



College of Pharmacists
of British Columbia



FRAMEWORK FOR
PHARMACIST PRESCRIBING IN BC

ENGAGEMENT REPORT

November 2017

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INTRODUCTION

The College of Pharmacists of BC is in the final stages of developing a Framework for Pharmacist Prescribing in BC which aims to help protect patient safety and improve patient outcomes.

The Framework for Pharmacist Prescribing in BC is focused on preventing patient harm by reducing preventable drug-related problems and providing safer transitions in care through increased involvement of pharmacists, as medication experts in the delivery of patient-centred collaborative care. Improving medication management and reducing preventable drug-related hospitalizations protects public safety and will improve patient outcomes.

Pharmacist prescribing is proposed to take place through interdisciplinary team-based care where physicians and nurse practitioners would continue to be responsible for the diagnosis, and access to health records and diagnostics, including lab tests, would be facilitated. Certified Pharmacist Prescribers would also be restricted from dispensing medications they prescribed for a patient. The Framework also focuses closely on the benefit to patient care and identifies specific opportunities to prevent patient harm and improve patient outcomes.

After widely seeking input on an initial draft framework for pharmacist prescribing in 2016, the College used the input from patients, pharmacists and other prescribers to develop the new Framework for Pharmacist Prescribing in BC which focuses more closely on collaborative practice.

The second engagement on pharmacist prescribing was conducted through June to October 2017 and sought feedback on the new Framework for Pharmacist Prescribing in BC.

This report consolidates all the feedback received through the second engagement under four key themes:

- Confidence in Pharmacist Prescribing
- Collaboration
- Improving Patient Care
- Support for Pharmacist Prescribing

The results of the second engagement build on the feedback previously received to provide meaningful input from pharmacists, patients, and other health care professionals on how pharmacists prescribing could work in BC to help protect patient safety and improve patient outcomes. This engagement report is intended to help inform the finalization of the Framework for Pharmacist Prescribing in BC and assist the College Board in making a decision on how the College should move forward with this framework.

The College would like to thank everyone who contributed feedback during this engagement.

BACKGROUND

Development of a proposal for pharmacist prescribing dates back to 2010 when the College Board first decided to move forward with a feasibility study. An [initial draft framework](#) was developed in 2015 and used to help facilitate stakeholder engagement in 2016.

During the initial engagement on pharmacist prescribing, the College held over 16 different workshops discussions and meetings and heard from over 25 different stakeholder groups. The College also received over 11,400 comments through its online survey.

The greatest convergence across stakeholder groups surrounded the opportunity pharmacist prescribing could have in providing greater access to care, especially for minor ailments, emergency situations, continuity of care and for patients without a primary care provider. Feedback from pharmacists and other prescribers also highlighted that pharmacist prescribing might work best in interdisciplinary team-based settings where access to more patient information and lab test results, and having a physician or nurse practitioner available to provide a diagnosis, provided respondents with greater confidence in pharmacist prescribing.

See the [2016 Engagement Report](#) for more details on the feedback provided on pharmacist prescribing through the initial engagement.

After reviewing the results of the engagement, the College Board made the decision to amend the initial draft framework by narrowing the scope of pharmacist prescribing to within collaborative practice.

CAVEATS AND LIMITATIONS

The interpretation of the results in this Engagement Report – like many other stakeholder engagements – is subject to limitations and caveats ranging from methodological and survey design challenges, to response bias and response mirroring. These limitations are reasons why the results and analysis could differ from the exact conditions “on the ground”.

However, these limitations do not mean that the feedback is without merit or insight. The results from this stakeholder engagement were rich with insight into the Framework for Pharmacist Prescribing in BC.

Where possible, the analysis completed attempted to account for and mitigate these issues.

SUMMARY

Overall, most stakeholder groups had confidence in pharmacist prescribing in BC. Feedback indicated strong support for implementing pharmacist prescribing to help care for patients from pharmacists, pharmacy technicians, pharmacy students and members of the public. Physicians illustrated strong resistance, while others (such as nurses and nurse practitioners) indicated support for pharmacist prescribing. This pattern was apparent across the four key themes of confidence in pharmacists prescribing, collaboration, improving patient care, and support for pharmacist prescribing.

Feedback was significantly more supportive for pharmacist prescribing compared to earlier feedback in 2016 on the initial draft framework. While previously members of the public were divided over their confidence and interest in pharmacist prescribing, the public responded positively across the areas of confidence in pharmacists prescribing, collaboration and communication, improving patient care, and support for pharmacist prescribing. This is a significant and important change towards the new Framework for Pharmacist Prescribing and its focus on collaborative practice relationships.

While most physicians continued to disagree with pharmacist prescribing, the level of disagreement was less compared to earlier feedback in 2016 on the initial draft framework. There was also strong division between responses from physicians and others in the same category (such as nurses and nurse practitioners). Other health care professionals (excluding physicians) demonstrated support for pharmacist prescribing across their responses. There were also points on which general practitioners demonstrated less disagreement than physician specialists, such as being open to collaborating with a pharmacist prescriber.

The greatest convergence across stakeholder groups surrounded the opportunities for greater collaboration in caring for patients as well as the ability to help protect patient safety and improve patient outcomes. In particular respondents noted that pharmacist prescribing would be beneficial for chronic disease management as well as minor ailments and prescription renewals and increased monitoring and management of drug therapy.

ENGAGEMENT PROCESS



The College followed the [International Association for Public Participation \(IAP2\)](#) best practices in planning and executing the second pharmacist prescribing engagement. The engagement process was communicated to stakeholders, including identifying how the feedback received would be used and how the results of the engagement would be shared – this is part of an effective and transparent engagement strategy and follows IAP2 Core Values.

This engagement was at the level of consult on the spectrum of engagement ([based on IAP2 Participation Spectrum](#)). This means the College has promised to listen to and acknowledge ideas and concerns, and provide feedback on how input affects the decision.

A dedicated pharmacist prescribing web page (bcpharmacists.org/prescribing) was published on the College's website which provided an overview of the proposed Framework, the purpose of the engagement and an outline of the process, as well as results from previous engagements and invitations to participate in the consultation. This engagement report will also be made available through the page.

2016 ENGAGEMENT ON PHARMACIST PRESCRIBING

The initial consultation period ran from February 2016 to August 2016, soliciting feedback on the initial draft framework developed in 2015. This consultation period was comprised of 16 different workshops and stakeholder meetings with over 25 different groups and organizations as well as an online survey which received more than 11,400 comments from over 1,500 respondents.

Analysis and reporting of the results of this initial engagement occurred from September and October 2016, culminating in an Engagement Report that was presented to the College Board at the November 2016 Board Meeting.

The College Board reviewed and discussed the results of the initial pharmacist prescribing engagement at the November 2016 College Board Meeting.

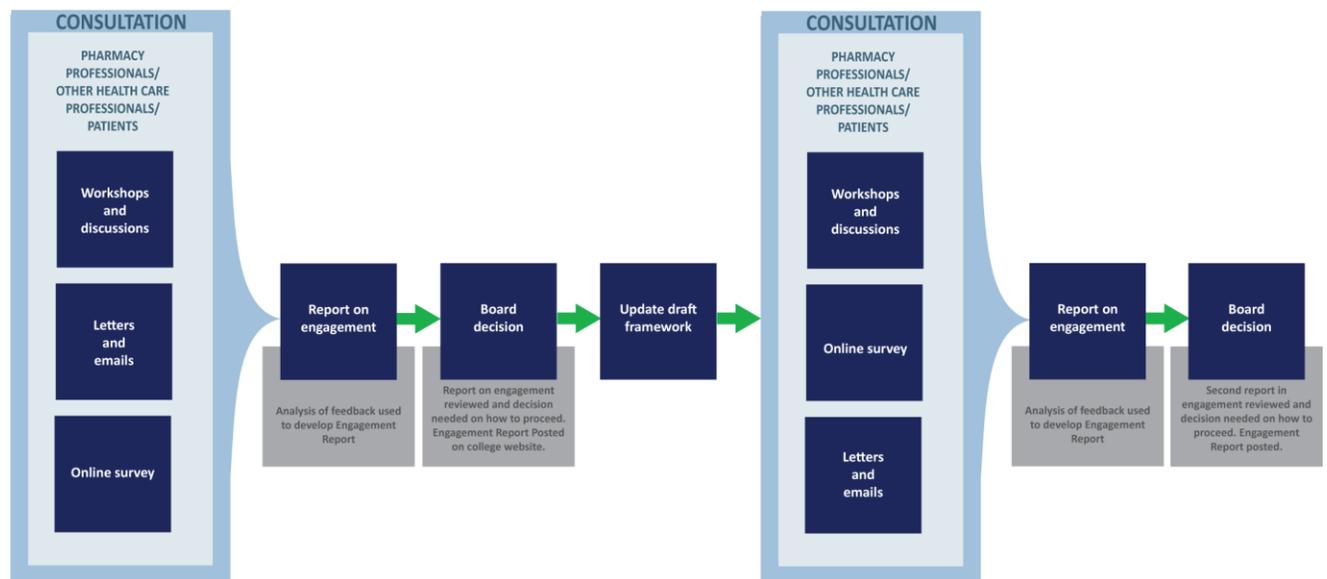
2017 ENGAGEMENT ON PHARMACIST PRESCRIBING

The second engagement on pharmacist prescribing ran from June to October 2017 and consisted of an online survey as well as live engagement sessions.

The online consultation ran from September 21 through to October 8, 2017 and sought feedback from registered pharmacy professionals, patients and other health professionals.

The College also continued to receive letters with feedback from different organizations throughout 2017. This report reflects on the feedback received from June to October 8, 2017.

Pharmacist Prescribing Engagement Process (2016 and 2017)



WHO WE HEARD FROM



The College reached out to patients, pharmacy professionals, pharmacy students and other health professionals as part of the engagement on pharmacist prescribing. Like the initial engagement in 2016, the College continued to receive significant participation during the second engagement on pharmacist prescribing.

We would like to thank everyone who provided feedback during the consultation period, as well as those who helped build awareness of the opportunity to provide input.

ENGAGEMENT OVERVIEW

- 1,122 completed responses through an online survey
- 3 live engagement sessions
- 152 social comments and 471 reactions
- 14 letters*

The College's Online Engagement Survey ran from September 21 to October 8, 2017, inviting pharmacy professionals, patients and other health professionals to provide feedback on pharmacist prescribing in BC. Over 1,120 completed the online survey providing over 10,364 comments to a range of questions on pharmacist prescribing.

The College also hosted live engagements sessions with patients and pharmacy professionals.

Over 30 people joined into the pharmacist prescribing patient session on September 21, 2017, and an additional 255 viewers watched our live-broadcast of the session through the [College's Periscope channel](#).

Other sessions included meeting with the College's Advisory Committees, Canadian Society of Hospital Pharmacists BC Branch and Health Authority Pharmacy Directors.

During the course of the online consultation period there were more than 3,700 visits to the [Pharmacist Prescribing Engagement Page](#) on the College's website.

The College also heard from the BC Cancer Agency, BC Pharmacy Association, Canadian Association of Pharmacy Students and Interns, Canadian Association of Hospital Pharmacists - BC Branch*, Doctors of BC, Fraser Health, Northern Health, Pharmacy Leaders of Tomorrow, Pharmacy Undergraduate Society (UBC), Provincial Health Services Authority, Specialists of BC, Vancouver Coastal, University of British Columbia's Pharmacists Clinic, and the University of British Columbia's Faculty of Pharmaceutical Sciences.

*Note: The Canadian Association of Hospital Pharmacists - BC Branch submission to the College included an additional 69 letters and 185 signatures from health care professionals who indicated they support introducing pharmacist prescribing in BC based on the College's Framework for Pharmacist Prescribing.

SOCIAL ENGAGEMENT

The College also used its social media channels (Twitter, Facebook, Instagram) to share information about the Framework for Pharmacist Prescribing, encourage participation in the online survey and invite people to an in-person patient engagement session.

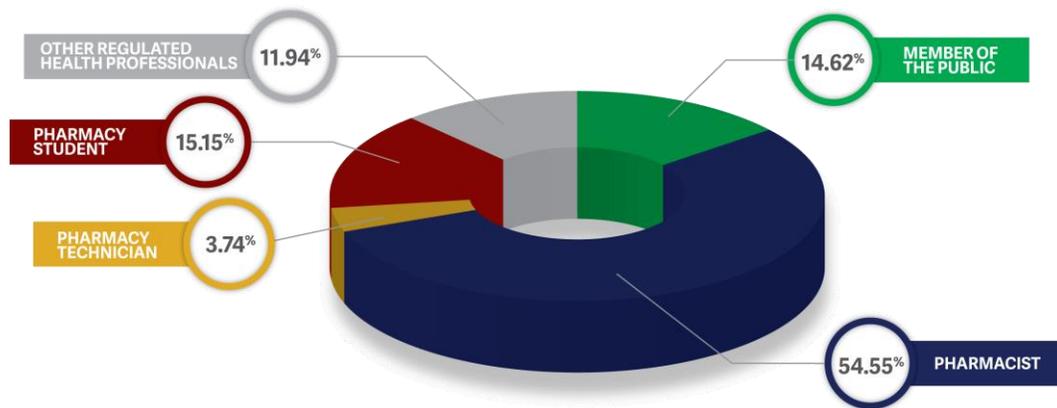
The College reached an estimated 58,000 through Facebook and received over 470 reactions (with more than 90% positive reactions including likes and loves) and over 150 comments. The College also reached over 5,800 on Instagram and over 2,800 on twitter.

