

March / April 2008

# The Transition Times

HELPING YOU NAVIGATE CHANGE

## Additional prescribing authorization now available in Alberta



alberta college of  
**pharmacists**



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The Alberta College of Pharmacists (ACP) is pleased to announce that 15 Alberta pharmacists have become the first in the country to be granted *additional prescribing authorization*.

ACP is proud of the initiative and leadership demonstrated not only by the successful candidates, but by all pilot participants. The time these individuals committed to complete the application, arrange letters of collaboration, and participate in the evaluation process is noteworthy. Their keenness to raise their own level of practice and improve patient care speaks to their high degree of professionalism. We look forward to opening the process to all pharmacists this spring, so that others eager to expand patient services may do so.

### **What's the big deal about additional prescribing authorization?**

Alberta is the first province in Canada to offer such pharmacist privileges. It recognizes the important role pharmacists play in patient care. It also recognizes the trust Albertans and the government have in pharmacists.

The Alberta College of Pharmacists rallied for the expanded scope of pharmacist practice, believing that the healthcare system must mobilize all its resources for the maximum benefit of patients. Working as a key part of a patient's health team, a pharmacist with additional prescribing authorization can now fully manage a

patient's drug therapy. These pharmacists can initiate prescriptions as part of their patients' care. Successful pilot participants will be using their authorization in such areas as women's health, diabetes control, HIV care, and anticoagulation management.

Patients can experience better outcomes and the healthcare system can be strengthened by pharmacists and other health professionals working together to deliver health services. Safe, effective and responsible pharmacist practice will be expected and upheld for those with additional prescribing authorization, and for all pharmacists, by the college. As always, pharmacists must put the health and safety needs of patients first when making any treatment decision.

The Alberta College of Pharmacists is looking forward to the new level of collaboration between health professionals and the improved patient care that will result from pharmacist prescribing and the other opportunities available under the new practice framework. We also understand that we are moving together into uncharted territory. We encourage you to assess your practice; develop strong relationships with your peers, other health professionals, and your patients; explore what practice tools can benefit you and your patients, and contact the college if you have questions.

# Meet the newly authorized prescribers!

Congratulations to the first 15 pharmacists in the country to be granted additional prescribing authorization. They are:

**Erin Albrecht – Manning**  
**Renette Bertholet – Red Deer**  
**Rene Breault – Edmonton**  
**Tammy Bungard – Edmonton**  
**Rami Chowanec – Edmonton**  
**Jennifer Dutka – Edmonton**  
**Christine Hughes – Calgary**  
**Jeff Kapler – Calgary**  
**Sheri Koshman – Edmonton**  
**Kim Mettimano – Calgary**  
**Glen Pearson – Edmonton**  
**Rick Siemens – Lethbridge**  
**Gladys Whyte – Tofield**  
**Jodi Wilkie – Edmonton**  
**Nese Yuksel – Edmonton**

ACP is proud to recognize their commitment to improving patient care. Starting with this issue, we will feature interviews with this first group of initial access prescribers. We'll explore what motivated them to pursue this authorization and see how they plan to incorporate this new tool into their practice. In this issue we'll talk with Erin Albrecht, Jeff Kapler and Glen Pearson.



**Erin Albrecht, BSc Pharm**  
**Manager / Owner,**  
**Northern Lights I.D.A**  
**Prescription Centre,**  
**Manning**

While talking to her I.D.A rep in 2006, Erin said, "I will never prescribe." Just over a year later, she has additional prescribing authorization. What happened?

Erin's patients were the driving force behind her decision to apply for additional prescribing authorization. "I didn't know if I had enough education, or if I would get through, but I saw my patients really needed it."

Erin's prescribing journey began because of changes at her town's medical clinic. Changes in staff and computer programs created some significant communication gaps between the doctor, the patients, and Erin. Erin's anticoagulation patients weren't going for blood work or getting their results regularly. When she phoned the nursing station for results, she would just get a lab value, which she wasn't confident interpreting.

