

Winter 2009

The Transition Times

HELPING YOU NAVIGATE CHANGE

True?



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Additional Prescribing Authorization: *Separating FACT from FICTION*

FACT: You and your patients are missing out if you don't have additional prescribing authorization.

Additional prescribing authorization means you can provide more complete care and improved access to drug therapy for your patients and greater job satisfaction for yourself.

FICTION: Additional prescribing authorization is only for...

If you think this sentence ends with *hospital pharmacists or Pharm Ds or pharmacists who work in specialized settings or pharmacists who have hours of extra time to fill out paperwork*, think again. This is only one of the many misconceptions we at ACP have heard about additional prescribing authorization. Now, we'd like to help you get the facts.

Additional prescribing authorization is helpful to pharmacists in a variety of settings, from all different educational backgrounds, with all different kinds of experience.

False?



Facts at a glance

FACT: The application process is to confirm that you practice according to the standards, that your practice environment supports prescribing, and that you understand the decision-making process required for prescribing in general, NOT that you can prescribe only for a specific situation.

FACT: Additional prescribing authorization does not limit your prescribing to the drugs or disease states described in your application. Your personal competence limits what and when you prescribe.

FACT: This newsletter contains lots of useful tips, debunks prescribing myths, and gets you ready to take your practice to the next step. You should keep reading!

Administratively speaking



Margaret Morley
Project Leader – Quality
Pharmacist Practice

It is a privilege to work as a project leader at the Alberta College of Pharmacists. I am an educator, not a pharmacist, and currently I administer the application process for additional prescribing authorization. While I can't know your practice and I don't evaluate the applications (your peers who have been trained as assessors do that), I can tell you that in my role I am consistently inspired by the determination of individual pharmacists who continue their learning and embrace change. These pharmacists are recognizing that their practice has been constantly evolving and have been readying themselves to provide more complete care to their patients and improve their patient's access to drug therapy. On occasion, I am one of those patients and I applaud pharmacists who recognize their expertise and are taking the next step: inquiring about and applying for additional prescribing authorization.

Here are just a few stories that I've heard from pharmacists who are wondering if they should apply for additional prescribing authorization. Do any of them sound like you? Please review the Guide to Receiving Additional Prescribing Authorization. You may be more ready than you think. I hope to see your application soon. You belong to an amazingly forward-thinking and proud profession.

Wanting to help a new mother

A young mother visited my pharmacy with her three-month-old baby. She showed me the inside of the baby's mouth, which had a number of elevated creamy coloured bumps, particularly on the top of the tongue and on the baby's cheeks. From my training and experience, it was clear that this was "thrush", a fungal infection common in infants. I knew nystatin drops would alleviate the baby's discomfort – and by extension, the mother's - but couldn't help because I didn't have additional prescribing authorization.

Wishing I could keep the care close to home

I work in a rural pharmacy; the hospital is 40 km away. A gentleman that I have known for several years cut his hand at work on a dirty piece of metal. It was not a serious cut and had been thoroughly washed, but his wife was concerned about his lack of adequate tetanus coverage. Further investigation revealed that his last tetanus booster was more than 20 years previous. I reviewed the risks of tetanus with him. This man had no prior allergies to any medications and had no previous recollection of adverse reaction to an injection immunization or otherwise. He was concerned about the tetanus risks but did not want to drive to the nearest hospital to sit and wait in emergency. The public health clinic was closed. To be safe, the man had no choice but to drive to the hospital.

Trying to take the sting out of a "cold sore"

Just today I had a father enquiring about a cold sore treatment for his son. By questioning, I learned that the teenage lad had never had a cold sore before nor had either parent. I suspected that it was impetigo. When I assessed the son, he had a cornflake-like scab on the left side of his mouth; this confirmed my suspicions. It was Labour Day and mine was the only pharmacy open. My hands were tied even though I felt competent to prescribe a topical treatment such as fusidic acid cream or mupirocin. (See the example record of care and narrative for this scenario on page 10.)

