. https://www.ocpinfo.com/wp-content/uploads/2019/10/OPA-Regarding-Expanding-Scope-of-Practice.pdf

Bissell, P., and Traulsen, J. (2005) *Sociology in Pharmacy Practice*. Pharmaceutical Press.

Denzin, N K., Mettlin, C J.(1968). Incomplete professionalization: the case of pharmacy. *Social Forces*. 46(3). 375-381.

Foong, E. A., Edwards, D. J., Houle, S., Grindrod, K. A. (2017). Ready or not? Pharmacist Perceptions of a changing injection scope of practice before it happens. *Canadian Pharmacists Journal.* 150(6).

Health Professions Regulatory Advisory Council. (2008). *An interim report to the minister of health and long-term care on mechanisms to facilitate and support interprofessional collaboration among health colleges and regulated health professionals: Phase II, Part I. https://hprac.org/en/reports/resources/InterprofessionalCollaborationReportPhaseIIPartIENGSept08.pdf*

McCarthy, K., Director of Strategy of College of Nurses of Ontario. (2019). "Letter to Nancy Lum-Wilson". October 25, 2019. https://www.ocpinfo.com/wp-content/uploads/2019/10/CNO-Regarding-Expanding-Scope-of-Practice.pdf

McKenna, V. President of Ontario Nurses Association. (2019). "Letter to Ontario College of Pharmacists". October 26, 2019. https://www.ocpinfo.com/wp-content/uploads/2019/10/ONA-Regarding-Expanding-Scope-of-Practice.pdf

Morrison, J. (2013). Expanded pharmacy practice: Where are we, and where do we need to go? *Canadian Pharmacist's Journal*. 146(6).

National Association of Pharmacy Regulatory Authorities. (2009). *Model Standards of Practice for Canadian Pharmacists.* https://napra.ca/pharmacists/model-standards-practice-canadian-pharmacists

Ontario College of Pharmacists. Regulations and Standards. (2020). https://www.ocpinfo.com/regulations-standards/

Perepelkin, J. (2011). Public opinion of pharmacists and pharmacist prescribing. *Canadian Pharmacy Journal*. 144(2).

Pharmacy Act 2009. S.O. 1991. c. 36.

Randall G.E, Barr N.G, Wakefield P/A, Embrett M/G. (2015). Expanding the scope of practice for pharmacists in Ontario. *Health Reform Observer - Observatoire des Réformes de Santé 3*(1): Article 4

Saks (2012). Defining a profession: The role of knowledge and expertise. *Professions and Professionalism*. 2(1). 1-10.

Saks (2016). A review of theories of professions, organizations and society: The case for neo-Weberiansm, neo-institutionalism and eclecticism. *Journal of Professions and Organization.* 3. 170-187.

Tannenbaum, C. & Tsuyuki, R. T. (2013). The expanding scope of pharmacists' practice: implications for physicians. *Canadian Medical Association Journal*. 185(14).

Waring, J., Latif, A., Boyd, M., Barber, N., Elliott, R. (2015). Pastoral power in the community pharmacy: A Foucauldian analysis of services to promote patient adherence to new medicine use. *Social Science and Medicine*. (148).

Wright, J. of Ontario Medical Association (2019). "Letter to Nancy Lum-Wilson". October 23, 2019. https://www.ocpinfo.com/wp-content/uploads/2019/10/OMA-Letter-to-OCP-

Regarding-Expanding-Pharmacist-Scope-of-Practice.pdf