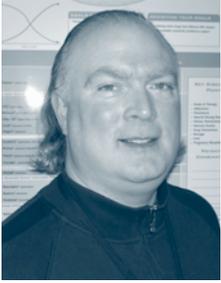
This led her to seek out courses that would improve her competence. Her timing was good; the UofA Continuing Pharmacy Education was just introducing their anticoagulation course. The course was a combination of in-class learning, home study, and long-term mentoring. "That is the way to go!," Erin says of the new course delivery style. "Although it took a fair bit of time and money, I would do it all again. It was an investment in my future." She came away confident and recharged. Erin also completed the process to get access to Netcare Portal 2006. That was a long and sometimes frustrating process, but she cites it as another key addition to her practice. Having immediate access to lab results saves her time and gives her better results on which to base her decisions.

In April 2007, Erin got her first taste of prescribing thanks to the legislation changes. While she appreciated being able to adapt prescriptions, and was enjoying her new-found confidence with her anticoagulation patients, she was still frustrated by the fact that much of her work remained doctor-driven. The physicians in her area were (and are) very supportive of her expanding scope, but the logistics around contacting them for each INR review were challenging. "I saw that my practice could run so much more smoothly if I had additional prescribing authorization."

And so, Erin filled out the application. It was daunting at first, but Erin quickly realized that she had everything in place that she needed. "The process makes it clear that your practice has to be at a certain level first. You can't fake it or change it after the fact." The area she found most difficult was documentation. "Making a care plan, as a community pharmacist, was one of the hardest things to do. I had the info, but I'd never had to present it." She also found keeping up with the documentation after receiving her authorization difficult until a colleague shared her experiences. "Now, I do the paperwork right then and there. I don't hand over the prescription until all the documentation is done and the doctor has been notified. The patient has to wait a minute or two longer, but they never have to worry that their doctor wasn't notified or that their record is incomplete."

Erin has come a long way since that conversation with her I.D.A. rep. "Three years ago, I didn't even want to be a pharmacist. I wasn't feeling satisfied with the job I was performing. But now, it feels so good. I have turned my career into something I take pride in and enjoy. It's so rewarding to help patients become stable and healthy. And I get to have stronger relationships with the other health professionals in the community. I've even had the opportunity to mentor two pharmacy students and now one of my employees in grade 12 is going to university to become a pharmacist." What a difference a year can make. Anything is possible!





**Jeff Kapler, BSc Pharm  
Pharmacist,  
Southern Alberta Clinic for HIV/AIDS,  
Calgary**

The Southern Alberta Clinic (SAC) is an ambulatory care clinic that provides HIV care to approximately 1200 patients living in Southern Alberta. It is in this setting that Jeff works as part of an interdisciplinary team of pharmacists, physicians, social workers, nurses, nutritionists, and researchers.

When the opportunity to receive additional prescribing authorization came along, Jeff envisioned many ways his practice, the SAC team, the patients, and the healthcare system could benefit. "I've been interested in improving the efficiency of the healthcare system, helping patients get the services they need while offloading some pressure from physicians to manage straightforward and previously identified medical problems. That should allow greater availability for physicians to see more complex patients."

Since receiving additional prescribing authorization, Jeff is seeing his vision come to life. "At SAC, the pharmacists provide pharmaceutical care and antiretroviral drugs to help our patients manage their infection. If I am able to manage a patient's drug-related problems, I think it gives the patient more confidence in our clinic and in the healthcare system. When lab results indicate that a patient would benefit from receiving prophylaxis against opportunistic infections, I can take care of that more efficiently than having one of the nurses consult a physician who might not know the patient well. Also, when a patient is suffering adverse effects, such as profound nausea, which is not responding to non-prescription drug management, I now have

prescription alternatives to prescribe as appropriate. Managing these adverse effects quickly and effectively can help keep patients on their antiretroviral regimen."

