



Approach to Scope of Pharmacist Prescribing

The New Brunswick College of Pharmacists (the College) is charged with the mandate to govern the practice of pharmacy in the best health interests of the public. The College takes a proactive stance in its responsibility to establish and maintain alignment of the professional regulatory framework with best practices and the public's evolving health-care needs. As the demands on the health-care system continue to grow, it is critical that society can obtain the most from its health-care human resources. It is in the public interest for the College to ensure there are no regulatory barriers to pharmacists and pharmacy technicians bringing the full extent of their knowledge and skills to meeting the public's health-care needs.

The primary role of pharmacists within the health-care system is drug therapy management. Drug therapy management encompasses a broad range of practice activities that include assessing an individual's need for medication and prescribing. A pharmacist undertakes these activities in meeting their professional responsibilities to:

- identify potential and actual drug-related problems;
- resolve actual drug-related problems (independently or in collaboration with other members of a patient's care team); and
- prevent potential drug-related problems.

Ensuring that society benefits from this critical role requires identifying and addressing regulatory barriers that prevent pharmacists from bringing the full extent of their knowledge and skills as overseers of drug therapy to meeting individual and societal health-care needs.

Addressing regulatory barriers may require seeking legislative changes to amend pharmacists' scope of practice. Frequently, however, they can be addressed by amending components of the existing regulatory framework (e.g., standards of practice, collaborative practice agreements) so that pharmacists are better able to leverage their existing scope in collaboration with other health-care professionals. Guided by the College's Review of Scope of Practice Framework, the

College consults with other relevant health professions and carefully considers pharmacists' current and evolving competencies to determine what change, if any, is in the public's best health interest.

When the contemplated scope of practice change pertains to pharmacist prescribing, further guidance can be found in the Competency-Collaboration Framework for Pharmacist Prescribing (Figure 1). This framework outlines the relationship between pharmacists' entry to practice competencies and the additional competencies required to safely and effectively prescribe within their scope of practice.

Pharmacists' foundational competencies already encompass the knowledge, skills, and judgement necessary for medication management and therapeutic decision making. The primary area requiring additional consideration is the assessment of patients for diagnostic purposes. In this area, pharmacists' competencies have traditionally focused on conditions where determining appropriate drug therapy is supported by patient history and inspection, without the need for diagnostic testing.

Recommending drug therapy for these conditions, and providing non-prescription medication, has long been a component of pharmacists' contribution to patient self care and primary health care. The framework therefore recognizes that, with appropriate safeguards and training, these competencies can be expanded to include prescribing for defined conditions within the pharmacist's scope of practice.¹

As such, the College has set out pharmacists' scope of prescribing according to conditions categorized by the extent to which pharmacists' competencies support them in completing a patient assessment and subsequent determination that initiating drug therapy is warranted. The types of prescribing are presented in the Regulations of the New Brunswick College of Pharmacists in the following categories:

- Prescribing for common ailments
- Prescribing for certain conditions

¹ While some pharmacists may have advanced degrees and enhanced prescribing competencies, the NBCP's policy decisions are based on entry-to-practice competencies required broadly of all pharmacists.

- Prescribing non-prescription drugs, treatments and devices
- Prescribing in a collaborative practice (enabled through a Collaborative Practice Agreement)

When competencies required for initiating drug therapy for a condition are beyond those considered to be broadly in place within the profession, the College ensures a full complement of prescribing competencies by explicitly setting out expectations in guidance documents pertaining to:

- additional professional development required to gain competence; and/or
- the extent to which a pharmacist must collaborate with a primary care provider (indirectly or directly) who has the required competence.

Finally, to support the ongoing commitment to ensuring the regulatory framework enables the public to realize the full benefit of a pharmacist's knowledge and skills in meeting their health-care needs, the Regulations includes a provision for Council to enable pharmacists prescribing within the context of an approved research project. The document *Prescribing in Accordance with a Research or Pilot Protocol: Guidance for Research and Pilot Project Teams* outline eligibility requirements for a research or pilot protocol to be approved.

