Guide to Receiving Additional Prescribing Authorization

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This guide has been prepared by the Alberta College of Pharmacy to assist clinical pharmacists in Alberta with the application process for additional prescribing authorization under S.16(3) (4) of the Pharmacists Profession Regulation. Thank you to all members of the review committee including assessors, staff pharmacists, external stakeholders, prescribing pharmacists and other survey participants who helped to refine the process.

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Table of contents

2 Introduction

3 Background

5 Overview

6 Step 1 Self-assessment – Is your practice ready?

7 Step 2 Assembling your application
   Part A: Application form
   Part B: Three patient cases
   Part C: Three case narratives

10 Step 3 Submitting your application

11 Glossary

12 Key activities and indicators

Link to all forms
https://abpharmacy.ca/additional-prescribing-authorization

- Self-assessment
- Application
- Case narrative
- Case checklist
- Frequently asked questions
- Fee for assessment information
Pharmacists in good standing on the clinical register may apply for additional prescribing authorization after meeting these criteria:

1. Have at least one year of full-time experience in direct patient care while on the clinical pharmacist register. Beginning in 2018, entry-level Pharm D graduates from CCAPP accredited Canadian schools of pharmacy will have the one-year practice requirement waived. However applicants must use patient cases from their time on the clinical register as a clinical pharmacist (i.e., not as students, interns, etc.).

2. Have strong collaborative relationships with other regulated health professionals.

3. Have and maintain the necessary knowledge, skills and attitudes and clinical judgment to enhance patient care.

4. Have the required supports in his/her practice (e.g., access to information, communication, documentation processes) to enable safe and effective management of drug therapy.

ACP has developed this guide and four tools to assist pharmacists with researching, planning, and compiling evidence in preparation for submitting their application for additional prescribing authorization. The guide will help remove the mystery from assessment, and introduce the tools. The tools will help pharmacists evaluate their preparedness for the authorization and will clarify the kind of evidence assessors need to see. The tools are

- a self-assessment form,
- a case narrative form,
- a case checklist, and
- a collection of frequently asked questions.

Employing these tools will help you to answer the questions in the application form and to compile the case evidence needed to prepare an application for assessment.
In the summer of 2006 the Alberta government announced new regulations that expanded the scope of practice for pharmacists, including the authority to prescribe Schedule 1 drugs. This authority, originally outlined in Section 16 of the Pharmacists Profession Regulation enacted April 1, 2007, remains unchanged in the current Pharmacists and Pharmacy Technicians Profession Regulation enacted July 1, 2011.

**16(3)** Subject to subsection (4), a clinical pharmacist is authorized to perform, within the practice of pharmacists and in accordance with the Standards of Practice, the restricted activities of prescribing a Schedule 1 drug and prescribing blood products if the clinical pharmacist (a) has provided evidence satisfactory to the Registrar of having successfully completed the Council requirements to prescribe Schedule 1 drugs and blood products, and (b) has received notification from the Registrar that the authorization is indicated on the clinical pharmacist register.

**16(4)** A clinical pharmacist authorized under subsection (3) may prescribe a Schedule 1 drug or blood products only if the clinical pharmacist (a) has determined that a Schedule 1 drug or blood products are appropriate for the patient through an assessment of the patient, (b) has received a recommendation that the patient receive drug therapy from a health professional who is authorized to prescribe a Schedule 1 drug or blood products, or (c) has determined in consultation with or has determined in conjunction with a health professional that a Schedule 1 drug or blood products are appropriate for the patient.

All pharmacists on the Alberta College of Pharmacy’s clinical register may adapt prescriptions and prescribe in an emergency; however only pharmacists who demonstrate that they have met the council requirements as outlined in Section 16(3) of the regulations may initiate prescriptions or prescribe to manage ongoing therapy as described in Section 16(4) of the regulations.

Council originally approved the requirements referred to in S.16(3) in March, 2007.
The requirements were based on the recommendations of an expert panel comprised of registered Alberta pharmacists, a physician, a nurse practitioner, and a public representative. The expert panel recommended a peer assessment system that would determine whether applicants were routinely performing key activities that the panel determined were required when a pharmacist is fulfilling the requirements of prescribing.