“Just the facts, ma’am”

This famous phrase is attributed to Dragnet’s Joe Friday. We’re borrowing it here because that’s exactly what we want to pass on to you – the facts and nothing but.

As with anything new, sometimes it seems easier to learn from others rather than going directly to the source (in this case, the Guide to Receiving Additional Prescribing Authorization). Unfortunately, sometime the “others” don’t always have the story straight. Following are some misconceptions we keep hearing, followed by “just the facts.”



Fiction: You can’t qualify if you work in an everyday community pharmacy.

FACT: Authorization is attainable for pharmacists who work in a variety of settings, are from all different educational backgrounds, and who have different kinds of needs and experiences.

If you practice and document according to the *Standards for Pharmacist Practice*, you should already have most of what you need to apply for additional prescribing authorization.

See Appendix A in the *Standards for Pharmacist Practice* for documentation requirements. Chances are you are already collecting all the information, but may just need a more systematic method of recording it.

Fiction: You can only prescribe for the conditions or the disease state(s) that you listed in your application.

FACT: Prescribing is not limited to the conditions indicated in your application.

This authorization is not a specialist designation. Pharmacists with additional prescribing authorization may prescribe any Schedule 1 drug (except narcotics and controlled substances) for any condition as long as they adhere to the fundamentals for all pharmacist prescribing. These fundamentals include:

- ensuring individual competence,
- having appropriate information and informed consent,
- prescribing for approved indications,
- documenting, and
- notifying other health professionals.

The application process is designed to ensure that you understand the process and requirements of prescribing and practice accordingly. On the application form, identifying the area(s) in which you intend to prescribe simply puts your application (your experience, knowledge and practice setting) into context for the assessors.

The following anecdote is from a pharmacist who holds the additional prescribing authorization. Her application identified diabetes as her intended area of prescribing. When we reconnected with her several months after granting her authorization, she recalled this situation.

“I had a patient come into the pharmacy late on a Friday night, who was in clear need of an antiviral for a cold sore. The patient informed me that an antiviral had been prescribed in the past for the same ailment. I assessed the patient and was able to prescribe a treatment. In situations like these, being able to offer quick and effective treatment makes things easier for patients.”

continued on page 4

Fiction: You have to be a specialist or have an advanced degree.

FACT: You do not need to be a specialist to qualify for additional prescribing authorization, nor does receiving it make you a specialist.

Any clinical pharmacist, in any practice setting, who has at least two years’ experience providing direct patient care is eligible to apply.

You may apply for additional prescribing authorization if you have the necessary competencies (knowledge, skills and attitudes) and clinical judgment as well as the required supports in your practice (e.g., access to information, communication, documentation processes) to enable you to safely and effectively manage patients’ drug therapy.

Fiction: Care plans need to be lengthy and elaborate and take a lot of time to build.

FACT: Care plans simply need to demonstrate that you “walk the talk.”

Assessors do not know you or your practice. Therefore, you must provide the evidence they need to be sure that you perform the key activities necessary for safe, effective, and responsible prescribing.

The application asks you to submit examples of the documentation that you routinely do as part of your practice. If you document according to the *Standards for Pharmacist Practice*, you already have the material that we refer to as a “care plan”.

Assessors evaluate these care plans against the indicators for each of the key activities of pharmacist practice that can be found in Appendix 1 of the *Guide to Receiving Additional Prescribing Authorization*.

Think of an assessor like your co-worker who may continue caring for your patients in your absence. What do they need to know about your assessment of the patient, what you did, how you came to that decision, and what your follow-up plan is? That is your care plan.

See “Tips for your application” on page 6 and “The documentation mystery: Solved” on page 8 for more information about care plans.

Fiction: Collaboration letters are letters of endorsement.

FACT: Collaboration letters are not letters of support or endorsement.

And they’re not even really letters! They are the form on page 34 of the *Guide to Receiving Additional Prescribing Authorization*. The health professionals simply need to “fill in the blanks.”