ONLINE SURVEY DEMOGRAPHICS

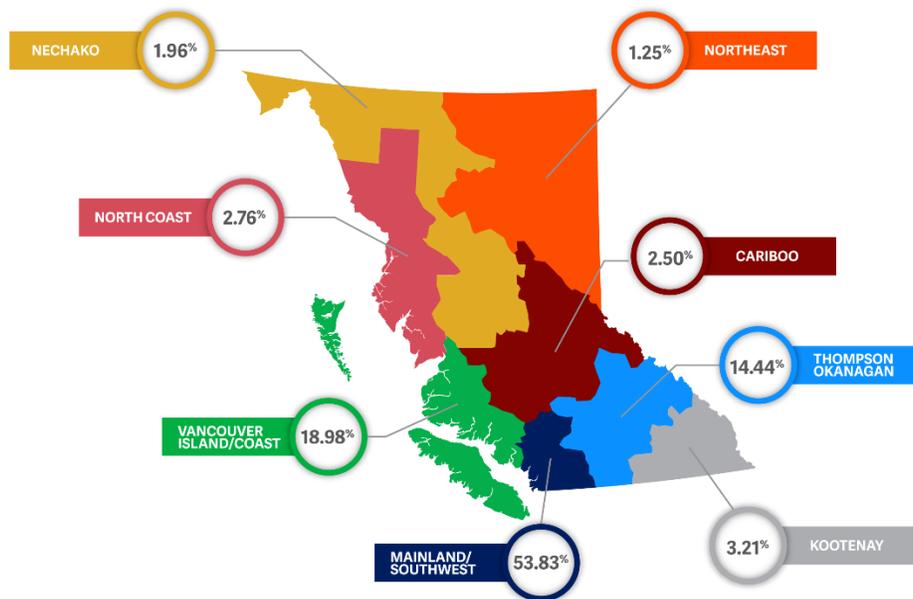
The College asked participants for information including region, community size and gender, in addition to health profession details to help provide meaningful data through the survey and review the diversity in respondents.

The College asked survey respondents to identify if they were a pharmacist, pharmacy technician, pharmacy student, member of the public or other healthcare professional.

While most responses came from registered pharmacists (54%), the College received many responses from both members of the public (14%) and other health professionals (11%). Pharmacy students also made significant contributions to the survey (15%).



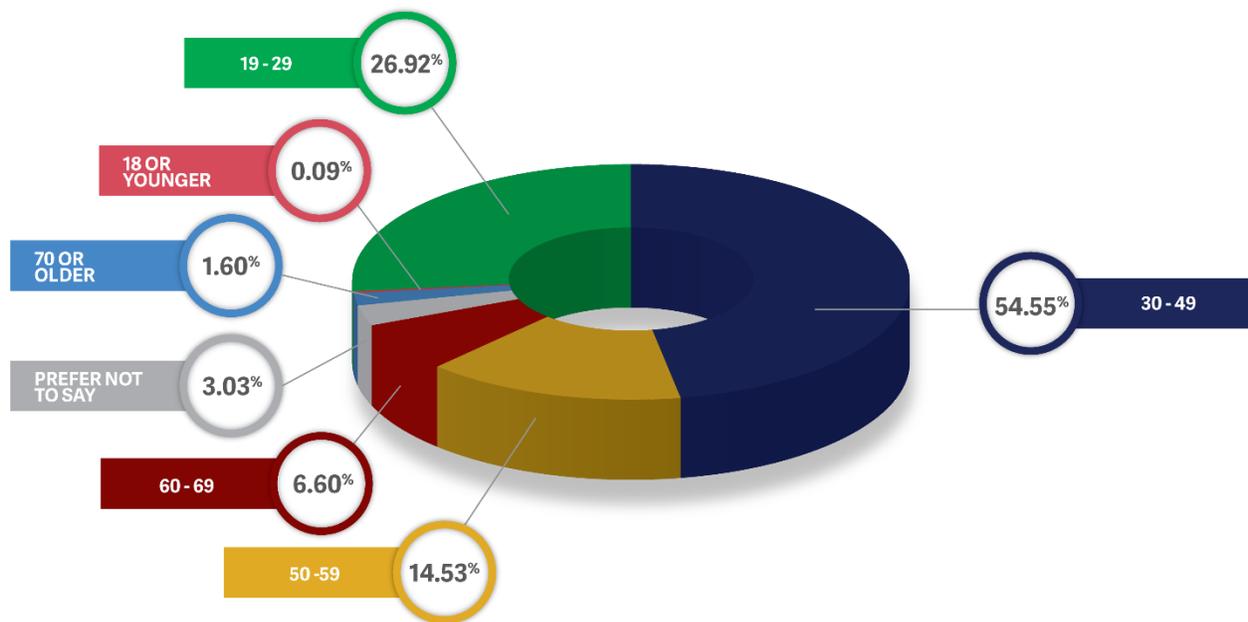
The College received the most responses from the regional areas of Mainland /Southwest (58%), Vancouver Island/Coast (18%) and Thompson Okanagan. Given that over 60% of BC’s population lives in Mainland/Southwest followed by Vancouver Island/Coast and Thompson Okanagan ([based on 2016 Census results for the same regions](#)), the responses by region appear proportional to their population.



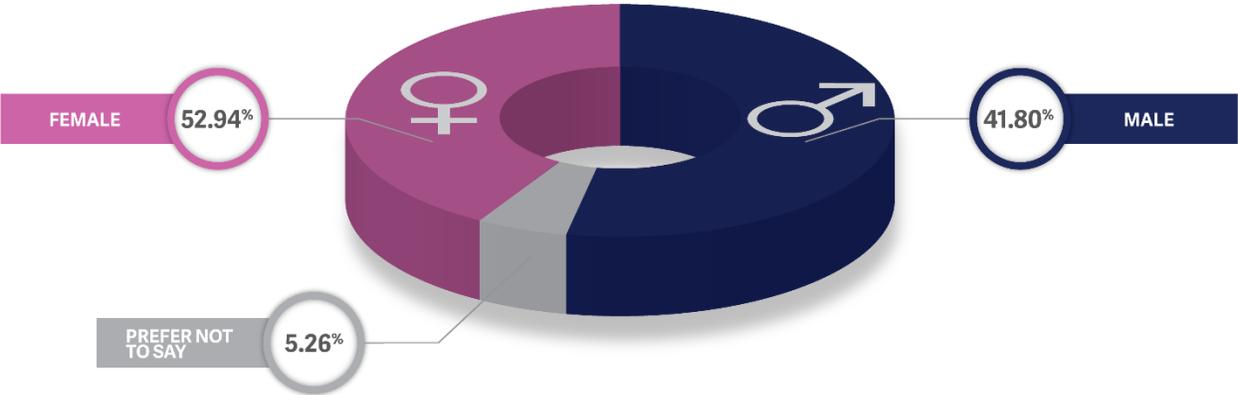
While the majority of respondents (78%) lived in large communities of over 25,000 people, responses were also received from very small (less than 3,999), small (4,000-9,999), and medium (10,000-24,999) sized communities.



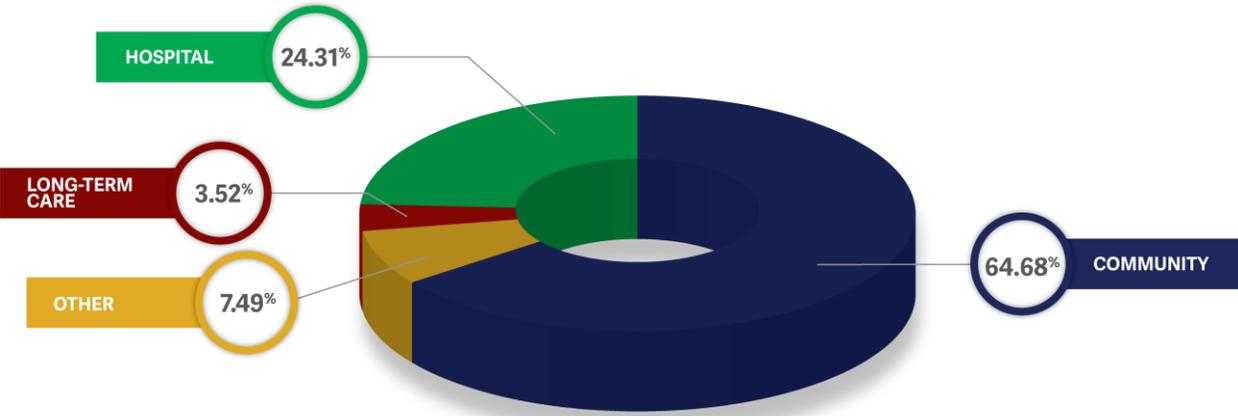
The majority of respondents identified as being between the age of 30-49 (54%), 19-29 (26%) and 50-59 (14%).



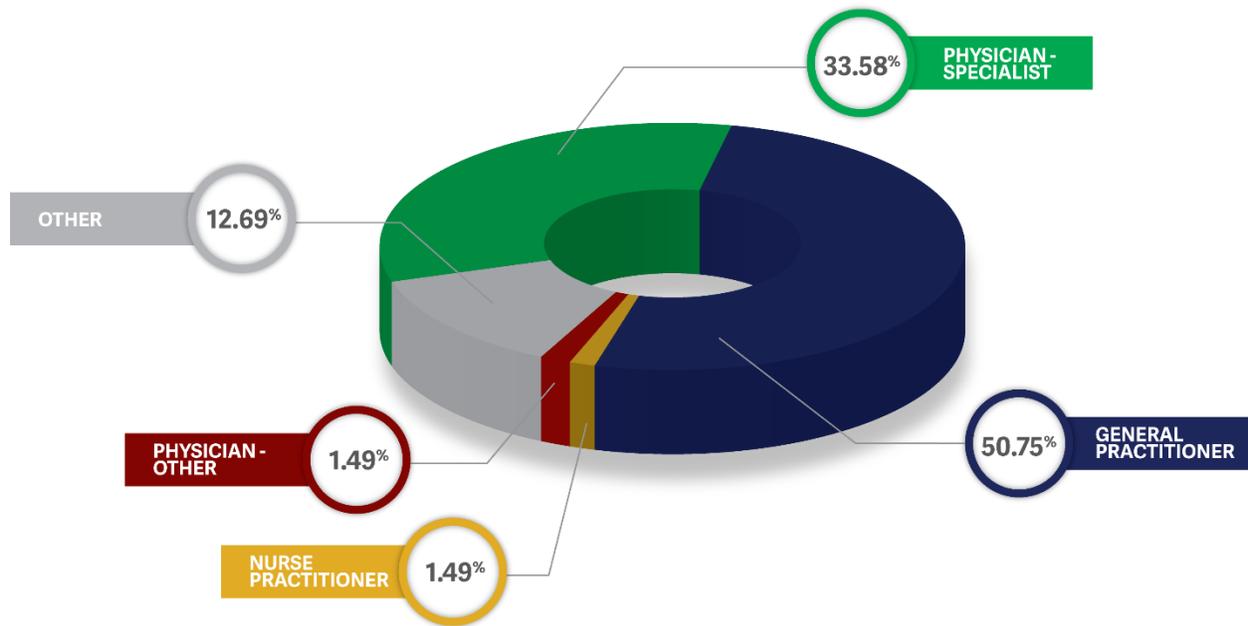
Responses were relatively balanced between those who identified as either male or female, with slightly more respondents identifying as female (52%).



Pharmacy Professionals were asked to identify their practice settings. The majority indicated they practiced in community settings (64%), while 24% indicated they worked in Hospital. In addition to long-term care, other practice settings included multidisciplinary, primary care, and ambulatory clinics, cancer centres, military clinics, outpatient centres, academic, institutions, consultancies/self-employed and government.



We also asked other health care professionals to identify their role. The majority of other health care professionals indicated they were a general practitioner (50%) followed by physician-specialist. Other responses included registered nurse, nursing student, physician student and registered massage therapist.





CONFIDENCE IN PHARMACIST PRESCRIBING

The College sought feedback from respondents related to confidence in pharmacist prescribing through a series of related questions. This covered gauging the level of confidence patients would have in receiving care from a pharmacist prescriber, confidence other healthcare providers would have in working with a pharmacist prescriber as well as pharmacy professionals level of confidence with providing care for patients through pharmacist prescribing. It also included seeking feedback on the planned educational program and assessment process to become a Certified Pharmacist Prescriber as well as the approach to managing potential and perceived conflicts of interest with pharmacist prescribing.

Overall, the majority of respondents demonstrated they had confidence in pharmacist prescribing. Levels of confidence were highest amongst pharmacy students, pharmacists and pharmacy technicians with agreement towards confidence ranging between 68% and 94% to related questions. However, many still expressed concerns around the approach to addressing conflict of interest. Members of the public expressed confidence with responses ranging between 68% -72% in agreement to related questions.

Other healthcare professionals indicated they do not have confidence in pharmacist prescribing with responses ranging between 60% - 70% in disagreement to related questions. However, responses from different types of health care professionals varied with physicians expressing more disagreement and others (such as nurses and nurse practitioners) expressing more agreement. Establishing a collaborative practice relationship between another health professional with prescribing authority (such as a physician or nurse practitioner) and a Certified Pharmacist Prescriber was the area where respondents' answers most closely aligned.

The feedback received shows a significant increase in confidence for the public compared to [earlier feedback in 2016](#) on the initial draft framework. Even within responses from other health professionals, results show an increase in confidence with less negative responses received related to confidence in the new Framework for Pharmacist Prescribing.

CONFIDENCE IN PRESCRIBING WITHIN A COLLABORATIVE PRACTICE RELATIONSHIP

The new Framework for Pharmacist Prescribing introduced collaborative practice relationships as the approach for interprofessional collaboration through pharmacist prescribing.