The panel, together with two experts in assessment, used ACP’s standards of practice and the Competency Profile for Alberta Pharmacists (Alberta College of Pharmacy, February 2005) as the foundation to develop a framework of key activities and indicators. These key activities and indicators delineated the expectations for pharmacists who are prescribing under S.16(3) and S.16(4) and served as the basic tool by which applications for additional prescribing authorization have been assessed. In a criterion-based assessment, trained pharmacist assessors use the key activities and indicators to evaluate examples of care plans (cases) submitted in applications together with information provided in narrative statements and an application form.

ACP piloted the process in September 2007. In December 2007 council approved this additional prescribing authorization process and 15 pilot participants became the first pharmacists in Alberta to be granted additional prescribing authorization.

ACP completed a review of this process in 2012. The review examined the current application and assessment process, qualitative feedback from stakeholders, structured quantitative feedback from assessors, and insights from pharmacists engaged in prescribing. Subsequent to the review, at the April 2012 council meeting, ACP council decided to continue with a criterion-based, peer review process for granting additional prescribing authorization with some policy changes. The changes included:

- that the key activities and indicators be reviewed and refined;
- that the application form be changed;
- that the requirement for direct patient care experience be changed to one (1) year;
- that the requirement to submit two (2) letters of collaboration be removed and that collaboration be assessed as part of the evaluation of care provided; and
- that each application be assessed by two peer assessors.

During 2012, in consultation with a group of pharmacists, including those in the current pool for assessing applications key activities and indicators were reviewed and refined via comparison to the Standards of Practice for Pharmacists and Pharmacy Technicians (2011). In addition, the application form was revised based on the direction of council. The revised application form and key activities and indicators are now available on the ACP website. The following sections elaborate on what assessors will be looking for during their assessment.
To obtain additional authorization to initiate and manage drug therapy, pharmacists must demonstrate their ability to practice and document according to the *Standards of Practice for Pharmacists and Pharmacy Technicians*. They must submit a comprehensive application package that includes actual evidence of the care they provide.

Applications are evaluated by a minimum of two pharmacists who are trained to use an *objective criterion-referenced assessment* tool. Applications are distributed to assessors on a monthly basis. It may take up to eight weeks to process applications depending on volume. Results are sent by mail. Applicants will be advised whether or not their application met the standard, and will be provided with feedback from assessors. Those who meet the standard will receive authorization from the registrar to prescribe Schedule 1 drugs in accordance with Sections 16(3) and 16(4) of the Pharmacists and Pharmacy Technicians Profession Regulation. The applicant will receive a new practice permit that lists the additional prescribing authorization. Applicants who did not meet the standard will be provided with information on how to reapply.

Pharmacists *must* receive authorization from the college and a new practice permit that lists the additional prescribing authorization prior to prescribing to manage or initiate drug therapy. The authorization does not expire. Renewal is automatic with the renewal of a practice permit, assuming all other permit renewal requirements are met.
The first step in the application process is to complete the **self-assessment form**.

The self-assessment form lists the criteria assessors will use. This tool groups a prescriber’s responsibilities into six key activities and further defines the specific indicators that assessors will be looking for and rating. Each indicator is rooted in the *Standards of Practice*; collectively, they outline what is required of a pharmacist when providing care to a patient, especially when that care may include prescribing Schedule 1 drugs to manage or initiate drug therapy.

The self-assessment form is a tool for you to thoughtfully and honestly assess your own performance and practice. There are four preparedness questions for each of the six key activities. Take time to answer “yes” or “no” to each question. This will help you identify any gaps in your practice that need to be addressed before submitting your application. If you answer “no” to any question, the last column gives you an opportunity to develop an action plan to enhance your knowledge and/or skills in that area.

The self-assessment form is for your own use and information. DO NOT send it to the college with your application. This tool allows you to assess yourself and your practice using the same criteria that assessors will use. Resist the urge to skip this step. Even though it will not become a formal part of the application package, it is an important building block that will not only improve the quality of your submission, but will also affirm to you that you are practicing in accordance with the standards. It may also help you target competencies for future personal and practice growth.