Request for Letter of Collaboration

NAME OF THE APPLICANT:		
I HAVE WORKED WITH THIS INDIVIDUAL FROM:		
	(MONTH/YEAR)	TO (MONTH/YEAR)
EXAMPLE OR DESCRIPTION		
The applicant communicates with me in an effective and constructive manner.	<input type="radio"/> YES <input type="radio"/> NO	
The applicant shares relevant patient health information with me.	<input type="radio"/> YES <input type="radio"/> NO	
The applicant and I determine mutual goals of therapy that are acceptable to the patient.	<input type="radio"/> YES <input type="radio"/> NO	
The applicant and I establish the expectations we have of each other when working with a mutual patient.	<input type="radio"/> YES <input type="radio"/> NO	
ADDITIONAL COMMENTS (IF REQUIRED). PLEASE USE ADDITIONAL PAPER IF NECESSARY.		

Fiction: Collaboration letters must prove you have complex or exclusive agreements or contracts with physicians.

FACT: Collaboration letters are simply to confirm that you have open lines of communication with other health professionals.

The letters of collaboration are only to confirm productive and dependable two-way communication between you and the other health professionals who care for the same patient. To meet the application requirement for proof of collaborative relationships, all you need to submit are two copies of the form completed by two regulated health professionals (other than pharmacists), one of whom is an authorized prescriber.

Fiction: Tests, interviews, and site visits are part of the application process.

FACT: There are no interviews, practice visits, or tests as part of the application process.

Note that this also means you won't have a chance to elaborate on or explain the information in your application. You need to make everything clear to the assessors through your written package.

Fiction: You can just wait for the course on prescribing.

FACT: There is no course.

Every pharmacist, practice setting, and experience is different, and every pharmacist's application is unique to their practice so no one course could ever fit the bill for everyone. Submitting an application is the only way to apply for additional prescribing authorization.

Fiction: If you only prescribe by protocol then you don't need additional prescribing authorization.

FACT: Additional prescribing authorization is required if you are using your judgment to assess a patient and initiate drug therapy or alter drug therapy to manage a medical condition.

Since pharmacists have the authority to prescribe, a protocol does not replace the need for additional prescribing authorization. For example, if you are reviewing INR results, interpreting what they mean for medication management and then prescribing the new dose, you are prescribing to manage ongoing therapy and therefore require additional prescribing authorization, even if you work in a hospital.

Fiction: You don't need to change because pharmacy practice isn't changing.

FACT: Pharmacy practice *is* changing – and sooner than you think.

Dispensing may keep you very busy now, but that may not be the case for much longer. In 2010, pharmacy technicians will become regulated and will be able to take on much of the work of dispensing. Compare the charts below to see how your workload may shift.

As technicians take on more of the dispensing role, how will you reallocate your time to offer value to your patients and your employer? With additional prescribing authorization, you can offer a higher level of care to your patients, practice as the medication expert you are trained to be, and provide a unique value to your employer.

This monumental shift is happening next year. Will you be ready?

Workload shift



	<i>Write prescription</i>	<i>Assess appropriateness of prescription</i>	<i>Process prescription</i>	<i>Update patient profile</i>	<i>Prepare product</i>	<i>Complete final check</i>	<i>Counsel patient</i>
Current (no regulated technicians)							
Possible future (regulated technicians)							

Tips for your application...

and some words of wisdom from assessors

The application process opened in March 2008. As pharmacists become more confident with their new scope of practice, and as practicing to the new standards becomes more routine, we have noticed that first-time applications are more often successful. As part of the review, assessors provide applicants with useful feedback. Here are some of their most common observations that may be helpful when you start to put your application together.