Collaborative practice relationships involve developing a relationship with a regulated health professional who has the authority to prescribe, to:

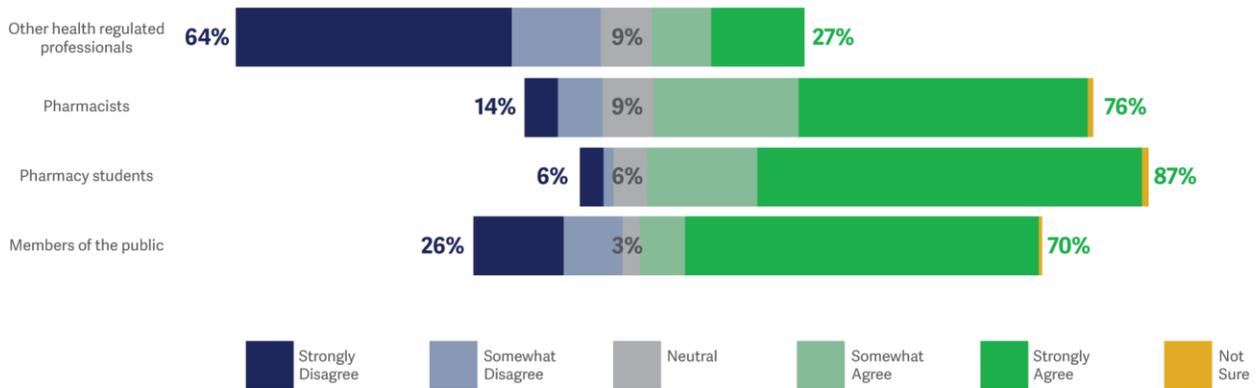
- Facilitate communication
- Determine mutual goals of therapy that are acceptable to the patient
- Share relevant health information
- Establish the expectations of each regulated health professional when working with a mutual patient

The College sought feedback on whether the new requirements for a collaborative practice relationship between a Certified Pharmacists Prescriber and other regulated health professionals gave respondents confidence in pharmacist prescribing.



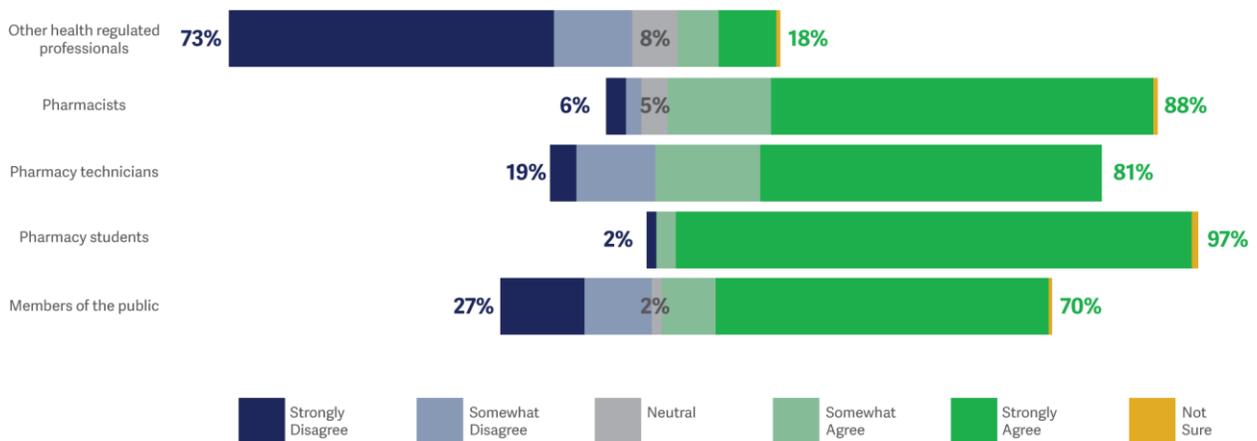
The majority of members of the public (72%), pharmacists (83%), pharmacy technicians (81%), and pharmacy students (90%) either agreed or strongly agreed that they had confidence in this requirement. Most other health professionals (64%) either disagreed or strongly disagreed with collaborative practice relationships, while 27% agreed or strongly agreed with the requirement.

You would be comfortable with a Certified Pharmacist Prescriber working with primary care provider to prescribe medication.



Most respondents, with the exception of other health care professionals, also indicated they would be comfortable with a Certified Pharmacist Prescriber working with a primary care provider to prescribe medication.

You have confidence in a Certified Pharmacist Prescriber’s ability to make a safe and effective prescribing decision for a patient.

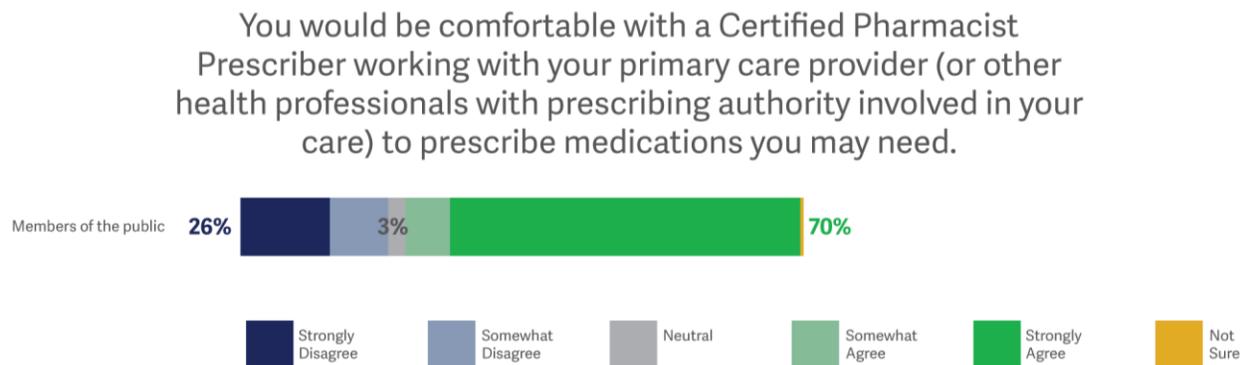


The majority of members of the public (70%), pharmacists (88%), pharmacy technicians (81%), and pharmacy students (97%) also had confidence in a Certified Pharmacist Prescribers' ability to make a safe and effective prescribing decision.

Slightly more other health care professionals disagreed (73%) that a Certified Pharmacist Prescribers would be able to make a safe and effective prescribing decision compared to their responses related to the requirement for a collaborative practice relationship (64% disagreed) and level of comfort having a pharmacist prescriber work with a primary care provider (64% disagreed).

PUBLIC CONFIDENCE IN PHARMACIST PRESCRIBING WITHIN COLLABORATIVE PRACTICE RELATIONSHIPS

The majority of public respondents (72%) indicated that they had confidence in collaborative practice relationships for pharmacist prescribing with 70% also agreeing that they were comfortable with a Certified Pharmacist Prescriber working with their primary care provider or others on their care team to prescribe medications they may need.



This shows a significant increase in confidence compared to [earlier feedback in 2016](#) on the initial draft framework where only 45% indicated they were comfortable with pharmacist prescribing and only 43% agreed that they felt confident in a pharmacist's ability to make the best prescribing decision for a patient.

In contrast, when asking for feedback on the new Framework for Pharmacist Prescribing, 70% of public respondents indicated they had confidence in a Certified Pharmacist Prescriber's ability to make a safe and effective prescribing decision. Members of the public highlighted the confidence they have in a pharmacist's medication expertise and appreciated their accessibility.

However, some patients still had concerns about pharmacist prescribing. Some felt that while greater collaboration would be beneficial, the pharmacist's involvement should remain a

recommendation rather than a prescribing decision. Others indicated that the benefits from pharmacist prescribing might be limited in rural and remote communities where collaboration with other health care professionals (including a separate pharmacist to dispense medications) may be limited. Some also indicated that they felt the assessments involved in prescribing should only be completed by a physician.

“I feel that a Certified Pharmacist Prescriber would be more current in their knowledgeable about the medications and their best use for me.” – Patient



“I trust pharmacists in their knowledge of medications and their interactions and contra indications in relation to the diagnosis of the patients.” - Patient



“Yes. If the pharmacist prescriber is working in concert with a doctor then I'd have confidence in that. I've been more comfortable in the past with a pharmacist's opinion when I've been prescribed something by a walk-in clinic doctor who gave me a prescription with what seemed like very little information and no history.” – Patient

“If the pharmacist is truly working with the doctor, why can't the doctor decide on the prescription? The pharmacist can advise-- that is their role.” – Patient



“Ideal for chronic ongoing conditions where a renewal requires a trip to a physician when it's just a review of blood level and another rx.” – Patient

“Anything is better than what I have now. There is NO availability of a family doctor anywhere in Victoria - I even checked clinics in Duncan. That means NO ability to make an appointment. It means allocating a whole day to get a refill for a prescription I've had for many years, and doing the same again in less than 3 months time. It's an undue burden. The last time I saw the walk-in clinic doctor we BOTH agreed that this is not something I should have to do, that I should NOT have to personally see a doctor to get my prescription. I couldn't agree more.” – Patient



A green speech bubble icon with the text "PUBLIC RESPONDENT" inside.

"I think healthcare providers NEED to collaborate on patient care. Long gone are the days of seeing one professional for the be-all-end-all. Humans are complex. Complexity requires different minds and multiple perspectives to complement each other on deciding what is best for the patient." – Patient

"I believe it is should not even be necessary to have a collaborative practice. Pharmacists should be able to prescribe independently. They are the medication EXPERTS. My doctors have made more mistakes than my pharmacists and my pharmacists have made drug recommendations and suggestions to my therapy that have saved my life. Doctors are very capable but the reality is that they often don't have time and see me in less than 5 minutes." – Patient

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"I don't believe that the collaborative practice setting should necessarily be the only setting in which pharmacists can prescribe. It has been shown in other jurisdictions that pharmacists can safely and effectively prescribe on their own. Major benefits to pharmacist prescribing come in rural and remote communities where the possibility of collaborative care may be limited." – Patient

"This type of collaboration simply won't happen. Medication will be prescribed without a proper exam or even experience in determining what is wrong with me." – Patient

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"Pharmacists are experts on drugs and drug interactions, which is very important for the safe prescribing of drugs. I don't think doctors should be able to prescribe without pharmacists - and they can't, they write a prescription that a pharmacist has to fill. Likewise, I don't think pharmacists should be able to prescribe without doctors and nurse practitioners - they aren't trained in the physical exam and history key features as extensively as prescribers, they can't make safe autonomous decisions." – Patient

"Yes much more confidence than a physician even. Considering a naturopath and nurse can write me prescriptions and a pharmacist can't is hard for me to understand. In England, pharmacists can prescribe and they have shown to make less errors than physicians." – Patient

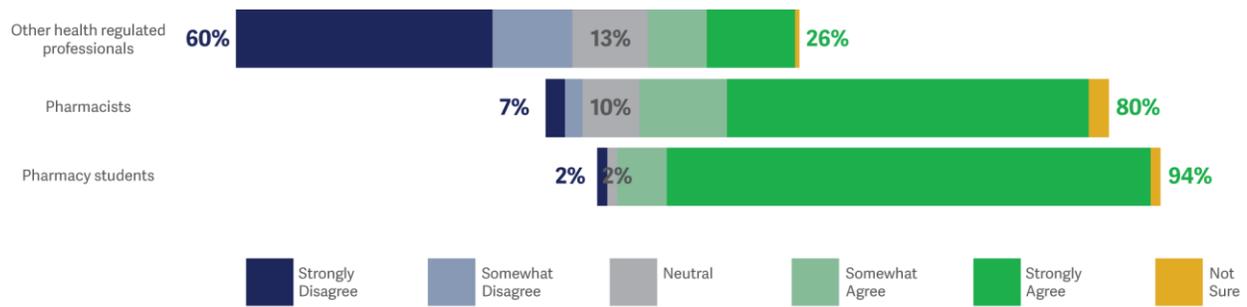
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"In a nursing home setting or hospital, i think it would work well....community pharmacists should be able to prescribe for minor ailments and look at how Saskatchewan does it." – Patient

HEALTH PROFESSIONAL CONFIDENCE IN PHARMACIST PRESCRIBING WITHIN COLLABORATIVE PRACTICE RELATIONSHIPS

The majority of pharmacists and pharmacy students indicated they had confidence in pharmacist prescribing within collaborative practice relationships, while more than half of other health care professional respondents did not have confidence. However, different types of other health care professionals – physician specialists, general practitioners and others (such as nurse practitioners and nurses) – showed different levels of confidence.

You would feel comfortable establishing a collaborative practice relationship to help care for your patients.



The majority of pharmacy technicians also indicated they would be comfortable recommending patients see a Certified Pharmacist Prescriber for care.

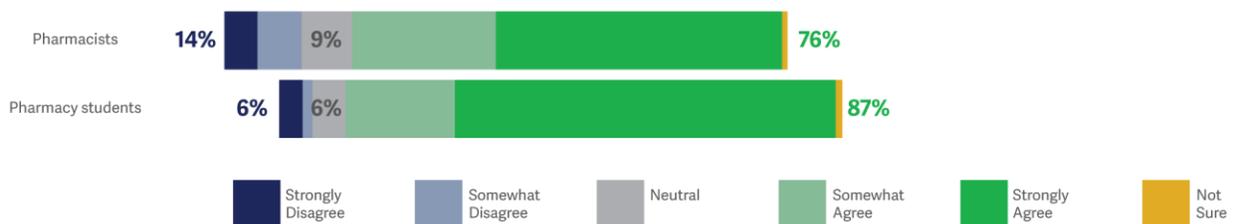
You would feel comfortable recommending patients see a Certified Pharmacist Prescriber for care.



Pharmacists (80%) and pharmacy students (94%) indicated they would feel comfortable establishing a collaborative practice relationship as required within the Framework for Pharmacist Prescribing. They also expressed confidence in a Certified Pharmacist Prescriber’s ability to make a safe and effective prescribing decision and having a diagnosis come from another health professional with prescribing authority (such as a physician or nurse practitioner).

As part of this framework, the diagnosis is still provided by physicians or nurse practitioners (or other health professional with prescribing authority).

This would give you confidence in working as a Certified Pharmacist Prescriber to help care for your patients.