Was the challenge of achieving additional prescribing privileges worth it? Well, according to Jeff, that benefited his practice too. "While I was preparing my application I thought, 'Wow, I really had to do a lot of documentation for some of these interventions!' I recognized the importance of complete and detailed chart notes about the patient assessment and/or drug-related problem, treatment options, follow-up plan and other information given the additional responsibility (and liability) linked to prescribing."

Having completed the authorization process, he also has some advice for others looking forward to this opportunity. "While I was considering applying, I compared the records in my Learning Portfolio with the information I was providing in the application, where you describe your practice and in what therapeutic areas you plan to prescribe in. I was satisfied that the two sets of information matched up pretty well. I suggest that future applicants do the same: make sure you've got substantial and up-to-date education records that reflect your planned area of prescribing."

Looking to the future, Jeff sees more possibilities. Effective April 1, 2008, SAC will be moving to #3223, Sheldon M. Chumir Health Centre; 1214-4th Street SW, in Calgary. Once settled, Jeff hopes to help patients with smoking cessation and lipid management. He also looks forward to the continued support of his colleagues and patients. "The other healthcare providers in our clinic have been very supportive and appreciative of my additional prescribing privileges; we all feel it helps by streamlining the provision of care. The patients witness how our team collaborates and communicates in the clinic, and perceive that pharmacists with additional prescribing authorization can help to minimize gaps in their care." It looks like a bright future indeed.



**Dr. Glen J. Pearson, BSc,  
BScPhm, PharmD, FCSHP  
Associate Professor of Medicine;  
Co-Director, Cardiac Transplant Clinic;  
Deputy Medical Director/ Director of  
Research, Cardiovascular Risk  
Reduction Clinic, Walter Mackenzie  
Health Sciences Centre, Edmonton**

Pharmacist prescribing has been in Glen's world view for a long time, so he jumped at the chance to participate in the pilot. At first, he was skeptical about the idea of all pharmacists prescribing. He had visions of anybody being able to prescribe anything with few qualifications and haphazard follow-up. He was relieved when he experienced the thoroughness of ACP's authorization process first hand.

He also found the application process had an unexpected positive effect. "It makes you take time to recognize what you do well; it's self-affirming. Day to day, we never take time to do that. The system doesn't usually allow much time for praise."

In addition to wanting to play a role in the process, Glen was motivated to seek authorization because it seemed a natural fit with his practice. Glen finds that more and more of his patient care goes beyond traditional pharmacist roles. He orders diagnostic testing and evaluates lab values. He works closely with multidisciplinary teams and finds that this also leads to further blurring of traditional professional lines.

However, he is quick to point out that although his practice setting and education may vary from other pharmacists', he believes that additional prescribing authorization is attainable by all and should be considered by all pharmacists as a natural extension of their practice.

“Everyone is just as empowered to be the kind of practitioner they want to be. At the end of the day, being able to prescribe shouldn’t change your practice. You’re there for the patient. That never changes. Being able to prescribe just completes the patient

care circle and, in a sense, legitimizes your education and knowledge.”

Glen feels the decision to prescribe ultimately comes down to two things: comfort with taking responsibility and honestly assessing your competence and scope of knowledge. “As pharmacists, we

already self-regulate to a great degree so we are conservative and cautious. That’s OK because it means decisions are made carefully and appropriately. If pharmacists are honest with themselves and reflect on the type of practice they want to pursue, they will be successful.”

## Understanding the additional prescribing authorization process

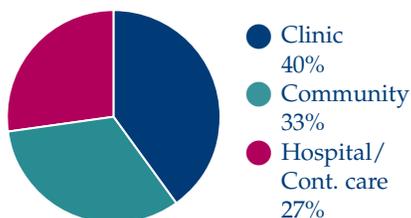
The pilot project to evaluate the assessment process for additional prescribing authorization was completed in December, and was approved by ACP council. Following is a summary of the successful pilot participants and an overview of the process.