✓ TIP #1

Follow the *Guide to Receiving Additional Prescribing Authorization*

The guide really is the “how-to” manual for the process. It takes you through the process step by step. The guide:

- walks you through your self-assessment. This should be your first step because the assessment identifies your readiness to apply.
- provides tips for each section of the application. The tips tell you exactly what information assessors will be looking for. This takes the guesswork out of the process!
- devotes two pages to instructions on preparing care plans and writing narratives (pages 19 and 20).
- contains three pages of answers to frequently asked questions.

✓ TIP #2

The less assessors have to infer, the more successful an application is likely to be

You must provide assessors with evidence that you regularly perform each of the key activities. That does not require volumes of paper. It means submitting copies of actual documentation from patient records or charts that show evidence of you performing indicators listed for each key activity in Appendix 1 of the *Guide to Receiving Additional Prescribing Authorization* and clearly directing assessors to that evidence.

When applicants take the time to flag, label, highlight or otherwise point to aspects within their documentation that proves their practice of, or involvement with, each indicator listed in Appendix 1 of the *Guide to Receiving Additional Prescribing Authorization* then assessors are more likely to have a clear understanding of their practice and are better able to accurately assess the care the applicant provides.

It is equally important to balance clarity with brevity and genuine evidence. You are encouraged to provide short narratives to connect your clinical decisions to the documentation if it is not self-evident.

Think of an assessor like your relief pharmacist who will continue caring for your patients in your absence. What do they need to know? That is your care plan.

✓ TIP #3

Provide evidence that you take ownership of a decision and that you collaborate

It is important to display evidence of team work; however, your application is largely your opportunity to show what you do - the clinical decisions you make or would make, your contributions and your ability to affect positive outcomes for your patients.

It is also important to demonstrate balance between your confidence, your decisions and your awareness of the limits to your knowledge, skills and abilities.

Here are some quotes directly from applications that assessors noted to be strong indications of ownership and decision making:

“I determined that continuing with a 7.5 mg daily dose of warfarin would put her at risk of an elevated INR. I contacted the physician and ...”

“I negotiated with Mobile lab services to perform blood draws for lab testing to improve access to appropriate monitoring.”

When strong clinical decisions were evident, assessors noted:

“It was important to read how the pharmacist made prescribing decisions that took into account the patient’s actions and decisions. This shows the pharmacist is able to choose and justify her decisions outside of protocols under unique circumstances.”

“The applicant has cited the sources of information that support her decision-making.”

When evidence of independent decision making was weak, assessors wrote the following feedback.

“I would have liked to have seen evidence that your assessment was rationalized based on patient-specific factors. I am uncertain if you are following protocols only or using clinical judgment in collaborating with the physician.”

“It is clear that many decisions are driven by protocols/guidelines. It is not always clear where the applicant has applied critical thinking skills in situations that do not fit the guidelines/protocols.”

“You did not provide your rationale for some of your decision making. This is where a narrative would have been helpful.”

✓ TIP #4

Show evidence that you have taken time to establish **mutual** goals with your patient

Often an applicant’s conversations with the patient are inferred in their application. Assessors look for evidence of your conversation that established mutual goals with your patient.

Here are some assessor comments:

“I appreciate the documentation of patient concerns and expressed replies. This helps establish evidence that the patient was actively involved in planning care.”

“I would have appreciated some documentation of any questions the patient asked or any concerns he expressed as this would have clearly shown me that he was given an opportunity to express his concerns. Simply documenting “patient had no questions” would eliminate the need to infer that an opportunity for questions was provided.”

✓ TIP #5

Make it clear that there was collaboration with other health professional(s)

Assessors are looking for concrete evidence of:

- how **you** work with other health professional to establish mutual goals in therapy for your patients,
- how **you** ensure effective sharing of patient information,
- how **you** ensure ongoing effective communication with other health professionals,
- how these relationships have helped **you** to enhance patient safety, and
- how **you** ensure that expectations of each participant in the collaborative relationship are clear.

The key to a complete response is **you**. Assessors will be looking in your care plans for confirmation that you practice what you describe in your answer to Question 10 on the application form. Here are their comments from previous applications.