Pharmacists still expressed some reservations surrounding establishing this relationship including workforce pressures, limiting opportunities for collaboration, challenges in establishing a relationship, and willingness of other health professionals to participate in the relationship.

“It is not only a feeling of comfort but a necessity to have such collaboration.” – Pharmacist



“A collaborative practice is already what is the norm in my practice. In the hospital, pharmacists work very closely with physicians and plans are discussed together. Establishing a collaborative practice as a certified pharmacist prescriber is a natural next step and does not actually change the model of established team-based patient care.” – Pharmacist

“No time for collaboration as we have to check rxs for appropriateness, safety, interactions, injections, adaptations, emergency supplies and the list goes on and on and on.... we are working in mess right now...” – Pharmacist





“However, the relationship is built through trust and experience. We need to start somewhere and give it a chance. The starting/establishing can be challenging because it may be the first collaborative relationship ever.” – Pharmacist

“I have already established a collaborative practice relationship with my team, and the ability to prescribe would help everyone. It eats up a lot of time tracking down doctors to get orders for things like OTC pain relievers, med rec medications, etc. that could be better spent providing patient care.” – Pharmacists




“Some doctors are very traditional in their thought - they feel their word is all and do not respect collaborative practice. These situations would not allow for collaborative practice and therefore their patients would not have access to pharmacist prescribing.” – Pharmacists

“Many other health professionals in BC with less medication-related training than pharmacists already have prescribing authorities; pharmacists are often involved in training these prescribers (e.g. Naturopathic Physicians).” – Canadian Society of Hospital Pharmacists, BC Branch



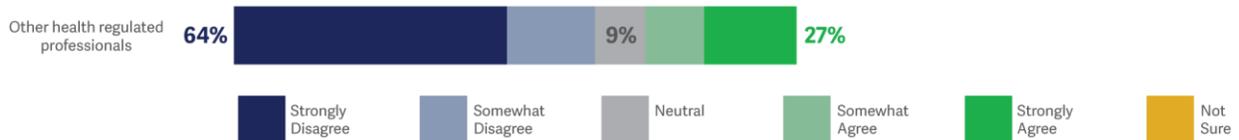

“What is concerning in the recent draft framework is the notion that pharmacists, in order to prescribe at all, require oversight from physicians or nurse practitioners, who would diagnose and provide access to lab test results.” – BC Pharmacy Association

The majority of other health care professionals did not feel comfortable in establishing a collaborative practice relationship to support pharmacist prescribing or in working with a Certified Pharmacist Prescriber when the diagnosis was provided by a physician or nurse practitioner (or other health professional with prescribing authority).

However, they were slightly less opposed to establishing a collaborative practice relationship with a Certified Pharmacist Prescriber compared to other measures of confidence in pharmacist prescribing – only 60% indicated they disagreed or strongly disagreed compared to 73% disagreement with a confidence in a Certified Pharmacist Prescribers ability to make a safe and effective prescribing decision.

As part of this framework, the diagnosis is still provided by physicians or nurse practitioners (or other health professional with prescribing authority).

This gives you confidence in working with a Certified Pharmacist Prescriber to help care for your patients.



Physician specialists had the least confidence with 91% indicating they disagreed or strongly disagreed that a Certified Pharmacist Prescriber would make a safe and effective prescribing decision, 77% indicating that the diagnosis being provided by another health professional authorized to prescribe would not give them confidence working with a Certified Pharmacist Prescriber, and 73% indicating they would not be comfortable establishing a collaborative practice relationship to support pharmacist prescribing.

General Practitioners had slightly more confidence with 77% disagreeing that a Certified Pharmacist Prescriber would make a safe and effective prescribing decision, 69 % indicating that the plan for the diagnosis to be provided by another health professional authorized to prescribe would not give them confidence, and 64% indicating they would not be comfortable establishing a collaborative practice relationship to support pharmacist prescribing.

In particular, physicians cited concerns about a pharmacist’s clinical background being sufficient to support pharmacists prescribing in addition to the ability to conduct physical assessments. Some also suggested that working with a Certified Pharmacist Prescriber may take up too much of their time. Physicians also highlighted the importance of drawing on a complete medical history which they were unsure if a pharmacist would have access too as well as the growing complexity of diagnosis and patient care. However, within the Framework for Pharmacist Prescribing there are specific requirements to ensure pharmacists would be familiar with a patient’s medical history and discuss the patient’s needs and health goals with their primary care provider prior to prescribing.

“Pharmacists are not trained clinicians. I cannot trust they have the broad clinical background to be able to safely prescribe medication.” – General Practitioner



“Guideline based care may be taken beyond the interest of the patient if the pharmacist isn't also part of the larger decision making process. For example, de-prescribing in our frail elderly population is well-described in the literature as a benefit, however it is tough to determine the timing without broader context of patient-centered care.”
– General Practitioner



“Before prescribing, I perform a full history and physical examination. I am not sure if a pharmacist can do this.” – General Practitioner



“Too much time commitment for physicians.” – Physician Specialist



“Excepting physicians being trained in pharmacy, or pharmacists being trained in medicine, we think it would be unwise and unsafe for doctors to practice as pharmacists or pharmacists to practice as doctors.” – Specialists of BC

“Diagnosis is becoming more complex as are patient considerations for rx. without knowing complete past medical history and current confounding medical issues I highly doubt effective and safe prescribing in many cases. In simple, healthy, minor issues (eg. tinea) it could be fine. otherwise I see it as high risk and another way for fragmented care.”
– General Practitioner



“A complex understanding of the patients entire medical history, social situation as well as clinical hands-on training should be required.” – General Practitioner

“The definition of “collaborative practice relationships” is broad and could be interpreted to include practices where there is only a nominal level of inter-professional collaboration. At the operational level, there remain many challenges to effective collaboration between pharmacists and physicians and the broad description of collaborative practice relationships, as outlined in CPP Framework 2017, may not adequately capture such nuances.” – Doctors of BC



In contrast, other health care professionals (excluding physicians) such as nurse practitioners and nurses expressed confidence in these areas. 84% indicated they have confidence that a Certified Pharmacist Prescriber would make a safe and effective prescribing decision and in working with a Certified Pharmacist prescriber when the diagnosis is provided by another health professional authorized to prescribe. 84% also indicated they would be comfortable establishing a collaborative practice relationship with a Certified Pharmacist Prescriber. Some also indicated that a Certified Pharmacist Prescriber should be able to assess and diagnose the patient in some cases.



“The wait to see a physician is very long. If they still have to diagnosis a condition it defeats the purpose of having a pharmacist to prescribe. Whole point of having pharmacists prescribe is to decrease wait times and increase access to drug therapy fast.” – Nurse

“Patients see their pharmacists more regularly than the doctor. They have a better established relationship with them.” – Nurse



“Currently work in a team-based primary health care clinic. Would allow us to make much more efficient and effective use of our team members if we had a pharmacist prescribing in line with diagnosis provided by another member of the team and in line with our goals of care.” – Nurse

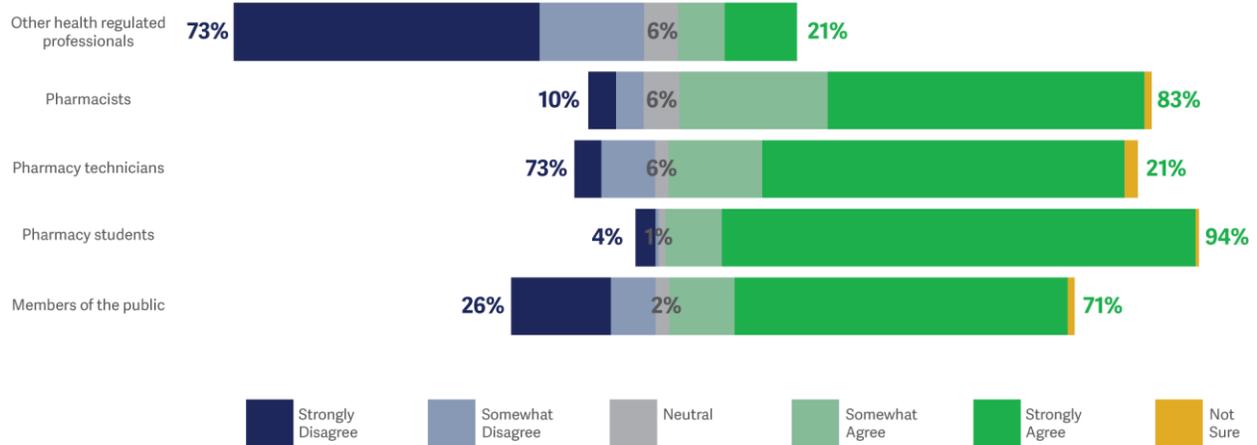
“Have the pharmacist involved in the patients care/reviewing medications order by provider/clarifying and adjusting orders to meet the patients needs.” – Nurse



CONFIDENCE WITH ELIGABILITY REQUIREMENTS

Overall the majority of respondents (68%) felt that the education program and assessment to become a Certified Pharmacist Prescriber gave them confidence in a pharmacist prescribing. Agreement was strongest from pharmacy students followed by pharmacists, pharmacy technicians and members of the public. The majority of other health professionals either disagreed or strongly disagreed with this.

The requirement to complete an education program and assessment to become a Certified Pharmacist Prescriber gives you confidence in a pharmacist prescribing.



Many patients felt that the additional education program and assessment, together with a system for checks and balances to ensure patient safety would be important to become a Certified Pharmacist Prescriber. Some patients also expressed that no amount of additional training other than a medical degree, would give them confidence in a pharmacist prescribing, while others felt no additional training was needed.



“There should definitely be some checks and balances in place to ensure pharmacists are not prescribing things out-of-hand. I think some kind of audit system or method of following-up on pharmacists' prescribing behaviours would also be appropriate in part to completing an educational program/assessment.” – Patient

“ OTHER HEALTH PROFESSIONAL RESPONDENT ”

“Provided that the program and assessment was rigorous enough to demonstrate competence.” – Patient

“ PUBLIC RESPONDENT ”

“ OTHER HEALTH PROFESSIONAL RESPONDENT ”

“ PUBLIC RESPONDENT ”

“Although knowledge of medications is strong, this is not a substitute to an M.D.”
– Patient

“ PUBLIC RESPONDENT ”

“It is unnecessary. Pharmacists spend so many years specializing in medication.”
– Patient

“ PUBLIC RESPONDENT ”

“An education program and assessment would be of utmost importance before a Pharmacist has prescribing ability.” – Patient

“ PUBLIC RESPONDENT ”

“A rigid training program is absolutely required for them to prescribe medications”
– Patient

Other healthcare professionals primarily indicated that no additional training program would be sufficient to allow pharmacists to prescribe. They also emphasized the importance of clinical experience as well as the ability to complete assessments and diagnosis. Others noted that the depth, duration and scope of the education program would be key in preparing pharmacists to prescribe. Some suggested that the eligibility requirements and certification process does give them confidence in pharmacist prescribing. A small number also indicated they felt pharmacists already have the education and experience required to safely prescribe.

“ OTHER HEALTH PROFESSIONAL RESPONDENT ”

“Training will have to be appropriate to the area of prescribing permitted Medical training for physicians have to do with overall assessment before prescription - and that is one among many treatment modalities. So pharmacists will either have to come from a defined framework to make the training compatible.” – General Practitioner

“ OTHER HEALTH PROFESSIONAL RESPONDENT ”

“Prescribing requires knowledge of other conditions, follow up requirements, indications for further testing, continued testing, screening, timings of reassessment - not just knowledge of the medication.” – Physician Specialist

“Will they also be taught the techniques of physical assessment?”
– Nurse Practitioner

“Pharmacists should be able to prescribe as long as they have an active license. They shouldn't have to do extra schooling for this.” – Nurse

“An education program is not enough time nor experience to develop clinical skills to prescribe.” – Physician Specialist



“Before prescribing a treatment one must have a diagnosis, consider all the options and their possible outcomes (good and bad) and then make a judgement, based on experience. Prescribing a medication is only one option in treatment. Some diagnoses are better treated with operative management, some with physical therapy, some with psychological support and some with social support. Others need observation to assess the natural history. I do not believe that pharmacists have the core training and on-going experience to practice at this level.” – Physician Specialist



“As a family physician, prescription renewals is a time for me to review the chart and see what routine screening needs to be completed. (Eg FIT, mammograms, paps etc) If it is regarding a new medication, will the pharmacist be trained in auscultation and palpation of abdomens?” – General Practitioner



“Duration of program and breadth of scope are important considerations.” – General Practitioner



“Pharmacists are trained in history taking, but would also need training in physical exam and diagnostic investigations. They should be trained to use this information to come up with a differential diagnosis and treatment plan. They would also need confidential exam rooms with appropriate equipment to conduct their exams. This type of training requires several years. You cannot assume high blood pressure is essential hypertension or that heartburn is GERD, there are other diagnosis to consider and these require the above system (history, exam, investigations, differential diagnosis, plan).” – General Practitioner



“We also support the rigorous credentialing/certification process that will ensure the pharmacist maintains a high standard of practice. With these high standards of certification in place other providers can be confident that the pharmacist is competent in this scope of practice and communication and documentation will go above that required of any other current prescriber which will enhance care and close gaps that currently exist. The fact that there will be a robust credentialing process required by the College ensures that only pharmacists who have demonstrated the skills and abilities will be able to prescribe.” – Fraser Health Authority



Many pharmacists highlighted that the combination of an education program and assessment may be beneficial in giving members of the public and Certified Pharmacists Prescribers confidence in prescribing. Some felt pharmacists already had the knowledge skills and abilities to prescribe and the additional training would be unnecessary. Assessment, diagnostics and therapeutics were mentioned as important topics to cover in the education program in addition to the responsibilities of prescribing.