### A survey of successful applicants

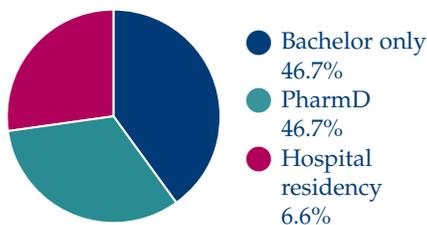
The 15 successful applicants represent a diverse range of experience, education, and practice settings.

- The average length of time in practice of successful applicants is 15.7 years.

#### Practice setting



#### Education completed



These results substantiate ACP’s belief that the authorization is accessible to, and achievable by, pharmacists from all backgrounds and practice settings.

### PROCESS OVERVIEW

#### Application requirements

Applicants must:

- be a member in good standing on the clinical register,
- have at least two years experience (or equivalent) in providing direct patient care,
- have completed education or training related to the identified prescribing area(s) within the past two years, and
- have completed the *Orientation to Your New Practice Framework*.

The application form requires applicants to identify the area(s) in which they anticipate prescribing and to provide detailed information in three categories:

- education and training,
- experience and practice, and
- collaborative relationships.

Applicants must submit three actual care plans that illustrate how they provide pharmaceutical care and work with other health professionals. Finally, applicants are required to contact two regulated health professionals, at least one of whom is an authorized prescriber, to submit letters confirming that the pharmacist has developed a collaborative relationship with them.

#### Assessment process

A pool of assessors encompassing a cross-section of pharmacist experience and practice has been specially trained for this process. At least two assessors evaluate each application. Four sections are assessed in each application: the application form and the three care plans. Each section must meet

pre-determined standards for the applicant to be successful.

#### Next steps

The pilot’s purpose was to test the process and to establish the validity and reliability of the application and assessment practices. ACP is pleased to report that all aspects of the pilot were found to have the required rigor and reliability. Council has approved this process.

ACP is now refining the *Guide to Receiving Additional Prescribing Authorization*. The refinements, suggested by assessors and pilot participants, will make the application process and requirements clearer for future participants. ACP expects to open the process for applications in March.



# What can you do to prepare to apply for additional prescribing authorization?



ACP council approved the additional prescribing authorization process on Dec. 13, 2007. ACP is now making refinements to the *Guide to Receiving Additional Prescribing Authorization*. These refinements, suggested by assessors and pilot participants, will make the application process and requirements clearer for future participants.

ACP expects to open the application process to all pharmacists in late March. While waiting for the more detailed guide, there are several things you can do to prepare to apply for additional prescribing authorization.

## 1. Conduct a self-assessment

First, conduct a candid self-assessment. Are you ready to take on additional prescribing at this time? Take into account the needs of your patients, your relationships with other health professionals, and your practice setting. If your assessment reveals areas you need to improve upon, set a plan in motion to work on them now.

## 2. Review the standards and your practice

If, after your assessment, you decide that you are ready to pursue additional prescribing authorization, you can prepare now by using the *Standards for Pharmacist Practice* (standards) to evaluate your practice. The application for additional prescribing authorization requires you to provide evidence that you are prepared to prescribe, that you are practicing in an environment that allows you to meet the requirements of the standards, and that you have implemented the new standards into your practice (if they were not already there).

Questions you might ask yourself include:

- Am I familiar with the definition of a collaborative relationship included in the standards?
- Do I have collaborative relationships with other health professionals?
- Does the patient record in my workplace include patient demographics, a profile of drugs provided and a record of care?
- Do I have all the information that I need about my patients and their

medical conditions to prescribe for them? (Consider using the Prescribing Chart in Appendix B of *Orientation to Your New Practice Framework* as a checklist.)

- Do I routinely document all the information that is required as outlined in Appendix A of the standards?
- Is patient assessment data included in my documentation?
- Do I know when I will need to refer to other health professionals?

