Dr. Brian Day  
President  
Canadian Medical Association  
1867 Alta Vista Drive  
Ottawa, ON K1G 3Y6

Dear Dr. Day:

Re: The Role of Pharmacists in Collaborative Care Teams

On behalf of the members of the Canadian Society of Hospital Pharmacists (CSHP), I would like to express our great disappointment with the decisions made by delegates at the recent Canadian Medical Association General Council in Vancouver in response to several resolutions pertaining to collaborative care teams. Through these decisions, physicians have placed themselves as the only possible clinical leaders, denounced an expanded role for pharmacists within collaborative care teams, and denied pharmacists the authority for “independent” prescribing.

The role of the pharmacist within a collaborative care team is not new. CSHP stated its support of the pharmacist’s role in a collaborative prescribing model to improve patient health outcomes in its 2001 Statement on Pharmacist Prescribing. In his 2002 report on the future of Canadian health care, Romanow noted that pharmacists can play an increasingly important role as part of primary health care teams and recognized that traditional scopes of practice needed to change with the growing emphasis on collaborative teams and networks of health providers. Very recently the Canadian Patient Safety Institute identified “the ability of health professionals to effectively collaborate with others to maximize patient safety and the quality of care” as one of the seven core domains of abilities for all health professionals to incorporate into their work in its draft Safety Competencies Framework.

The collaborative care team model has been working very effectively for some time in hospitals, where health care professionals respect and rely on each other’s unique and complimentary expertise. Hospital pharmacists prescribing under medical directives are partnering with physicians to ensure the best possible care for patients. They have the education, training and skills required to initiate, modify, monitor and manage drug therapy. Evidence shows that pharmacists are critical to reducing medication-related adverse events. CSHP supports pharmacist prescribing within a cooperative relationship involving the patient AND the physician. Limiting the ability of pharmacists to fully apply their knowledge and skills jeopardizes the safe and effective management of drug therapy.
Only 56% of CMA attendees voted against an expanded role in managing and monitoring patient's medication for the pharmacist within a collaborative practice arrangement, which leaves 44% respecting the pharmacist’s role in optimizing patient care. And how many physicians not in attendance are already working with a pharmacist on their care team?

I urge you and the other members of the CMA Board of Directors to reopen the debate on the role of pharmacists in collaborative health care teams and include pharmacists in the debate to ensure a full understanding is achieved by all participants of the benefits for patients that can be achieved through having the “right provider deliver the right care at the right time to the patient”

Yours sincerely,

Carolyn Bornstein BScPhm, ACPR, RPh
President, CSHP

Encl:  CSHP Statement on Pharmacist Prescribing 2001
cc: Mr. William Toll, Secretary General and Chief Executive Officer, Canadian Medical Association
Dr. Briane Scharfstein, Associate Secretary General, Professional Affairs, Canadian Medical Association
CSHP Council Members

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REFERENCES