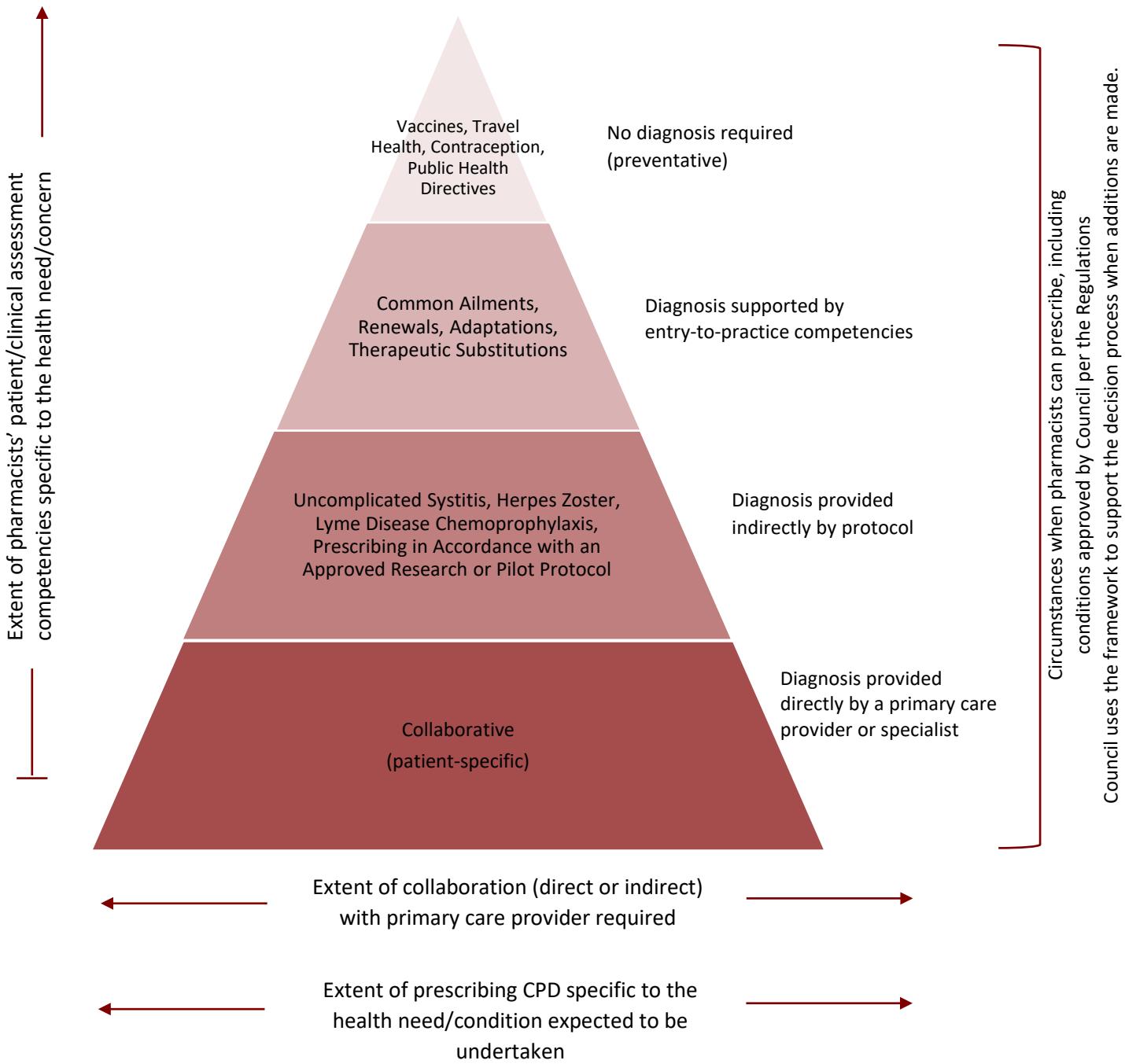


Figure 1: Competency Framework for Pharmacist Prescribing

Figure 1 illustrates the inverse relationship between the extent of pharmacists' patient/clinical assessment competencies for a particular condition, and the extent to which collaboration with a primary care provider (directly or indirectly) and/or supplemental education is required.