“The purposeful changes in how the Faculty trains pharmacy students and supports practice innovation have been made so pharmacists can take on more drug therapy responsibilities for patients, thereby enabling other members of the health care team to align their skills and expertise for optimal patient and societal benefit.”
– Faculty of Pharmaceutical Sciences, University of British Columbia



Formal education program is more reliable than assessment or portfolio. Combination is preferred.” – Pharmacist

“This is important for public safety and my confidence to diagnose and prescribe safely”
– Pharmacist



“The education program would need to be rigorous, comprehensive and of a standard comparable to that required of medical doctors.” – Pharmacist

“Pharmacy schools don't always emphasize assessment. I believe assessment training will be an important part the certification process.” – Pharmacist



It would be wise to learn nuances of prescribing, legalities and liabilities of prescribing before taking up that responsibility. – Pharmacist

“Don't necessarily agree that there should be any additional requirements. Pharmacists are medication experts and we are trained to do this and manage medications - just never given the opportunity due to regulatory constraints.”
– Pharmacist





“Many practicing pharmacists, especially those in hospital, already have the skills to prescribe confidently and going through certification will not necessarily train those who do not have the experience with real patients and years of experience interacting and learning from other disciplines”. – Pharmacist

“Making sure the pharmacist is competent enough knowledge-wise is crucial to make sure the public will get the best care.” – Pharmacist



“I strongly agree there should be a process and assessment in place. I would propose that this process is widely accessible perhaps via online training.” – Pharmacist

“I think this depends on what types of medications we are to prescribe and if we are also diagnosing and prescribing. If we are only initiating drug therapy for long term chronic illnesses, I feel we are already educated on these matters. I also feel we are fairly educated on antimicrobial therapy. However, more education is never a bad thing. I just feel some of the longer term practicing pharmacists may not appreciate that? Perhaps we can include challenge exams as they have for assistants to get regulated?” – Pharmacist



“An education programs and assessments must be mandatory to become a Certified Pharmacist Prescriber. Not only does it give me confidence in the Certification process but it gives the public confidence in my prescribing. These programs must be specific and achievable but challenging also. The assessments must be skillfully designed to determine prescribing competence in order to fully protect public safety.” – Pharmacist

“Not all pharmacists are equally educated; thus, having a separate assessment can ensure that pharmacist prescribers are all qualified and capable of prescribing the right medications to the right patients.” – Pharmacist



“It is the only way to guarantee I am ready for prescribing, and for the public to know I certainly am qualified for it.” – Pharmacist

“The process must have a therapeutics section. I would recommend 40 hours of training then care plans written and assessed.” – Pharmacist



“It all depends on how comprehensive the education program is. I am a PharmD. I believe the education level needs to be equivalent to that of a PharmD degree is required to ensure pharmacist prescribing is appropriate.” – Pharmacist

Pharmacy students highlighted the additional preparation to prescribe included in the training provided through UBC's PharmD and Entry to Practice PharmD Program versus earlier Bachelor of Science in Pharmacy programs. However, while some pharmacy students felt the additional educational program was unnecessary for PharmD students, others felt that the educational program and assessment was still needed to ensure Certified Pharmacist Prescribers understand the required processes and responsibilities when prescribing.

"Mandating an education program and assessment would allow for increased competency in this area of practice." – Pharmacy Student



"I agree after completing the Entry-to-Practice Doctor of Pharmacy degree, I will have the confidence to be a certified pharmacist prescriber. I disagree that there needs to be an additional required education program and assessment in order to be a certified prescriber, for those graduation with the E2P PharmD program. I feel we will be fully prepared upon graduation to make prescribing decisions. However, should a current practicing pharmacist or recent graduate, not feel confident in prescribing then an additional education program and assessment should be made available for them." – Pharmacy Student

"I also think that this certification process should be different depending on if the pharmacist has a BSc or a PharmD". – Pharmacy Student



"Pharmacists should be required to complete an education program and assessment in order to understand the appropriate process when prescribing medications to patients. We must ensure that pharmacists understand which medications they will be able to prescribe to the public." – Pharmacy Student

"Certification will ensure a standardized level and quality of patient care in relation to pharmacist prescribing." – Pharmacy Student



"To understand the mechanism of drugs, we first have to fully understand the cause of the underlying disease/illness. The current PharmD program is built to help students understand and recognize different disease states in addition to drug therapies." – Pharmacy Student

PATIENT EDUCATION PLAN



The Framework for Pharmacist Prescribing includes the plan to develop patient education plan to support patients in learning about how pharmacist prescribing in collaborative practice would work. The College asked respondents what would be important to include for patients about pharmacist prescribing.

Patients highlighted the importance of building understanding of how a Certified Pharmacist Prescriber can provide patient care, including what is within and outside of their scope. They also emphasized that patients need to understand the collaborative practice relationship, including how the Certified Pharmacist Prescriber and primary care provider will work together to care for a patient with an understanding of when it is appropriate to seek care from a pharmacist prescriber or the patient's primary care provider. Outlining how patient health information will be shared is also noted. Patients also wanted to learn more about a Certified Pharmacist Prescribers training.

"There will have to be a very good patient engagement/communication strategy as the patient is really the holder of information. So, along with acute and community care providers, the patient needs to be very aware of the value the Pharmacist plays in their medication journey." – Patient



"How to get the most out of my pharmacist help. List of things of what pharmacists and doctors can do." – Patient



"It would be important for them to explain how their prescriptions are not driven by advertising, gifts (like dinners, parties and travel) from drug reps and not driven by revenue and profits." – Patient



"What are the limitations. Is it just for medications or also prescribing soft/hard braces, orthotics, other physical aides, medical marijuana. Also, explain why they are only



prescribing a medication for 2 weeks or 1 month and not for 3 months (ie. if you want to see if there are side effects, etc). Also, maybe if it will mean more standing around the pharmacy instead of sitting around the doctor's waiting room." – Patient

"How pharmacist education will be improved in ensuring their full capabilities in prescribing and making them fully qualified in doing so." – Patient



"Just increase common knowledge that pharmacists can prescribe, and for patients to understand any limitations or restrictions, eg instances where a pharmacist can choose NOT to prescribe if it's outside of their expertise." – Patient

“PHARMACIST RESPONDENT”

“Giving some examples of practical scenarios in which a pharmacist may prescribe a medication would give people a better idea of what pharmacists can safely treat. Obviously people shouldn't be expecting the pharmacist to heal broken bones or heart attacks, but if they have an idea of conditions that can be treated, they may be more willing to use the system effectively.” – Patient

“PUBLIC RESPONDENT”

“Rules and regulations synopsis (what Certified Pharmacist Prescribers can and can't do). Also a framework for expectations of each professional, like what a patient would expect from their physician, pharmacist, specialist, Certified Pharmacist Prescriber... also a guideline for how these professionals should be working together. Sometimes, professionals fight and this could spell bad news for patients.” – Patient

“PHARMACIST RESPONDENT”

“OTHER HEALTH PROFESSIONAL RESPONDENT”

“PUBLIC RESPONDENT”

“I think it would be very important to illustrate the exact scope and breadth of the typical pharmacists' expertise. I mean, the reason that there is even a debate on this is that people don't see pharmacists as being as qualified as doctors to prescribe medication. And this is a fair assessment. I think the real issue here is that the public simply doesn't realize the counselling ability required to become a pharmacist.” – Patient

“PUBLIC RESPONDENT”

“Clarifying the level of expertise and training that pharmacists have in drug therapy and how that makes them a huge asset to the health care team.” – Patient

“Patients should clearly understand the role of the certified Pharmacist Prescriber and know that the pharmacist will not replace the physician for the patient's health care.” – Patient

“PUBLIC RESPONDENT”

“PUBLIC RESPONDENT”

Health care professionals also highlighted the importance of highlighting what is within and outside of a Certified Pharmacist Prescriber's scope of practice.

They emphasized that it was important for patients to understand that pharmacist prescribing will be part of a collaborative approach in providing care and that a Certified Pharmacist Prescriber is not a replacement for a primary care provider.

“Framework and scope of expertise Who to access for what and when Conflict of interest issues for pharmacist and physicians Each professional is responsible for their actions or prescription separately Importance of communication from patient regarding what they are taking and why, regardless of who has prescribed the medications.”

– General Practitioner

“OTHER HEALTH PROFESSIONAL RESPONDENT”

“What they can prescribed and what scenarios they can approach a pharmacist for evaluation and treatment.” – Pharmacist

“Training & emphasize that pharmacists are part of a collaborative team, not functioning independently.” – Pharmacist

“What they can and cannot do, when to go to primary provider etc.” – Nurse Practitioner

“1) Awareness that a pharmacist can now prescribe for certain conditions. 2) That their family doctors are also involved into achieving the same goal of therapy as set before. 3) They can-not see you for everything but only for certain specific conditions and should be dealt with same respect as doctors.” – Pharmacist

“Types of medications (ie narcotics) that would not be able to be prescribed by pharmacist.” – Nurse

“What your pharmacist can and CAN'T do, what resources we have access to, and how we do it and an approximate time it will take (so they can plan for their visit) and how they should prepare for their visit.” – Pharmacist

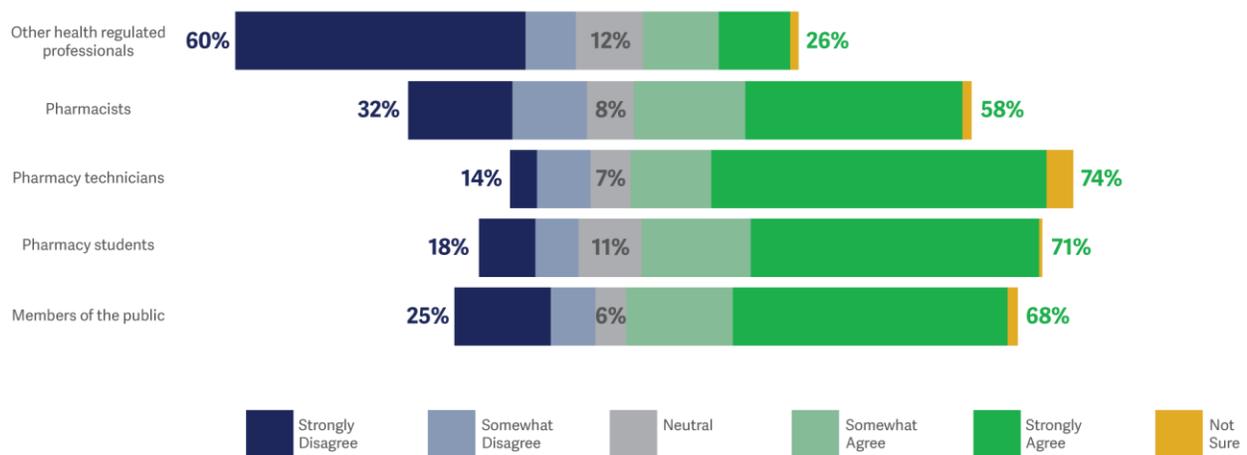


ADDRESSING CONFLICT OF INTEREST

Overall, while there were still some concerns about the potential for a conflict of interest with pharmacist prescribing, the majority (59%) felt that the separation between prescribing and dispensing addressed the conflict of interest. Pharmacists, pharmacy technicians, pharmacy students and members of the public primarily felt conflict of interest had been addressed, while the majority (60%) of other health care professionals still indicated they did not have confidence it had been addressed through the Framework.

The level of confidence on conflict of interest being addressed has significantly increased compared to [earlier feedback in 2016](#) on the initial draft framework where dispensing and prescribing were not required to be separated. In the feedback on the initial draft framework, only 44% indicated they had confidence that the conflict of interest had been addressed. The greatest change is seen through the feedback from other health care providers with an increase from 5% to 26% agreement and from members of the public with an increase from 46% to 68% agreement.

Does the separation between prescribing and dispensing give you confidence that the potential conflict of interest in prescribing and dispensing has been addressed?



Many members of the public highlighted that this separation between prescribing and dispensing would be inconvenient if there was not another pharmacist to dispense the prescription nearby, while others highlighted this separation would give them greater confidence in pharmacist prescribing. Some felt that the requirements should be further restricted to prevent the same pharmacy from benefiting from the prescription prescribed by a Certified

Pharmacist Prescribers. Others also felt that these measures were unnecessary and believed their professional obligations were sufficient.



"This is a good idea and would help me feel confident that there wasn't a benefit to a pharmacist for prescribing one drug over another."
– Patient

"As long as I don't have to drive to a completely different pharmacy. This may pose a difficulty in small towns. It would be great in small/rural/remote towns as there is often a super long wait to see the doctor, but if a person is able to go to a Certified Pharmacist Prescriber at the one pharmacy in town, what if they have to drive to another pharmacy to have it dispensed?" – Patient



"The pharmacists should be at different locations or be part of different companies. This would give me more confidence that conflict of interest is appropriately managed. (Colleagues can still talk to each other at the same place.)" – Patient

"This is not necessary. Optometrists sell you glasses, dentists suggest braces and then make money off of those braces; there are conflicts of interests everywhere in healthcare. I don't think it is okay to not trust pharmacists' integrity, especially when they can be so helpful if allowed to expand their scope." – Patient



"Yes but this is silly if we trust a healthcare professional then we should give them full trust Naturopathic doctors sell vitamins out of their office Isn't that the same conflict Also it would benefit a pharmacist now to sell me every otc medication possible when I have a cold but they don't do that." – Patient

"The issue lies with the corporate structure of pharmacy where numbers are the top priority. This complicates things immensely because as the patient, would it not be the most convenient for them to fill the prescription at the same pharmacy? It is a tough situation when considering all angles. I hope that there can be a resolution where patient health is put first and payment for services comes second." – Patient



"I do not think there is a conflict of interest in prescribing and dispensing." – Patient

"As professionals they should not have a conflict of interest. It is their license and livelihood on the line. There should be more pressure from the college on companies to

not impose quota's to pharmacy's. It is a business, but it's patients health care too.” – Patient



“The pharmacist should take an oath that when they become a Certified Pharmacist Prescriber they should not be influenced by the pharmaceutical company with their financial kickback.” – Patient



The majority (60%) of other health care professionals did not feel that the potential for a conflict of interest was addressed by separating pharmacist prescribing and dispensing. Physician specialists had the greatest level of disagreement with 71% either strongly or somewhat disagreeing that the conflict of interest had been addressed, while General Practitioners were 52% in disagreement. However, some physicians (21%) did indicate that the measures in the Framework have addressed the conflict of interest, or indicated they do not think the conflict of interest is significant.