“This was a good example of working with other health care practitioners and modifying care plans based on various changes in circumstances.”

“I would like to see how you work together on a day-to-day basis to contribute to patient safety and positive outcomes.”

“The obvious collaboration present within this clinic provides an excellent example of how patients benefit from health professionals working together with the best care of the patient at the core.”

So, what is the key to good applications?

Remember that the assessor does not know you, your practice, or your patients. Therefore, the key, as demonstrated in all these examples, is that **you must provide evidence**, in the form of actual patient care documentation, which shows you are practicing in a way that includes all the key activities and indicators outlined on page 26 of the *Guide to Receiving Additional Prescribing Authorization*. You must then clearly **link that evidence** to the actions you describe in your narrative.



The documentation mystery: Solved

Thorough documentation is not just required when prescribing; it's critical every time you make a decision affecting patient care – even if your decision is to not take any action. As pharmacist practice becomes more patient care centred, and patient care becomes more collaborative, it is crucial that all caregivers record their decisions so that everyone is in the loop. Good documentation is key to ensuring safe, effective, and responsible patient care.



What is required?

The *Standards for Pharmacist Practice* require that you:

- gather information about the patient,
- identify drug-related problems,
- evaluate alternatives and make recommendations to the prescriber for a change in therapy, either directly or through the patient,
- monitor to determine whether the change solved the drug-related problem, AND
- document your actions and rationale.

These requirements are detailed in Appendix A of the Standards (shown on page 9 in this document). If your documentation meets these requirements, you likely have the evidence required to complete an application for additional prescribing authorization.

What are the critical questions?

Your documentation needs to answer these four questions:

1. What was the issue or concern?
2. What did you do or not do?
3. Why?
4. What needs to be done to follow up and by whom?

In many cases the documentation will be a record of what you are already doing in

your practice. It should provide enough information to allow another pharmacist or other health professional to care for the patient in your absence.

What is a care plan?

The application requires evidence that you regularly perform each of the key activities outlined in the *Guide to Receiving Additional Prescribing Authorization*. You must present evidence of the care you have provided for three separate patients. This evidence includes:

- copies of the actual notes you made and records you referred to at or near the time the care was provided, and
- narrative statements that connect your notes, records, actions and clinical decisions to the key activities that comprise safe, effective pharmacist prescribing.

In the application process, these elements combined make up a care plan.

What should a care plan include?

One of the ways in which assessors will determine whether you practice at the level necessary for additional prescribing authorization is by evaluating the care you have provided to actual patients in your practice.

There are several approaches to care plans. ACP has deliberately not provided examples because we want to allow you

the freedom to use the design that best fits your practice. The care plans you use will depend on several factors, including the complexity of the case, the length of time you have provided care to the patient, manual or electronic documentation systems, your type of practice (e.g., hospital, community or primary care network), and your site or individual preferences.

Regardless of the actual method of documenting, care plans should include:

- all relevant patient information;
- identification and prioritization of actual and potential drug-related problem(s) (DRPs);
- realistic, achievable objectives for each DRP selected for intervention, including therapeutic alternatives considered and the advantages and disadvantages of each;
- implementation of the care plan, including the monitoring plan;
- communication with other health care providers; and
- monitoring and documentation of outcomes.

When assessing a care plan, assessors are looking for evidence of each of the key activities and indicated listed in Appendix 1 of the Guide to Receiving Additional Prescribing Authorization.

