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**New Brunswick College of Pharmacists**  
**Ordre des pharmaciens du Nouveau-Brunswick**

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# POLICY: Collaborative Practice Agreements

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## TERMINOLOGY

“Collaborative practice” means a practice setting in which a pharmacist works closely and cooperatively with one or more health professionals.<sup>1</sup>

“Collaborative practice agreement” (CPA) means a written agreement between a pharmacist or pharmacists, and one or more health professionals.<sup>1</sup>

## PURPOSE

The document provides information on the expectations of pharmacists when they are prescribing, and participants in a Collaborative Practice Agreement, by describing the:

- requirements for pharmacist prescribing within a CPA;
- expectation for self-assessment of learning needs prior to undertaking participation in a CPA; and
- process for receiving approval from the College to participate in a Collaborative Practice Agreement.

## INTRODUCTION

Pharmacist prescribing in a collaborative model can improve access to care by leveraging their knowledge and skills within a team-based environment. Collaborative practice agreements create a formal practice relationship between pharmacists and other health-care practitioners, whereby the pharmacist assumes responsibility for specific patient care functions that are otherwise beyond their practice authority but aligned with their education and training.<sup>2</sup>

The *New Brunswick Pharmacy Act, 2014* allows pharmacists to practice under a Collaborative Practice Agreement with other health professionals. The pharmacist(s) may participate in the practice of ordering, managing and modifying drug therapy according to a written collaborative practice agreement between the pharmacists and authorized prescribers who are responsible for the patient’s care.

One of the circumstances in which a pharmacist is authorized to prescribe is, “...collaborative practice (enabled through a Collaborative Practice Agreement...” (Regulation 21.3(d)<sup>1</sup>).

Regulation 21.7 continues with further information on collaborative practice:

21.7 A pharmacist in collaborative practice may prescribe medications and treatments as outlined in a collaborative practice agreement if:

- (a) the collaborative practice agreement is with an authorized prescriber, and in a format acceptable

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<sup>1</sup> <https://nbpharmacists.ca/wp-content/uploads/2023/07/2023-REGS-bilingual-July-19-2023-Formatted.pdf>

<sup>2</sup> <https://www.accp.com/docs/positions/misc/NASPACPAWG.pdf>

to Council;

(b) the pharmacist has successfully completed any other requirements specified by Council; and

(c) the pharmacist notifies the College of any change to a previously confirmed agreement within (seven) 7 days.

## 1. REQUIREMENTS

Collaborating pharmacists and health-care professionals are encouraged to review and/or renew their CPAs within a timeframe that is appropriate. The College must be notified of changes made to a previously confirmed agreement within 7 days of that change (Regulation 21.7(c)). Pharmacist(s) and other health-care professional(s) may specify the level of patient involvement in the CPA. Depending on the level of service, elements such as informed consent, written consent or opt-out provisions may be appropriate, as determined by the parties to the agreement. Collaborating pharmacists and health care practitioners are to conform to evidence-based treatment guidelines and the agreed upon process of care with regards to the documentation requirements.<sup>3</sup>

Agreement proposals are to be sent to the College for review and approval using Appendix B. Below is information that is required:

- Names and contact information and credentials of CPA team members;
- Practice Model and Organization of Care – specify the type of team and how patient care will be organized;
- Request(s) for Letter of Collaboration (See Appendix C);
- Roles and responsibilities of CPA team members – based upon an understanding of each team member’s practice area, define each CPA team member’s roles and responsibilities;
- Coordination of care – agree on who is responsible for coordination of care and team leadership, and specify the decision-making processes;
- Accountability – describe each team CPA member’s accountability;
- Limits – specify any limits to practice for team members;
- Education – specify any additional education or training needed, beyond the principles outlined below in Section 3;
- Location – describe where the care is to be provided;
- Contingency plan – determine the obstacles to care and how the team will address them;
- Documentation – agree on documentation protocols and procedures, consistent with College requirements<sup>3 4</sup>;
- Communication – agree on communications protocols and procedures;
- Technology - agree on the utilization of technology for documentation and communication;
- Quality Assurance activities - evaluation processes, reporting and analysis of incidents, improvement plans and monitoring/follow-up after an incident; and

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<sup>3</sup> <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-MSOP-Feb-2022-EN-final.pdf>, Section 3.4-3.5

<sup>4</sup> <https://nbpharmacists.ca/wp-content/uploads/2023/07/2023-REGS-bilingual-July-19-2023-Formatted.pdf>, Sections 17 and 21-23

- Agreement terms – provisions to specify the term of the agreement and continuity provisions.<sup>4</sup>

## **2. EDUCATIONAL REQUIREMENTS**

Depending on the type of patient care being provided under a CPA, it may be appropriate for the pharmacist to have additional education or training, as part of continued competence.<sup>3</sup>

All pharmacy professionals have a professional responsibility to remain current in the clinical areas in which they practice (See Domain 2: Knowledge and expertise, in NAPRA's MSOP document<sup>5</sup>). If individual practitioners determine that continuing education requirements are appropriate for their clinical arrangement, those requirements may be specified in the agreement.