Other health care professionals (excluding physicians), including nurse practitioners and nurses, primarily strongly or somewhat agreed (52%) that the conflict of interest was addressed. Many other health care professionals (including physicians) noted that the process of separating pharmacist prescribing and dispensing may be less convenient for patients, especially in small communities where an alternate pharmacist or pharmacy may not be easily accessible.

“Do they work in the same pharmacy? There can be a general incentive to increase the business to the pharmacy.” – General Practitioner



*“SMALL COMMUNITIES MAY ONLY HAVE 1 PHARMACIST”
– Registered Nurse*



“Prescribers who have the ability to also dispense could simply refer to one another. Unless the prescriber gave up ALL dispensing activities, there is still a conflict of interest.” – General Practitioner



“If it were another pharmacy that dispensed the medication, I would be satisfied the COI was addressed.” – Physician Specialist



“Not sure how this conflict between prescribing and dispensing can truly be resolved. there is always an inherent conflict.” – Physician Specialist



“This is reassuring to me. I would hope that the separation would be between pharmacies as well, thus preventing conflict of interest.” – Physician Specialist

“I actually don't see the need for this if there is proper collaboration and defined "rules" for the management of prescriptions by the pharmacist. Surgeons don't prescribe operations for other surgeons to carry out. If the concern is financial then there should be some regulation that prevents that. I don't see a professional issue otherwise. The issue is the decision to use a specific drug not the dispensing of that drug. The same is already true for physicians.” – Physician Specialist



“The CPP Framework 2017 attempts to address conflict of interest concerns by prohibiting a [Certified Pharmacist Prescriber] from prescribing and dispensing the same medication to a patient. Despite this safeguard, a [Certified Pharmacist Prescriber] may still be influenced by the dispensing interests of colleagues or employers.” – Doctors of BC



Pharmacists were the most divided on the plans for addressing conflict of interest with only 58% expressing confidence in the approach. Many pharmacists highlighted that the requirement to have a separate pharmacist dispense the medications will be inconvenient for patients and pharmacists. This was a particular concern for smaller communities where another pharmacist may not be available in the same community. Some respondents suggested that Certified Pharmacist Prescribers in small or remote communities should be able to request an exception to this requirement to prevent delays in providing treatment to patients.

Others suggested that the requirements should be strengthened to not allow a pharmacist at the same store from dispensing a prescription. Some also suggested that the College's Code of Ethics should be sufficient to address the conflict of interest. Others suggested that this restriction should only apply to community pharmacies. Some suggested that alternative funding models for pharmacist prescribing and dispensing could help address the potential conflict of interest.

“Agree with this, however, provisions must be made so this requirement can work in a rural setting where there may be only 1 pharmacist on duty in the small town at the time. Something must be in place to allow care to occur.” – Pharmacist





"In a small pharmacy with only one or two pharmacists this does provide limitations. Although I do feel it is an important separation. I do think that patients should be able to have the choice to take it to another pharmacy if they want to. That being said code of ethics should also be a driving force for a pharmacist being able to both prescribe and dispense. (Especially in some situations such as a travel clinic setting)."
 – Pharmacist

"This an extremely fair and reasonable stipulation and helps negate any conflict of interest. However, this may not be an option in rural areas or in areas where there would only be a single pharmacist on duty at any one time. Or there may be only a single pharmacist in a particular region. In this instance, a patient would be unfairly disadvantaged or inconvenienced. One such method to guard against such an event would be to limit the remuneration received in situations where the prescribing pharmacist and dispensing pharmacist is the same (similar to a dispensing physician). Having some form of cap in place would help reduce potential conflicts of interest and at the same time still meet the needs of patients in the region." – Pharmacist



"I believe patients will want to fill their prescription right after having their consultation with the pharmacist prescriber. As the majority of pharmacies only have one pharmacist on duty at a time, we would have to send our patients to another pharmacy to fill the prescription. In most cases, patients will not want to make the trip to another pharmacy, and as they already have an established pharmacist's patient relationship with our pharmacy, they should not have to. But then the problem of conflict of interest will remain, and the patient will not get their double check by another pharmacist." – Pharmacist

"Dentists prescribe their own procedure, vets do this as well. Physicians dispense samples. Not really sure what the difference is between these professionals and pharmacists."
 – Pharmacist



"A known critical success factor for implementation of pharmacist prescribing in other jurisdictions is the absence of perceived or actual COI related to dispensing what has been prescribed. This should be extended to address pharmacist prescribers in the same dispensing environment. I'd prefer that this not be allowed." – Pharmacist

"I would only be confident if there was absolutely no possibility of a financial relationship between the prescribing and dispensing pharmacists. They should not be allowed to work for the same company or any company or organization that has any common ownership."
 – Pharmacist



“This is a highly impractical idea. Code of ethics, as dictated and enforced by the [College of Pharmacists] would take care of conflict of interest concerns. Duplicating work of having two pharmacists review for safety and clinical appropriateness makes little sense.”
– Pharmacist



“The pharmacy profession has a strong business component unlike other healthcare professions. We do see many pharmacists indulge in promoting OTC meds and hardly endeavor to de-prescribe unnecessary medications. Thus there is a great potential for conflict of interest.” – Pharmacist

“Pharmacists in health authorities do not receive any incentive for any prescribing or dispensing. They do not get money for drugs that are sold. I see no conflict of interest at all.” – Pharmacist



“This is a tough one. Ideally, the prescribing pharmacist should not benefit financially from the dispensing of the medications, but there needs to be some mechanism in place for compensation for the prescribing service. Having the patient take prescriptions to a different store in a community setting is not very practical. There won't be such problems in hospitals, but prescribing pharmacist will still be more at risk of conflicts of interest in their relationship with drug companies.” – Pharmacist

“I think this gives others confidence and therefore it should be included. In reality I think the concern about COI in this setting is exaggerated. Pharmacists must follow a code of ethics like all other HCPs. This is not much different than an orthopedic surgeon recommending surgery and then doing the surgery. Pharmacists who do not follow their code of ethics should face disciplinary action.” – Pharmacist



“Keeping the two separate helps with additional inputs and to minimize any potential conflict of interest. This does create barriers in Pharmacies that operate with only 1 Pharmacist at a time.” – Pharmacist

“Yes, I do agree with this with the exception of very small communities with pharmacies that may only have one pharmacist on at a time.” – Pharmacist



The majority of pharmacy technicians (74%) and pharmacy students (71%) felt the potential conflict of interest had been addressed. However, some still highlighted concerns such as workforce or corporate pressures or highlighted that the restriction may be difficult for communities where only one pharmacist is available.



STUDENT
RESPONDENT

“While this might mitigate the issue of conflict of interest, I believe that this might hinder the public from accepting this idea due to increased inconvenience.”
– Pharmacy Student

“Some community pharmacies don't have the luxury of two pharmacists. How is that helping with patient care?” – Pharmacy Technicians



TECHNICIAN
RESPONDENT



STUDENT
RESPONDENT

“The potential conflict of interest in prescribing and dispensing has been fully and adequately addressed. Since doctors are able to prescribe and dispense medication for the same patient without an implication of conflict of interest, it should follow logically that pharmacists who separate the roles of prescribing and dispensing will avoid conflict of interest as well.” – Pharmacy Student

“I honestly don't think they should have to be different, as we are all held to a very high ethical standard. However, I do see the wisdom in doing so, at least from the standpoint of building the trust of patients and fellow HCPs.” – Pharmacy Technicians



TECHNICIAN
RESPONDENT



TECHNICIAN
RESPONDENT

“Depends on management in the retail setting if they are pressuring the pharmacists to get money for more Rx prescribed. I feel that Retail pharmacies should be paid by the government on the number of pt's served and not on quantity of Rx filled.”
– Pharmacy Technicians

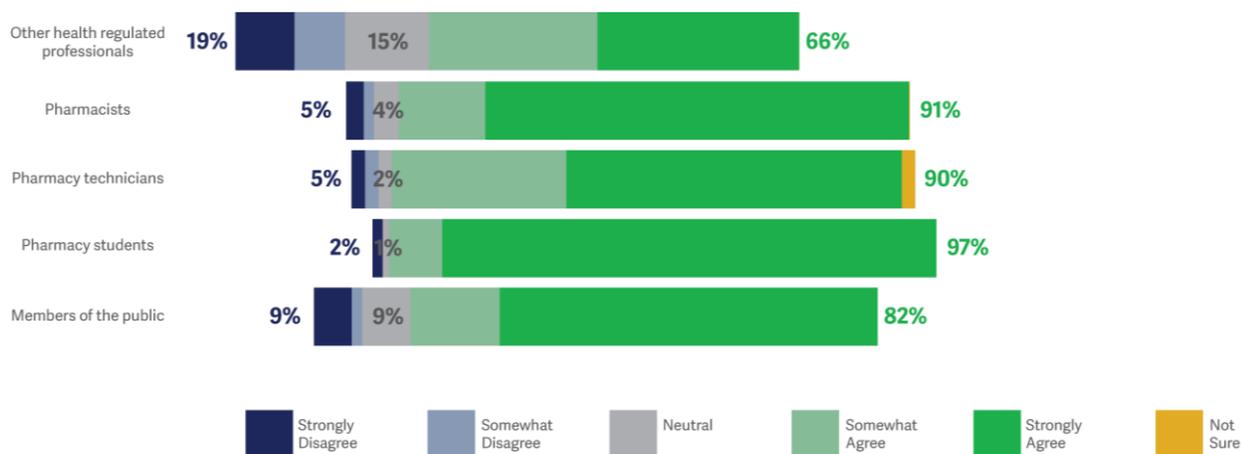


COLLABORATION

The College sought feedback from stakeholders on the collaboration and communication that would be necessary to support pharmacist prescribing in collaborative practice relationships. Public respondents shared their thoughts on the importance of this kind of collaboration and how they would expect pharmacist prescribers to communicate and collaborate with other practitioners. We also heard from pharmacists and other healthcare providers on the planned requirements for access to information and documentation as well as their thoughts on collaborative practice relationships for pharmacists prescribing.

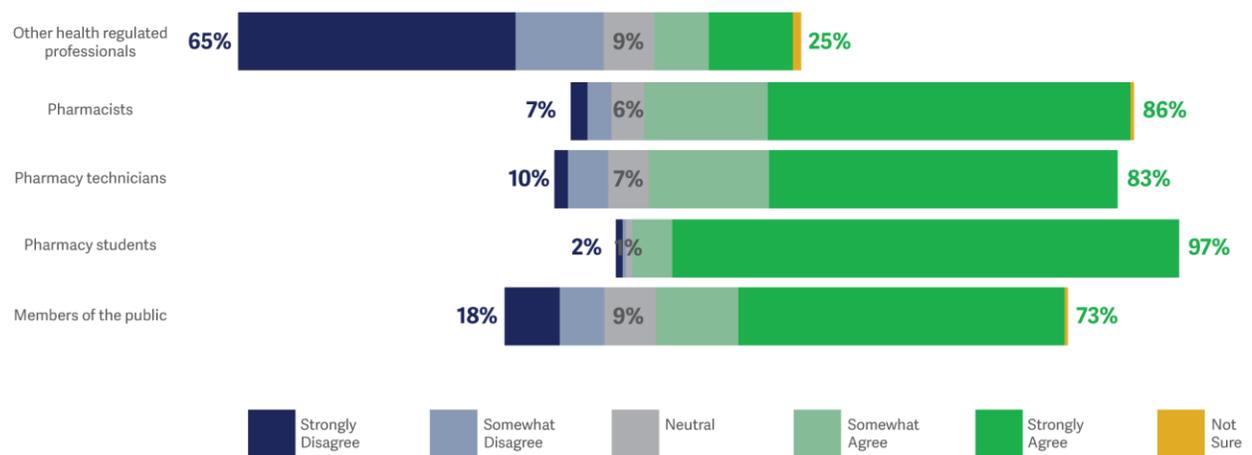
Collaboration was one of the areas of the Framework of Pharmacist Prescribing where there was the greater convergence of agreement between different respondent groups. The majority (85%) of respondents indicated they would like to see more collaboration between primary health care providers (or other health professionals) and pharmacists in providing care. Only slightly less (73%) agreed they had confidence that a Certified Pharmacist Prescriber would appropriately collaborate with others on the care team to ensure safe and effective care.

You would like to see more collaboration between primary health care providers (or other health professionals involved in the care team) and pharmacists in providing care.



Pharmacy students had strongest agreement towards the role of collaboration in providing care and the greatest confidence in its effectiveness followed by pharmacists, pharmacy technicians and members of the public.

You have confidence that a Certified Pharmacist Prescriber would appropriately collaborate with others on the care team to ensure patients receive safe and effective care.



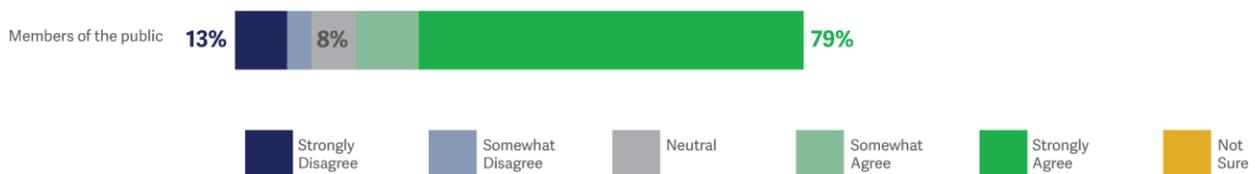
The majority of other health care professionals also agreed that they would like to see more collaboration with pharmacists in providing care, but had less confidence that a Certified Pharmacist Prescriber would appropriately collaborate. However, responses from different types of health care professionals were divided. Physician specialists expressed the most disagreement, general practitioners expressed slightly less disagreement, and other health professional respondents (such as nurses and nurse practitioners) clearly indicated they want to see more collaboration and also showed they had confidence that a Certified Pharmacist Prescriber will collaborate appropriately.

