

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

The foundations of pharmacist prescribing

Governance and practice framework documents

- Acts
- Regulations
- Standards of Practice for Pharmacists and Pharmacy Technicians
- 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
- Prescribing at initial access or managing ongoing therapy with additional prescribing authorization
 - based on own assessment of patient,
 - in collaboration with other prescriber, e.g., chronic disease management, or
 - 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 practice framework authorized roles that pharmacists have been providing for some time within various parts of the health system. These framework changes have translated into improved access to drug therapy, quality, and safety.

The regulation, our standards of practice, and our code of ethics establish the practice framework within which pharmacist prescribing occurs. You can view all of these documents on the Alberta College of Pharmacy's website (<http://abpharmacy.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 authority, pharmacists must 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

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When may pharmacists prescribe?

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

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

1. Adapting a prescription

Pharmacists may 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. There is no limit on how many doses or days of therapy pharmacists can provide. Neither the regulations nor the standards specify limits. Pharmacists use their professional judgement to determine the appropriate amount of drug they prescribe for each patient.

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.

3. Additional prescribing authorization

Pharmacists who have successfully completed an evaluation recognized by ACP's council and have been granted additional prescribing authorization can prescribe a drug at initial access or manage ongoing therapy based on their own assessment of the patient or in collaboration with another regulated health care professional.

Pharmacists will only prescribe if it is in the best interest of the patient, within their level of professional competence, and appropriate steps have been taken to maintain patient safety.

Pharmacists are not authorized to prescribe narcotics or controlled drugs.

Communication is the key

The pharmacists' practice framework is all about pharmacists meeting patient needs while working cooperatively 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.

All clinical pharmacists			
Adapting a prescription			Prescribing in an emergency
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

Clinical pharmacists who have been granted additional authorization under s16(3) of the regulation		
Prescribing at initial access or managing ongoing therapy		
Prescribing based on:		
Pharmacist's assessment of the patient	Collaboration with another authorized prescriber, e.g., chronic disease management	Collaboration with regulated health professionals who do not have prescribing authority