A pharmacist prescribing in situations where the diagnosis is supported by a CPA must take steps to ensure they have attained the necessary competence to provide appropriate care to patients. This should include but is not limited to:

- undertaking additional education;
- reviewing clinical guidelines; and
- researching primary literature.<sup>6</sup>

## **3. RECEIVING APPROVAL FROM THE COLLEGE**

Prior to engaging in a Collaborative Practice Agreement, pharmacists must provide the following to the College:

- Completed Collaborative Practice Agreement (Appendix B)
- Completed Request(s) for Letter of Collaboration (Appendix C)

After review, and receipt of College approval for the Collaborative Practice, pharmacist(s) will be advised and the practice model may commence.

## **4. PROOF OF PARTICIPATION IN A COLLABORATIVE PRACTICE AGREEMENT**

Proof of participation in a Collaborative Practice Agreement is publicly available by searching the [public register on the College website](#).<sup>7</sup>

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<sup>5</sup> <https://www.napra.ca/wp-content/uploads/2022/09/NAPRA-MSOP-Feb-2022-EN-final.pdf>

<sup>6</sup> [https://www.nspharmacists.ca/wp-content/uploads/2019/08/Phase-II\\_SOP\\_PrescribingDrugs\\_Feb2019.pdf](https://www.nspharmacists.ca/wp-content/uploads/2019/08/Phase-II_SOP_PrescribingDrugs_Feb2019.pdf)

<sup>7</sup> <https://nbpharmacists.ca/wp-content/uploads/2023/07/2023-REGS-bilingual-July-19-2023-Formatted.pdf>, Regulation

11.7(e)

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Policy: Collaborative Practice Agreement

## APPENDIX A - RESOURCES

INNOVATION IN PRIMARY CARE: Integration of Pharmacists Into Interprofessional Teams:  
<https://www.cfpc.ca/CFPC/media/Resources/Health-Policy/IPC-2019-Pharmacist-Integration.pdf>

Collaborative Practice Agreements: Advance Pharmacy Practice Across the State (Wisconsin):  
[https://www.pswi.org/Portals/94/Resources/Toolkits%20and%20Manuals/CPA/CPA%20Toolkit\\_web.pdf?ver=2020-11-24-153948-797](https://www.pswi.org/Portals/94/Resources/Toolkits%20and%20Manuals/CPA/CPA%20Toolkit_web.pdf?ver=2020-11-24-153948-797)

PHARMACIST COLLABORATIVE PRACTICE AGREEMENTS: KEY ELEMENTS FOR LEGISLATIVE AND REGULATORY AUTHORITY: <https://www.accp.com/docs/positions/misc/NASPACPAWG.pdf>

Saskatchewan College of Pharmacy Professionals: COLLABORATIVE PRACTICE (Prescribing) AGREEMENT TEMPLATE:  
[https://www.saskpharm.ca/document/3386/Collaborative\\_Practice\\_Agrmt\\_Template\\_20170207.pdf](https://www.saskpharm.ca/document/3386/Collaborative_Practice_Agrmt_Template_20170207.pdf)

Collaborative Practice Agreements and Pharmacists' Patient Care Services A RESOURCE FOR PHARMACISTS: [https://www.cdc.gov/dhds/pubs/docs/translational\\_tools\\_pharmacists.pdf](https://www.cdc.gov/dhds/pubs/docs/translational_tools_pharmacists.pdf)

POLICY PHARMACIST PRESCRIBING IN PRACTICE SETTINGS APPROVED BY COUNCIL (NSCP):  
[https://www.nspharmacists.ca/wp-content/uploads/2017/01/Policy\\_PracticeSettingApprovedByCouncil.pdf](https://www.nspharmacists.ca/wp-content/uploads/2017/01/Policy_PracticeSettingApprovedByCouncil.pdf)

STANDARDS OF PRACTICE: Prescribing Drugs (NSCP): [https://www.nspharmacists.ca/wp-content/uploads/2019/08/Phase-II\\_SOP\\_PrescribingDrugs\\_Feb2019.pdf](https://www.nspharmacists.ca/wp-content/uploads/2019/08/Phase-II_SOP_PrescribingDrugs_Feb2019.pdf)

## **APPENDIX B – COLLABORATIVE PRACTICE AGREEMENT FORM**

<https://nbpharmacists.ca/wp-content/uploads/2024/04/Appendix-B-Collaborative-Practice-Agreement-Template-2023.pdf>

## **APPENDIX C – COLLABORATIVE PRACTICE AGREEMENT REQUEST FOR LETTER OF COLLABORATION FORM**

<https://nbpharmacists.ca/wp-content/uploads/2024/04/Appendix-C-Collaborative-Practice-Request-for-Letter-of-Collaboration-2023.pdf>