continued on page 10

Appendix A Patient Record Requirements

Element of Record	Required Information	Form of the Record
Patient Demographics	Patient demographics <ol style="list-style-type: none"> the patient's name, address and telephone number, if available the patient's date of birth the patient's personal health number (PHN) the patient's gender any known drug allergies, drug sensitivities and other contraindications and precautions disease states and chronic conditions weight and height, if applicable pregnancy and lactation status, if applicable 	Electronic
Drug Profile	Schedule 1 drugs dispensed <ol style="list-style-type: none"> the name of the patient for whom the drug was dispensed or sold the name of the prescriber of the drug the date the drug was dispensed or sold the name, strength, and dosage form of the drug dispensed or sold the DIN of the drug dispensed or sold the quantity of drug dispensed or sold route of administration and directions for use unique prescription and transaction numbers the number of refills and interval between each refill, if applicable 	Electronic
Drug Profile	Schedule 2 drugs sold <ol style="list-style-type: none"> the name of the patient for whom the drug was dispensed or sold the date the drug was sold the name, strength, and dosage form of the drug sold the DIN of the drug sold the quantity of drug sold a unique prescription or transaction number identification of the selling pharmacist 	Electronic
Record of Care	Drug-related problem identified and/or interventions, monitoring plans or actions related to drug-related problems <ol style="list-style-type: none"> drug-related problem identified including whether it is actual or potential a summary of information provided to the patient a summary of any consultations with other health professionals, if applicable a summary of any recommendations made, if applicable a follow up plan that is sufficiently detailed to monitor the patient's progress and ensure continuity of care by other regulated health professionals or caregivers, if applicable; any additional information that is necessary for colleagues to provide care the date of the action identification of the pharmacist who made the intervention or provided the care 	Electronic or written
Record of Care	Other information <ol style="list-style-type: none"> information about prescriptions that were invalidated or not filled a summary of any consultations with other regulated health professionals about the patient 	Electronic or written
Record of Care	Prescription adapted <p>A pharmacist who adapts a prescription must record:</p> <ol style="list-style-type: none"> that the prescription has been adapted the nature of the adaptation the rationale for the adaptation the date of the adaptation identification of the pharmacist who adapted the prescription the date and method of notification of the original prescriber as required under standard 12.9 	Electronic or written
Record of Care	Drugs prescribed under section 16 (1)(g) and sections 16(3) or (4) of the <i>Pharmacists Profession Regulation</i> <p>A pharmacist must document:</p> <ol style="list-style-type: none"> the circumstances under which the drug was prescribed the rationale for prescribing a summary of the pharmacist's assessment of the patient the complete prescription information as described in standard 5 a follow-up plan that is sufficiently detailed to monitor the patient's progress and ensure continuity of care by other regulated health professionals or caregivers, if applicable any additional information that is necessary for colleagues to provide continuity of care the date of the prescription identification of the pharmacist the date and method of notification of other regulated health professionals 	Electronic or written
Record of Care	Drugs administered by injection <ol style="list-style-type: none"> drug, dose and route of injection site of injection patient response patient counselling provided adverse reactions, if any, and management plans for follow up date of injection identification of the pharmacist who administered the drug 	Electronic or written

Example record of care for “Trying to take the sting out of a cold sore” scenario (page 2)

The following is an example of documentation that may have been created in the record of care portion of the patient’s record as a result of the pharmacist’s encounter with the teenage patient who requested treatment for a cold sore.

A record of care must include the minimum information required by the *Standards for Pharmacist Practice* for documentation of a drug-related problem. However, it may not provide complete information about your relationship with the patient, how you conducted your assessment, the thought processes that led to your decision, etc. This is why applicants for additional prescribing authorization are asked to provide a narrative statement to accompany the examples of records that they submit.

This simple situation is provided for illustrative purposes only. When choosing patients or patient encounters to submit as care plans, you will want to ensure that you provide examples that are representative of your practice and that demonstrate evidence that you have completed each of the required key activities.