Once you have completed the self assessment form, and have addressed any gaps or limitations in your practice, you are ready to complete the application.
An application is comprised of an application form, and three actual patient cases taken from your practice to demonstrate the care you provided to three different patients.

**PART A  Application form**

**Demographics and current practice setting:** The information requested in this section is used administratively to verify eligibility, to communicate with you, and for aggregate reporting purposes. It does not factor into the assessors’ evaluation of your application.

**Section 1 - Your practice:** The answers that you provide in this section will give assessors a frame of reference to understand the three cases that you submit. If in your practice you use standard forms or templates, you may include samples with your descriptions. Keep in mind that the assessors do not know you or your practice; the information you provide in this section will set the stage for how they assess your work. Be as specific and concise as possible in your descriptions. If you require more space to respond to questions than has been provided, attach additional pages to the end of the application form with the necessary direction to assessors and page number (i.e., continued on page...).

**Section 2 - Your preparedness:** Completion of the self-assessment form will help you answer the questions found in this section. Assessors will be looking for evidence that you assess your own personal knowledge, skills and attitudes, as well as the effectiveness of your practice. They will be looking for evidence that you regularly enhance your knowledge and skills for the benefit of your patients and your practice, and that you have a responsive means of adapting your practice when and where you feel it is needed.

If during your self-assessment you find no need to make changes to your practice to ready yourself for prescribing authority, concentrate your response in this section on how and why you are already prepared.

**Section 3 - Your judgment:** Pharmacists who have been granted additional prescribing authorization indicate that they often come across situations where they must consider prescribing for a patient or for a condition that they are less familiar with, or for a condition they had not anticipated. This section of the application asks you to demonstrate how you will deal with situations such as these. The use of examples from your own practice, and a thoughtful explanation of the principles that guide you when determining your course of action, is the focus of this section. What are your boundaries?
PART B  Three patient cases

The cases that you submit will provide the strongest evidence of your preparedness for additional prescribing authorization. This evidence of your work will be reviewed and assessed carefully against the same checklist of key activities and indicators provided to you in the self-assessment form. Take time to select cases for submission that are the best demonstrations of your practice.

You must submit three actual patient cases as part of your application. They must not be created or developed for the purpose of the application, but must be a compilation of actual notes and records of your care. Only cases that demonstrate you providing care within the last two years may be submitted and each case must show your assessment, collaboration, care plan development, implementation, monitoring, and follow-up.

You must preface each case with a narrative that will set the stage. The narrative is described in more detail in the next section. Together, the record of care and case narrative must provide sufficient evidence of all key activities and indicators listed on the self-assessment form. Once you have compiled the evidence for each case, use the case checklist to ensure that you can see evidence of the indicators being fulfilled within the pages you intend to submit. The case checklist outlines which indicators must be evidenced in the actual patient record and not simply explained in the case narrative.

Evidence provided in the patient record is always the strongest evidence, but depending on your practice, some indicators (e.g., how you prioritized drug therapy problems or what steps you took to identify other health professionals who are proving care to the patient) may be described more fully, or elaborated on, within the case narrative.

After you have used the case checklist, if you think the documentation in the record of care may not adequately address or demonstrate an area or indicator, you may want to include additional sources of evidence that support your work such as copies of lab reports, fax communications with other health care providers, and a list of clinical references. For each case, submit all relevant supporting information. This may include, but is not limited to, the following:

- patient demographics;
- actual record of care (i.e., electronic or paper charts);
- drug profile(s);
- additional notes;
- notes regarding or describing communication with other health care providers; and/or
- notes regarding or describing communication with the patient, family or other care givers.

Ensure that you are providing sufficient information for assessors to clearly see that you are fulfilling all of the activities and indicators required by the standards. Remember that they do not know your practice or your patient.

Confidentiality: On all of your documents, ensure that all patient identifiers (names,
addresses, health care numbers, etc.) are blacked-out. While in the possession of ACP and its assessors, applications are retained with a high degree of confidentiality (in accordance with the ACP privacy policy). Applications are not returned to applicants and are destroyed once the evaluation process is complete. Blacking out patient identifiers is an extra level of caution and demonstrates your attention to detail.