PATIENTS

Members of the public demonstrated that they want to see more collaboration between health care professionals in providing patient care and have confidence in the collaborative practice relationship involved in pharmacist prescribing. Over 80% agreed they would like to see more collaboration between primary health care providers (or other health professionals) and pharmacists.

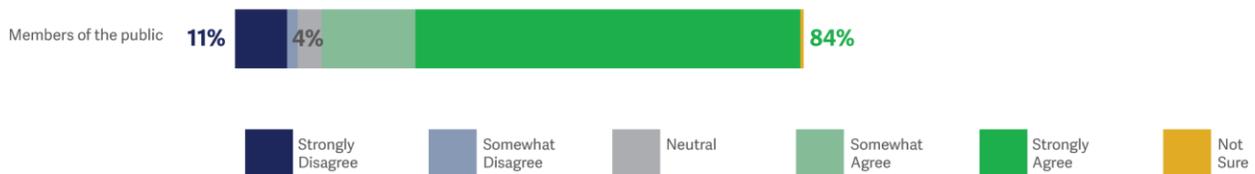
Overall, public respondents clearly indicated that they felt comfortable with a Certified Pharmacist Prescriber collaborating with other health care professionals involved in their care – 79% agreed or strongly agreed that they would feel comfortable with this. However, some members of the public still had reservations or concerns, such as duplication and redundancy, conflict of interest, lack of existing collaboration, and access to information barriers. Others suggested that it would depend on the individual pharmacist.

You feel comfortable with a Certified Pharmacist Prescriber collaborating with other health professionals involved in your care.



Over 70% of patients also expressed confidence that a Certified Pharmacist Prescriber would appropriately collaborate with others on the care team to ensure patient safety. Previously, [only 49% of public respondents agreed](#) that a Certified Pharmacist Prescriber would consult appropriately.

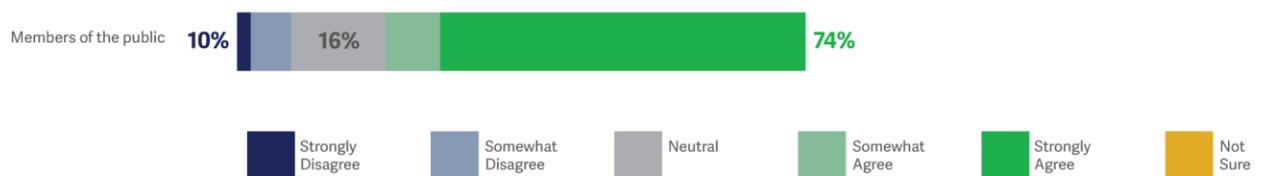
You would encourage your primary care provider (or other health professional involved in your care) to form collaborative practice relationships with pharmacists.



The majority of public respondents also indicated they would encourage pharmacist to pursue becoming a Certified Pharmacist Prescriber (74%). Over 80% also agreed that they would

encourage their primary care provider (or other health professional involved in their care) to form a collaborative practice relationship with a pharmacist prescriber. This is a significant increase compared to [earlier feedback in 2016](#) where only 61% of public respondents agreed that they would encourage their primary care provider to work more collaboratively with a Certified Pharmacist Prescriber to improve their care.

You would encourage pharmacists you work with to pursue becoming a Certified Pharmacist Prescriber.



“I think if there was an issue too large for my pharmacist to handle, he would refer me where appropriate or communicate with other health care professionals to help solve the issue in a timely fashion.”
 – Patient



“It’s just creating multi-disciplinary teams in the community, which already exist at general hospitals and other tertiary care facilities. I think each patient deserves multiple opinions and consensus on their treatment.” – Patient



– Patient

“This would allow me to trust that the level of care needed for me is appropriate as it has been discussed between two health professionals.”



“I would feel more comfortable the more health professionals I have involved in my care.” – Patient



“Not if this involves an overlap of responsibilities.” – Patient



“It depends on the pharmacist. I think safeguards need to be in place.”
 – Patient



"I believe that this would give me the best possible health care possible as I can have multiple people collaborating to focus on my well being." – Patient

**PUBLIC
RESPONDENT**

**PUBLIC
RESPONDENT**

"It would be the responsibility of the doctor to include the pharmacist in the patient's care team." – Patient

"This is respectful and good to see. There should really be no "hierarchy" in health care. It's a health care team. Every team member is working for the good of this particular patient. So every team is unique, because each team has a different patient and family/caregiver, team members." – Patient

**PUBLIC
RESPONDENT**

**PUBLIC
RESPONDENT**

"Don't really see it happening with existing health care professionals so why would this be any better." – Patient

"I don't have a gp, so I'd like to see walk-in clinics form relationships with pharmacist prescribers to provide this. this would likely help with the long lines for walk-in clinics." – Patient

**PUBLIC
RESPONDENT**

**PUBLIC
RESPONDENT**

"In a large centre I don't think I could expect my GP to develop a relationship with my pharmacist because my pharmacist is frequently not the same person even though I'm getting my prescription filled at the same pharmacy." – Patient

"The government needs to pay them for their time. My doctor has little kids and a student loan. I'm already worried they'll leave like the last one." – Patient

**PUBLIC
RESPONDENT**

**PUBLIC
RESPONDENT**

"I've received care from doctors, physiotherapist and pharmacists. Collaborations definitely help improving my health outcome." – Patient

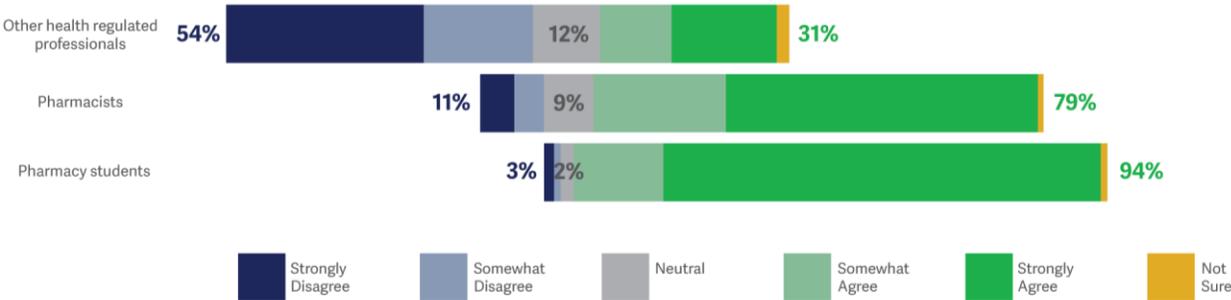
HEALTH PROFESSIONALS

Pharmacists, pharmacy technicians and pharmacy students all strongly expressed that they would like to see more collaboration between primary care providers (or others on the patient’s care team) and pharmacists. 91% of pharmacists, 90% of pharmacy technicians and 97% of pharmacy students all indicated more collaboration was needed between pharmacists and primary care providers. The majority of pharmacists (86%), pharmacy technicians (83%) and pharmacy students (97%) also had confidence that a Certified Pharmacist Prescriber would appropriately collaborate with others on the care team to ensure patients receive safe and effective care.

The majority of other health care professionals also indicated that they would like to see more collaboration between primary care providers (or others on the patient’s care team) and pharmacists. However, they did not necessarily feel that the proposed Framework for Pharmacist Prescribing was the best approach for achieving more collaboration.

Responses between different types other health professionals varied especially between physicians and others (such as nurses and nurse practitioners). Only 55% of physician specialists expressed that they want to see more collaboration with pharmacists in providing care, while slightly more general practitioners (64%) agreed with wanting to see more collaboration. Over 94% of others (such as nurses and nurse practitioners) indicated they did want to see more collaboration with pharmacists.

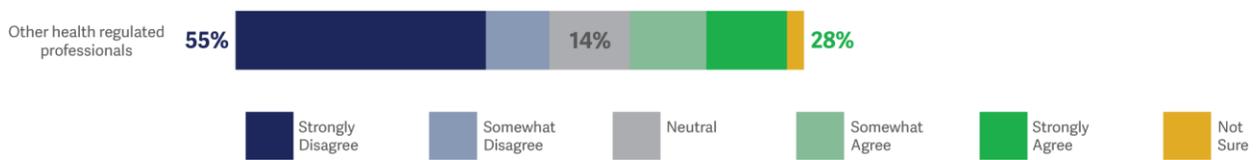
The collaborative practice relationship will support the collaboration needed between a Certified Pharmacist Prescriber and other health care professionals to safely prescribe, monitor, follow-up and adjust a patient’s drug therapy.



Just over 30% of other health care professionals agreed that the collaborative practice relationship described in the Framework for Pharmacist Prescribing will support the collaboration needed between a Certified Pharmacist Prescriber and other health care professionals, while 54% disagreed. Slightly less (28%) agreed that working collaboratively with a Certified Pharmacists Prescriber would help them care for their patients.

Most physician specialists (80%) indicated they did not have confidence a Certified Pharmacist Prescriber would collaborate appropriately and 69% of general practitioners also indicated this, while 84% of other health professional respondents agreed that a Certified Pharmacist Prescriber would collaborate appropriately with others on the care team to provide safe and effective care.

Working collaboratively with Certified Pharmacist Prescribers would help you care for your patients?



Some physicians suggested that they would welcome collaboration with PharmD graduates, or with pharmacists they have established a long term relationship with in caring for patients. Others suggested that the degree of physical closeness of the Certified Pharmacist Prescriber would give them greater comfort in collaboration, such as within interdisciplinary teams, a physician or clinic office, or pharmacies with a close relationship with a nearby clinic or physician’s office. Some physicians also suggested that pharmacist prescribing could play a role in the emerging [Patient Medical Home](#) model of care. Some also felt that they do not have the time required to collaborate more with pharmacists and others suggested they should be compensated for the additional work involved in collaboration.



“I would hope so, and my confidence would be strengthened were the proposed changes envisioned as being part of the emerging Patient Medical Home model of primary care practice in B.C. and not a separate pharmacy-run structure in any way running 'parallel' to regular models of care.” – General Practitioner

“To the best of their ability, yes, I believe they would try to be safe. But, you don't know what you don't know. So, in other words, there could be major physical exam findings/history that isn't found as they didn't know to ask. A course isn't going to teach this.” – General Practitioner



“It would allow an informed member of the interdisciplinary team to take on responsibility for aspects of patient care, in their area of specialty.” – Nurse

"I would like to have a PharmD as part of team based care in my practice. This person would know and understand the patient with the patient consent and communicate directly with me. This model was trialled in my office and is well received." – General Practitioner

OTHER HEALTH
PROFESSIONAL
RESPONDENT

OTHER HEALTH
PROFESSIONAL
RESPONDENT

"I think there is already a lot of collaboration. In my specialty I don't write too many prescriptions but I have had many useful conversations with my pharmacist colleagues over the years." – Physician Specialist

"Doctors of BC believes that pharmacists and physicians are well positioned to work together to collectively improve patient care and safety. Physicians strongly support opportunities to work with pharmacists, as part of a multidisciplinary team, to improve quality of care. Doctors of BC welcomes opportunities to work with the College of Pharmacists to support the integration of pharmacists into multidisciplinary health care teams. For example, Doctors of BC supports the work of the General Practice Services Committee and Divisions of Family Practice to integrate clinical pharmacists into Patient Medical Homes. In these practices, physicians and pharmacists work together to optimize drug treatments for patients with complex medical conditions." – Doctors of BC

OTHER HEALTH
PROFESSIONAL
RESPONDENT

OTHER HEALTH
PROFESSIONAL
RESPONDENT

"In long-term relationships that have clear delineation of responsibilities and elimination of conflict of interest with good evidence-based care." – General Practitioner

"What pharmacists are doing now is good: giving polypharmacy advice (and also being reimbursed for the medication reviews), being paid for glucometer education with patient, etc are areas in which I do not see a problem. But greater scope in prescribing is not appropriate." – Physician Specialist

OTHER HEALTH
PROFESSIONAL
RESPONDENT

OTHER HEALTH
PROFESSIONAL
RESPONDENT

"Worried about potential loopholes for private pharmacies. Would feel much better if Pharmacist prescribers were required to be a health authority employees working in the context of team." – Nurse

"I already have a good relationship with some of the pharmacists in my neighbourhood. It is helpful having a pharmacist directly next door. We each walk back and forth to ask each other questions. This is very helpful." – General Practitioner

OTHER HEALTH
PROFESSIONAL
RESPONDENT

OTHER HEALTH
PROFESSIONAL
RESPONDENT

"I think if the government would restructure health care to provide more support in the primary care setting it would be helpful to have a pharmacist work in a clinic alongside physicians and NPs similar to PharmD's that work in the hospital setting."

Physicians also provided feedback on how they might establish or work within a collaborative practice relationship with a Certified Pharmacist Prescriber as well as what that relationship might look like. Physicians highlighted interdisciplinary teams and collaborative practice settings the most as examples where they felt pharmacist prescribing may be appropriate. They also suggested that they might use the collaborative practice relationship with a pharmacist prescriber for more complex patients, cases of polypharmacy and ongoing management of chronic conditions. There was less confidence in establishing a collaborative practice relationship in community practice other than when a close working relationship and mutual trust and recognition of expertise had been established on an individual basis. Some physicians also continued to emphasize that pharmacist prescribing could work within the emerging Patient Medical Home model of care. Others suggested that pharmacist prescribing might work well if pharmacist prescribers were funded through the provincial government or health authorities rather than through corporate pharmacies.