Example record of care

Record of Care

Patient Name: [REDACTED]

Date of Birth: Aug 23, 1993

PHN: [REDACTED]

Ht: Wt:

Allergies: No Known Allergies

Chronic Conditions: None

Entry date: Sept. 1, 2008

Entered by: BAJ

Drug Therapy Problem: Untreated Condition

- Pt. arrived at pharmacy with dad seeking advice on treatment for a bad cold sore that appeared suddenly and got “really bad.”
- Pt. otherwise well
- No history of cold sores for [REDACTED] or immediate family
- Sore = “cornflake like” flake/scab immediately left of mouth
- Impression – impetigo
- Follow up: Instructed patient to apply warm compresses 10-15 min. 2-3 X/day for symptomatic relief; avoid transmission; and to see Dr. for topical antibiotic

Entry date: Sept. 2, 2008

Entered by: BAJ

- Pt presents prescription for mupirocin tid X 7 days - Dr. Noble
- Pt counseled to contact me or Dr. Noble if no improvement in 2 days or if condition worsens. Otherwise complete full course of therapy.
- Pt counseled on side effects that may occur - itching, burning, erythema, stinging and dryness – but that occurrence of these probably would not require discontinuation.

Example narrative

This narrative description of the same situation is also provided to give you an idea of the kind of additional information that assessors will need to complete their evaluation. Some applicants even highlight or note where they believe they have addressed each key activity.

Editor's note: *These are only two excerpts from a care plan. To assemble a complete care plan, you will want to include any relevant test results, chart notes, records of communication with the family physician, etc.*



Still have questions about documentation?

- Look to *The Orientation to Your New Practice Framework* – Sections 9.2.5, 13 and Appendix D (https://pharmacists.ab.ca/document_library/orientation_final.pdf)
- See the examples from the IMPACT (*Integrating family Medicine and Pharmacy to Advance Primary Care Therapeutics*) site – www.impactteam.info/
- View NAPRA's Pharmacy Practice Resources for care plan tools and documentation resources – www.napra.org/docs/0/95/157.asp
- *Documentation Guidelines for Pharmacists 2004* from the Ontario College of Pharmacists [www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Documentation+Guidelines+for+Pharmacists+2004/\\$file/Document_Gudelines.pdf](http://www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Documentation+Guidelines+for+Pharmacists+2004/$file/Document_Gudelines.pdf)
- Watch for the *Patient Skills Boot Camp* course coming soon from Continuing Education, Faculty of Pharmacy and Pharmaceutical Sciences, U of A.

Example of narrative

Patient is a 15 yr old male. He and his family have been patients at our community pharmacy for several years. He has no chronic conditions, no known allergies and a very limited medication profile consisting of two occasions over the past 6 years where he received an antibiotic for upper respiratory tract infections.

Comment [d1]:
Activity A – Patient relationship

Sept. 1, 2008

Patient presented with his father requesting advice on a treatment for a “really bad cold sore.” I observed the sore which was immediately left of his mouth. It appeared dry and crusty with a cornflake-like scab. I suspected it might be impetigo rather than a cold sore. Questioning of the patient revealed that neither the patient nor any member of his immediate family had ever had a cold sore before. The patient denied any tingling sensation prior to the appearance of the sore. When asked if he remembered whether there might have been a tiny blister at the corner of his mouth prior to the sore developing he said he thought there might have been in the days previous. Further questioning revealed that he had no additional sores, was feeling well otherwise, and had had no fever or other symptoms.

Comment [d2]:
Activity B – Assess Patient

I explained to the patient that I thought that he had impetigo, an infection of the skin, rather than a cold sore. I advised that soaking with warm compresses may relieve symptoms somewhat; however, impetigo is infectious so my advice would be to visit his doctor. I suggested that he explain to the doctor that he had discussed the condition with me, that I believed it may be impetigo and that I thought that mupirocin or fusidic acid ointment may be required. (Treatment options for impetigo confirmed in Therapeutic Choices.) Finally, I suggested that he refrain from sharing washcloths or towels with other family members to prevent spread of the infection.

This drug-related problem was documented on the record of care portion of the patient's record. (See Page A2)

Note: If I had additional prescribing authorization I would have prescribed mupirocin ointment, documented accordingly in the patient record and sent a notification to his family physician.

