



The health professional's **guide** to pharmacist prescribing

The foundations of pharmacist prescribing

Governance and practice framework documents:

- Acts
- Regulations
 - Evaluation for additional prescribing authority
- Standards of Practice
- Code of Ethics



Prescribing fundamentals:

- Professionalism
- Individual competence
- Appropriate information
- Informed consent
- Approved indications
- Documentation
- Notification of other health professionals



Three types of prescribing:

- Adapting a prescription
- Prescribing in an emergency
- Additional prescribing authorization
 - Initial point of access, e.g., primary care
 - In collaboration with other prescriber, e.g., chronic disease management
 - In collaboration with health professionals who do not have prescribing authority

On April 1, 2007, the *Pharmacists Profession Regulation* to the *Health Professions Act* came into effect.

This regulation authorized a new scope of practice for Alberta pharmacists. The new practice framework authorizes roles that pharmacists have been providing for some time within various parts of the health system. These framework changes will translate into improved access to drug therapy, quality, and safety.

The regulation, our new standards of practice, and our code of ethics establish the practice framework within which pharmacist prescribing will occur. You can view all of these documents on the Alberta College of Pharmacists' website (<http://pharmacists.ab.ca>).

Prescribing fundamentals

Seven elements guide pharmacist prescribing. Pharmacists must employ all of these elements and their professional judgement each time they prescribe.

Professionalism – Pharmacists must:

- establish a professional relationship with each patient,
- maintain professional independence,
- refrain from prescribing for themselves or family members, and
- work collaboratively with other regulated health professionals to serve the best interest of the patient.

Individual competence –

Pharmacists must limit prescribing to their area of competence. They must have an adequate understanding of the

condition being treated, treatment alternatives, and the drug being prescribed before issuing a prescription.

Appropriate information –

Pharmacists must have enough information about the specific patient's health status to ensure that the prescribing decision will maintain or enhance the effectiveness of the drug therapy and will not put the patient at risk.

Informed consent – Pharmacists must have the patient's informed consent before undertaking any prescribing activity.

Approved indications –

Pharmacists must only prescribe when an indication is either approved by Health Canada, supported by evidence, i.e., considered best practice or accepted clinical practice in peer-reviewed literature, or is part of an approved research protocol.

Documentation – Pharmacists'

prescriptions must be written and signed by the pharmacist. With this new authority, pharmacists must now carry a minimum of \$2 million of personal liability insurance. In the patient's record, pharmacists must record the prescribing decision, their rationale, and the follow-up plan.

Notification of other health professionals –

After writing a prescription, pharmacists must notify other health professionals involved in the patient's care as soon as possible.

Each of these fundamentals is addressed in detail in the orientation to the new standards and legislation that each pharmacist must complete before prescribing.

When may pharmacists prescribe?

Pharmacist prescribing does not replace a patient's need to see their doctor or other health professionals. Most pharmacist prescribing will be conducted collaboratively. The chart below describes prescribing roles that pharmacists may perform.

Note: Not all pharmacists will choose to prescribe. The new legislation *authorizes* pharmacists to prescribe, but it doesn't *obligate* them to.

1. Adapting a prescription

Pharmacists may now alter the dose, formulation, or regimen and then notify the original prescriber. Dose adaptations will occur if the strength of the prescribed drug is not commercially available or if the patient's age, weight, or organ function indicates the need for a change.

A pharmacist may substitute a drug that is expected to have the same or similar therapeutic effect. This

includes substituting a drug from the same therapeutic class to avoid side effects. Pharmacists' decisions will be patient-specific and on a case-by-case basis.

Pharmacists are also authorized to issue a prescription to ensure continuity of care.

2. Prescribing in an emergency

If a patient has an immediate need for drug therapy and cannot see another authorized prescriber, a pharmacist may prescribe a small amount of drug to treat the symptoms until the patient can see someone to make a diagnosis. Emergency prescribing is not likely to happen very often.

3. Additional prescribing authorization

Pharmacists who successfully complete an evaluation recognized by ACP's Council will be given additional prescribing authorization.

The evaluation process will be piloted this summer. We expect that pharmacists will be able to apply for

this additional authorization in Fall 2007. A detailed communiqué describing this level of prescribing is forthcoming.

Pharmacists are not authorized to prescribe narcotics or controlled drugs.

Communication is the key

Talk with your pharmacist colleagues to find out what new services they will be incorporating into their practice and how they can benefit you and your patients. The pharmacists' new practice framework is all about pharmacists meeting patient needs while working cooperatively and collaborating with other health professionals. To provide optimal care, all members of a patient's health care team need to be clear about treatment plans and desired therapy outcomes. Two-way sharing of information by all health professionals will help ensure the best decisions and patient care.

Clinical pharmacist who has completed the orientation

Adapting a prescription (Effective April 1, 2007)

Altering dose, formulation, or regimen	Therapeutic substitution	Issuing a prescription for continuity of care	Only when it is not reasonably possible to see another prescriber and there is an immediate need for drug therapy
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Prescribing in an emergency

Clinical pharmacist who has completed the orientaton and has additional authorization under s16(3) of the regulation

Additional prescribing authorization

(Pharmacists will be able to apply for authorization to perform this function, pending ACP's implementation of the evaluation process.)

Prescribing based on:

Pharmacist's assessment at initial point of access, e.g., primary care	Collaboration with another authorized prescriber, e.g., chronic disease management	Collaboration with regulated health professionals who do not have prescribing authority
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alberta college of
pharmacists



1200 - 10303 Jasper Avenue NW
Edmonton AB T5J 3N6
(780) 990-0321
Toll Free: 1-877-227-3838
Fax: (780) 990-0328
Website: pharmacists.ab.ca

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