**Clarity:** Each page in the case must be numbered. For example, you may choose to number all documents in your first case as page A-1, A-2, A-3, second case pages as B-1, B-2, B-3 etc. When necessary refer to these page numbers in your narrative to draw the assessors’ attention to specific pieces of evidence.

**Part C  Case narratives**

In each case, assessors will be looking for evidence that you document your actions and/or recommendations, including the rationale, in the patient record as per the Standards of Practice for Pharmacists and Pharmacy Technicians. Since it may be unrealistic to document all information and every option you consider in the patient record, the case narrative is your opportunity to provide assessors with additional information about the thinking that was not documented in the patient record, and why it was not documented. You may also want to expand on the rationales you did document and other information you want assessors to know. You may choose to cite references such as clinical practice guidelines, peer-reviewed journals, and summaries of evidence such as Cochrane reviews. DO NOT submit the actual references with your case.

Ultimately, the case narrative is designed to fill in gaps so assessors, who are not experts in your practice, can determine whether your decisions reflect best practices and/or are evidence-based. The case narrative form is to be used to provide supplemental information for assessors. Complete and place one case narrative form at the front of each case.
Step 3 Submitting your application

Before submitting your application, please ensure that

• you have signed and dated the declaration on page one;
• you have selected the method of payment and enclosed either a cheque or a completed credit card authorization form, located with the fee for assessment information on the ACP website;

• your three patient cases are preceded by a completed case narrative form;
• you have used the case checklist and are able to see evidence of each indicator in each case; and
• your submission includes two identical copies of the application form and two identical copies of each of the three patient cases.

Please note:

If you want to retain a copy of your application, do so before submitting it. Applications are not returned after assessment, even if they are unsuccessful.

Incomplete packages will be placed on temporary hold. You will be notified by email of the deficiency. The assessment will be delayed until the application package is complete.

Fee for assessment:

Payment must be made at time of application. Include a cheque payable to the Alberta College of Pharmacy or complete the credit card authorization form. Payment is processed upon receipt and is proof that your application is in queue for review.

• First assessment $350 + GST = $367.50
• Subsequent assessments (if necessary) $225 + GST = $236.25
*As of July 1, 2019, the re-assessment fee will be $350 + GST ($367.50)
Case: For the purposes of this application, a case is the package of information you compile as evidence of the care you provided to the patient. Each case must contain copies of your documentation in the patient record and supplemental information such as notes, correspondence, diagnostic results etc. In the first edition of this guide the term “care plan” was used to denote this package of information but experience revealed that the term did not clearly convey the scope of information to be submitted. In actuality the care plan is but one component of the case.

Objective criterion-referenced assessment: An objective criterion referenced assessment is an evaluation of evidence based on a specific set of criteria [The Key Activities and Indicators] used to equitably assess all applications. Measuring all applications against the same set of criteria deters subjective interpretation, holds all applicants to the same standard, and helps to ensure public safety.

Professional relationship: A professional relationship is a relationship formed with a patient for the purpose of optimizing the patient’s health and drug therapy. A professional relationship includes the pharmacist collecting enough information to identify the patient’s health needs and the information required to provide pharmacy services to the patient. This relationship is important because the pharmacist must ensure that his/her decisions and services focus on the health needs of the patient and the patient must be involved in decisions about his/her health needs.

Record of care/patient record: For the purposes of this application, the record of care and patient record are synonymous and refer to your actual permanent documentation, either paper-based or electronic, that contains the elements found in Appendix A of the Standards of Practice for Pharmacists and Pharmacy Technicians.