Comment [d3]:
Activity E – Document

Sept. 2, 2008

Patient returned with a prescription for mupirocin ointment (See Page A3). Prescription was filled. Patient was counseled to apply the ointment three times a day for the full 7 days as prescribed. Patient also instructed to contact me or his doctor if there are no signs of improvement in 2 days, if the area around the sore becomes red or uncomfortable, if he develops a fever or starts feeling otherwise unwell.

Step-by-step guide to applying

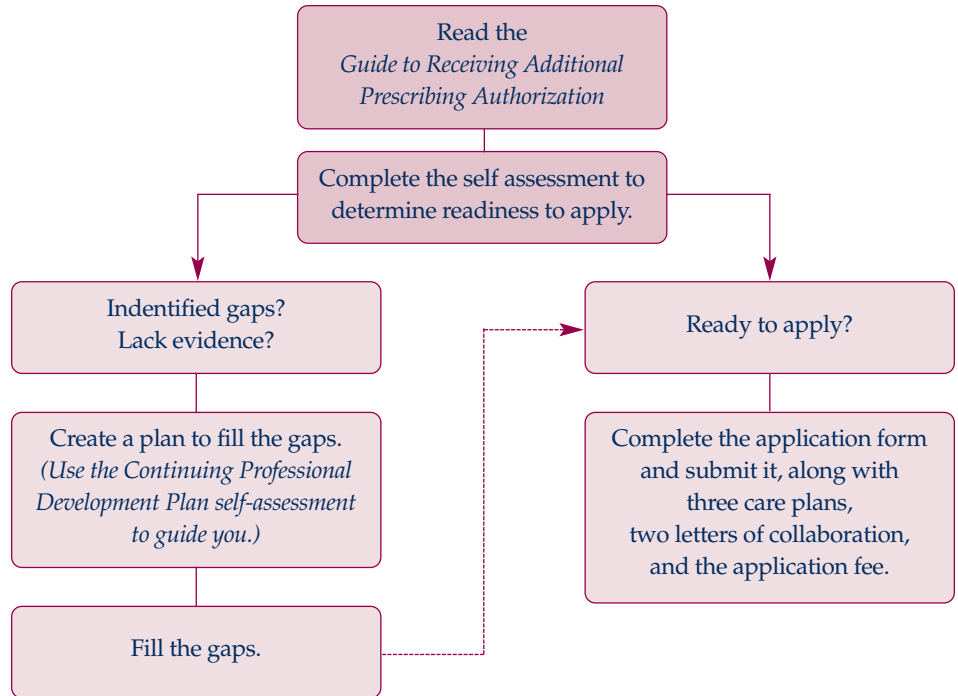
Who can apply?

You may apply for additional prescribing authorization if you:

1. Are a pharmacist in good standing on the clinical register of the Alberta College of Pharmacists.
2. Have at least two years full-time experience (or the equivalent*) in direct patient care.
3. In the last five years, have completed education or training related to the area(s) in which you anticipate prescribing.
4. Have developed collaborative relationships with at least two regulated health professionals who are not pharmacists, one of whom is an authorized prescriber.
5. Have the necessary competencies (knowledge, skills and attitudes) and clinical judgment as well as the required supports in your practice (e.g., access to information, communication, documentation processes) to enable you to safely and effectively manage patients' drug therapy.

* A one-year residency is considered equivalent to two years in direct patient care.

How do you apply?



Where can you look for help?

Look no further than the ACP website homepage. Click on *Additional Prescribing Authorization Information* in the Bulletin Board section of the homepage (pharmacists.ab.ca) to find:

- *Guide to Receiving Additional Prescribing Authorization* (note: it includes FAQs on pages 22-24)
- Tips and Observations from Assessors
- Additional Prescribing Authorization FAQs
- Self-assessment form
- Application form

You may also contact Margaret Morley, project leader for Quality Pharmacist Practice by:

Phone: 780-990-0321
or toll free at 1-877-227-3838

Email: margaret.morley@pharmacists.ab.ca



alberta college of pharmacists