## 3. Assess your documentation

While considering all of these questions will help you to prepare to complete the application, perhaps the most important area to examine is that of documentation. To determine if you have implemented the standards in your practice, assessors review documentation that you submit from three actual patient care plans. It is primarily from this documentation that the assessors will determine whether you meet the required criteria.

In many cases where pilot applicants were not successful, it was because the care plans they submitted did not contain copies (made anonymous) of original patient records or did not contain enough information to provide evidence of the key activities and indicators specified in the application guide. In fact, several applications included only a description of the patient and a summary of care provided by the pharmacist rather than actual documentation as completed in the workplace. See Section 13 and Appendix D of the *Orientation to Your New Practice Framework* to review principles of documentation and samples.

By completing a self-assessment, reviewing the standards, and evaluating your practice, you will be well positioned to complete the application form when it becomes available this spring.

ACP will inform you of the application guide's publication and application process details by email and on our website as soon as possible.

# Tips for successfully navigating change

- 1 Initiate conversations.** Use the four key messages as the foundation for your discussions.
- 2 Stay up to date.** Make sure you are current on the new practice framework and the opportunities open to you.

- 3 Rediscover what motivates you.** As a balance to the high level of responsibility you carry every day, you must also find satisfaction from your career. Take the time to define what really satisfies you. What could you do to add greater satisfaction for both yourself and your patients?

- 4 Assess your situation.** Use your Continuing Professional Development Plan to assess what skills and knowledge you already possess, which you would like to acquire, and in what ways you might maximize your opportunities in the new practice framework.

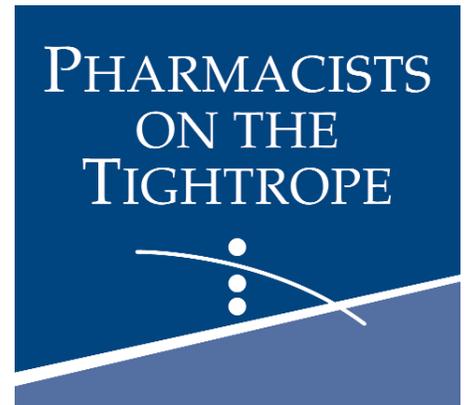
- 5 Plan your next steps.** You know what motivates you. You have identified what new skills or knowledge you would like to acquire. Now what? Figure out what supports you need and map out how to get where you want to be.

- 6 Dive in and join the fun.** Tell your success stories, ask questions, listen to others – a lot of great learning and inspiration can come from sharing!

*The best way to ensure your patients and colleagues understand changes in pharmacist practice is to talk with them. Use the four key messages to guide your conversations. These four points will help you create a clear understanding among everyone you talk with about how important your work is and how they can benefit from the expanding scope of pharmacist practice.*



KEY MESSAGE	<b>1</b>	<b>The need</b> To keep pace with changing patient demographics, health workforce pressures, cost increases and new technology, the healthcare system must mobilize all its resources for the maximum benefit of patients.
KEY MESSAGE	<b>2</b>	<b>ACP's key role</b> Alberta patients benefit from the key role played by pharmacists. Safe, effective and responsible pharmacist practice is upheld by the Alberta College of Pharmacists.
KEY MESSAGE	<b>3</b>	<b>Pharmacists: an excellent resource</b> Pharmacists are patient-focused, accessible, skilled medication management experts. This makes them an excellent resource to deliver innovative health services and programs cost-effectively.
KEY MESSAGE	<b>4</b>	<b>Better outcomes</b> Patients experience better outcomes and the healthcare system is strengthened when pharmacists and other health professionals work together to deliver health services.



ALBERTA COLLEGE OF PHARMACISTS  
ALBERTA PHARMACISTS' ASSOCIATION  
**2008 JOINT CONFERENCE**

*May 23 and 24, 2008  
The Westin Edmonton*

This event is poised to be particularly thought-provoking and fun as we explore how to maintain a sense of professionalism – and sanity – in the ever-changing world of pharmacy. Watch for upcoming emails, newsletter articles, and web postings.



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