Regardless of the method of actual documentation, your patient records need to show assessors

- all relevant patient information;
- where you document your identification and prioritization of actual and potential drug therapy problem(s) (DTPs) and what you documented;
- your documentation of your realistic, achievable goals agreed upon for each DTP selected for intervention;
- implementation of the care plan, including the monitoring plan;
- communication with other health care providers; and
- monitoring and documentation of outcomes.
## Key activities and indicators

### Key activities of pharmacist practice

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<thead>
<tr>
<th>Indicators being assessed for additional prescribing authorization</th>
<th>Description</th>
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| **Form and maintain professional relationship with patient** | The pharmacist identified the patient’s expectations and goals of therapy. *Std. 2.1(b)*  
The pharmacist took reasonable steps to provide the patient (and/or patient’s agent) with enough information to participate in the decision-making process or made it clear why this was not appropriate. *Std. 11.8(d)* |
| **Patient assessment** | The pharmacist identified or has taken reasonable steps to identify other health professionals who are providing care to the patient. *Std. 14.4(a), 3.5(c), 1.4(e)*  
The pharmacist obtained diagnostic and other relevant health information from other health professionals with the aim of determining mutual goals of therapy. *Std. 14.7(b), 1.4(d-e)*  
The pharmacist communicated required information to the health professionals whose care of the patient may be affected by his/her recommendations/decisions. *Std. 1.4(c), 1.7(d), 11.9, 14.4(b), 14.10*  
The pharmacist appropriately involved other health professionals in the care of the patient. *Std. 5.3(e), 11.5(c), 14.5(b)* |
| **Develop care plan and follow-up** | The pharmacist documented information provided by the patient and other reliable sources in the patient record. *Std. Appendix A*  
The drug therapy problems (actual and/or potential) identified by the pharmacist were documented in the patient record. *Std. 18.3(c), Appendix A*  
The pharmacist’s care plan was documented in the patient record. *Std. 18.2, Appendix A*  
The pharmacist documented the rationale for his/her recommendations/decisions in the patient record. *Std. 3.8(a), 11.11(a-b), Appendix A*  
The pharmacist’s documentation in the patient record was adequate to facilitate ongoing care. *Std. 18.7, Appendix A* |
| **Collaboration** | The pharmacist responded appropriately based on the results of the monitoring plan. *Std. 14.8*  
The pharmacist based recommendations/decision on evidence and/or best practices. *Std. 6.1(b), 11.6(b)* |
| **Documentation** | The pharmacist gathered sufficient information about the patient to allow the pharmacist to work with the patient to optimize the patient’s health and drug therapy. *Std. 3.4, 3.5*  
The pharmacist considered appropriate information to assess the patient’s signs and symptoms. *Std. 3.1(a), 14.3*  
The actual and/or potential drug therapy problems were prioritized appropriately by the pharmacist. *Std. 4.2*  
The pharmacist considered appropriate options to respond to drug therapy problems. *Std. 5.1, 5.3*  
The pharmacist’s follow-up plan identified parameters to be monitored. *Std. 14.8(a)*  
The pharmacist’s follow-up plan identified appropriate timeframes. *Std. 14.8(a)*  
The pharmacist’s follow-up plan identified expected outcomes. *Std. 14.8(a)*  
The pharmacist’s care plan identified who will be responsible for the monitoring. *Std. 14.8, 14.9*  
The follow-up plan was implemented. *Std. 14.8(b)* |
| **Judgment** | The pharmacist took appropriate action to address actual or potential drug therapy problem(s) as identified. *Std. 5.1, 5.3*  
The pharmacist’s follow-up plan identified parameters to be monitored. *Std. 14.8(a)*  
The pharmacist’s follow-up plan identified appropriate timeframes. *Std. 14.8(a)*  
The pharmacist’s follow-up plan identified expected outcomes. *Std. 14.8(a)*  
The pharmacist’s care plan identified who will be responsible for the monitoring. *Std. 14.8, 14.9*  
The follow-up plan was implemented. *Std. 14.8(b)*  
The pharmacist documented the rationale for his/her recommendations/decisions in the patient record. *Std. 3.8(a), 11.11(a-b), Appendix A*  
The pharmacist’s documentation in the patient record was adequate to facilitate ongoing care. *Std. 18.7, Appendix A*  
The pharmacist responded appropriately based on the results of the monitoring plan. *Std. 14.8*  
The pharmacist based recommendations/decision on evidence and/or best practices. *Std. 6.1(b), 11.6(b)* |