"I would like to see them working in our offices, so patients see pharmacist and physician together, or one and then the other. I would like to see more of a team approach."
– General Practitioner



"Working together for a period of time on a team making decisions together and learning how each other makes decisions on the same patients in the service area of focus (ie hospital vs residential care, vs community care). A form of mediation or team assesment on a regular basis in the first year before an ongoing relationship is established. Communication is always best on a team basis or directly between professionals and never via the patient in order to avoid schism in care." – General Practitioner

"I could see this succeeding within the emerging structure of the "Patient Medical Home", the community practice scenario envisioned by the Ministry of Health and Doctors of BC to wrap care around patients themselves, in THEIR context, and in THEIR community. Most patients surveyed identified the most logical physical place for that to happen, to be in their family physician's or group's offices. A co-located pharmacist in this context could be at arm's reach from their own pharmacy practice, could be paid to provide such clinical services, and even be delegated with followup of prescription interactions, new prescription monitoring, and the like, even out of the patient's home, if the patient were in any way debilitated or home-bound." – General Practitioner



"This would be effective in a primary health care team, as in the government funded multi-disciplinary clinics. I worry that it might be a challenge in fee for service models of primary care." – General Practitioner

"I would like a PharmD in my office with no connection to a private pharmacy."
– General Practitioner





“Through multidisciplinary care teams set up by the health authority. Need time to see patients together and discusses cases to develop trusting relationship regarding independent prescribing.” – Physician Specialist

“Clinical pharmacists are very helpful in a hospital setting, could expand their role in nursing homes. Both settings have information systems designed for this type of collaboration across the health care team. I worry about challenges in community primary care practice.” – General Practitioner



“Need to be integrated as a team member, not just someone sending faxes to doctors.” – Physician Specialist

“Have a pharmacist working in/visiting the office and seeing patients. Buy who would pay the overhead for this?” – General Practitioner



“Changes would need to be made to physician compensation to make time to establish collaboration and coordination of care. – Physician Specialist

“The patient medical home, with interdisciplinary care, is the perfect model for this type of interaction.” – General Practitioner



“I would use a pharmacist prescriber to manage my INR warfarin patients. That is all.” – General Practitioner

“They can help me formulate plans for my more complex patients... e.g. Similar to care conferences that we do for the elderly.” – General Practitioner



“A collaborative practice relationship often develops naturally with time as you work with pharmacists that know our patients.” – General Practitioner

“Assist with the most complex, polypharmacy patient. Offer alternatives to existing regimen that would streamline meds, reduce conflict, and save money. Counsel pt about safety of meds - esp opiates, benzos, etc.” – General Practitioner



“There would be discussions between the primary healthcare provider and the pharmacist to maximize the benefit of the knowledge base of each participant.” – General Practitioner

Just under 80% of pharmacists and over 90% of pharmacy students agreed that the collaborative practice relationship described in the Framework for Pharmacist Prescribing will support the collaboration needed for pharmacist prescribing. Pharmacists and pharmacy students also strongly agreed that working as a Certified Pharmacists Prescriber collaboratively with another health professional would help them care for their patients. Some pharmacists emphasized they already had effective collaborative relationships established that could support pharmacist prescribing, while others said physicians are not as open to collaboration as they need to be. Some also suggested that the requirement for a collaborative practice relationship was too narrow and might limit some of the opportunities for pharmacist prescribing to benefit patients. Others expressed concern that physicians already seem too busy to collaborate. Effective communication – both through documentation and in developing relationships that involve detailed discussions about a patient care – was highlighted as an important part of the collaboration needed for pharmacist prescribing. Pharmacy technicians also highlighted how they could help support more collaboration.

Working as a Certified Pharmacist Prescriber collaboratively with another health professional would help you care for your patients.



“The more communication there is, the better understanding the pharmacist will have of the patient and their needs and the better care they can provide.” – Pharmacist

“Pharmacotherapy decision making is inherently complex and we have to stop pretending that it isn't. Greater collaboration allows for all factors to be considered and brought forward to the patient for truly informed care planning.” – Pharmacist



“Some healthcare providers are, unfortunately, not up to date with current treatments and will occasionally prescribe medications that are no longer indicated for effective treatment. Pharmacists already have conversations with these healthcare providers on a regular basis when forced to fax prescriptions back and forth with suggestions. Having a more open conversations or being able to prescribe would alleviate the number of call-back or fax-back prescriptions that other healthcare providers must deal with.” – Pharmacist



“Primary care providers see retail pharmacists as an irritant in that there is endless faxes for refills. We need to find a way to get away from this type of relationship into one where we can provide value to the primary care provider and therefore support the patient.”
 – Pharmacist

“Communication is key in patient-centered care. Constant and frequent communication also reduces the number of errors and increases efficiency and accuracy of care for the patient.” – Pharmacy Student



“The model of practice with pharmacists as part of primary health care teams already exists in other Canadian jurisdictions and has been developed at the UBC Pharmacists Clinic for implementation in British Columbia.” – Pharmacists Clinic, University of British Columbia

“I’ve actually had experience working in a collaborative agreement with other health care professionals including Doctors and Nurse Practitioners. I found that all health care professionals involved experienced an increased level of professional satisfaction.”
 – Pharmacist



“As patients are at the centre of our care, we need to ensure that services provided by each member of the patient’s healthcare team is complementary to one another.”
 – Pharmacy Student

“This will bridge the gap between healthcare professionals and hopefully move towards a progressive healthcare system.” – Pharmacist



“The College implies in its draft framework that pharmacists would be best to be physically co-located with physicians (in either hospitals or at a doctor’s office) to improve patient care. There are examples in British Columbia in which pharmacists have proven they do not need to co-locate in a physician’s office or work alongside nurses and doctors at a hospital to create a collaborative team environment and provide excellent patient care.”
 – BC Pharmacy Association

“I feel we have a fantastic working relationship with all primary care providers in our community, Vernon, BC. One area I could see room for change is in the sharing of lab work and any applicable charting information.” – Pharmacist



“It is often very difficult to get a hold of a physician in the first place. Sometimes it takes days to hear a response from a dr when it comes to rx refills or just for a simple clarification.” – Pharmacist

“I think in clinical settings, pharmacists are already collaborating really well with other HCPs. However, in the community setting, this may still be lacking. I've noticed that physicians aren't always open to taking recommendations from pharmacists and sometimes pharmacists are reluctant to make recommendations too in fear of putting a strain on the physician-pharmacist relationship.” – Pharmacy Student

STUDENT
RESPONDENT

PHARMACIST
RESPONDENT

“In fact, it will also be good to see collaboration between pharmacists in addition to other healthcare providers. This becomes feasible only the competitive business aspect is removed from the pharmacy practice.” – Pharmacist

“Primary healthcare providers and pharmacists already collaborate to ensure patient safety and effectiveness of their drug therapy. However, it would be more beneficial if primary health care providers and pharmacists could share their information easier. The world is so technologically advanced, yet our healthcare system is relatively far behind. Like we have PharmaNet that can be accessed by any pharmacy in BC, a central EMR in BC would greatly improve patient outcomes and also save healthcare costs (especially by saving time, and reducing negative outcomes that result in hospitalization and use of healthcare money).” – Pharmacy Student

STUDENT
RESPONDENT

STUDENT
RESPONDENT

“Having a mindset in which the patient is prioritized first, and working together to achieve universal health goals for the patient.” – Pharmacy Student

“Having access to the patient’s information/records so that we can both be fully caught up with the patient’s conditions and prescriptions. Also, short phone calls to discuss any confusion in the patient’s records or ask for advice with something outside of the scope of either health professional. If time permits, (like if I am in the same office/building as the other health professional), meeting in person would probably be better than phone calls, but it depends on the busyness of both professionals. It would be easier to develop this relationship in a more clinical setting, but with sufficient communication, collaboration would be possible.” – Pharmacy Student

STUDENT
RESPONDENT

TECHNICIAN
RESPONDENT

“It would improve the work flow greatly! They are best at knowing proper dosing, what is covered under pharmacare, interactions, new medications, better collaboration with pharmacy technicians. Save more time for Dr's to see more PT's... and be more thorough, and less time answering questions from pharmacy.” – Pharmacy Technician

“It would increase work flow as it would remove obstacles of refills for chronic illnesses, and help patients adjust their warfarin, or other bloodwork requiring medications, faster and easier for both patient and pharmacy team.” – Pharmacy Technician

TECHNICIAN
RESPONDENT

TECHNICIAN
RESPONDENT

“Techs can handle all the technical and dispensing duties. Leave it to the pharmacists, the drug experts, to prescribe.” – Pharmacy Technician

ACCESS TO INFORMATION AND DOCUMENTATION

Based on feedback received in 2016 on the initial framework, the College set out more detailed requirements related to access to health information, documentation and communication in the new Framework for Pharmacist Prescribing in BC. The College sought feedback on these new requirements.

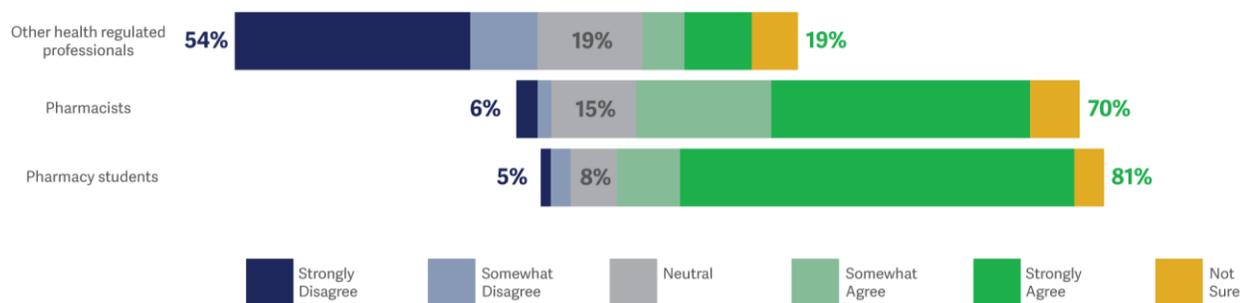


COMMUNICATION AND DOCUMENTATION

While caring for a patient through a collaborative relationship, a Certified Pharmacist Prescriber will be required to document the patient assessment, prescribing decision and rationale, monitoring and follow-up plan. They will also need to report back this information to the patient care team, including the patient’s primary health care provider and other relevant health professionals (as appropriate). The methods for communication and sharing this information would also need to be established initially as part of developing the collaborative relationship.

The majority of pharmacists (70%) and pharmacy students (81%) felt the information sharing requirements were sufficient. While 54% of other health professionals disagreed, just under 40% either agreed with the requirements or were neutral.

The information sharing requirements within the Framework for Pharmacist Prescribing is sufficient for documentation and reporting back.



Some pharmacists expressed concerns that the documentation requirements could take up too much time, while others felt that the requirements were appropriate and reflected how they currently collaborate with other health professionals. Pharmacists also emphasized the importance of ensuring others on the care team also reviewed information provided and shared adequate information with the pharmacist prescriber. They also identified the importance of building a strong working relationship with the other health professionals involved in a patient’s care where discussions about the patient’s needs and health goals and results of ongoing monitoring are expected to be discussed.



“Too much documentation and follow-up patient's are not feasible in a busy pharmacy with understaff and overloaded work.” – Pharmacist

“This is the level of collaboration that one would expect to find with adapted prescriptions or medication reviews that require pharmacist consultation.” – Pharmacist



“I remember a time when a pharmacist would call to speak to a physician and the pharmacist would be connected directly to that physician. Now pharmacist can only fax. The importance of this conversational and relationship building practice needs to be revisited and potentially encouraged by both the pharmacist and physician colleges.”

– Pharmacist



“This seems to encompass all that is needed, but the time it would take to write up and send all this information is concerning.” – Pharmacist



“Collaboratively using PharmaNet, Patient Medical Records and other communicated information will ensure both the pharmacist and physician are on the same page in terms of diagnosis, prescribing and the over-all treatment plan. I think as well, meetings for collaborative exchanges on patient treatments may also be necessary depending on the situation, patient condition/disease and progression, and the course of medication treatment.”

– Pharmacy Student



“I think this is sufficient as long as there is a system in place so there is an acknowledgement from the health care provider that the communication is being read.” – Pharmacist



“There must be a thorough understanding of who all the care providers are and that the entire team is involved and communicated with. For example, some patients see a physician, a diabetes educator, a home health nurse, a cardiologist, a physiotherapist, and may be in a treatment program. I have found circumstances where a provider may not be aware of another provider and they accidentally worked at odds with each other. I think the communication detailed in the above statement must have a time component.”

– Pharmacist



“It actually seems like overkill. No other prescribers are required to do so much documentation and reporting.” – Pharmacist

“Pharmacists are absolutely capable of sufficient and excellent documentation. They document in practice already, such as when communicating with physicians regarding a patient's medication (SOAP notes), or adapting

a prescription. Furthermore, pharmacy students write 4 page care plans on their rotations and throughout their schooling, in which they learn extensively how to write such documentation.” – Pharmacy Student

“Yes, but again a collaborative relationship is not a binary unidirectional one. Other prescribers should be required to do this with a Certified Pharmacist Prescriber as well. It doesn't work if only the pharmacist is required to "report back this information". Other relevant health professionals should have to report back this information to pharmacists as well to maintain continuity of care for the patient.” – Pharmacist



Other health professionals expressed concern about the amount of extra work that could be involved with the communication and documentation requirements, while others expressed concerns about possibly delays in communication. Others emphasized that communication needs to be bidirectional between other members of the care team and the Certified Pharmacist Prescriber.

“Often there is a delay in communication. If there is a change in a patients medication that is made without consultation to the patient's physicians this could be detrimental to the patient's health. If pharmacists are to collaborate in prescribing it should be done in consultation with the patients attending physicians.” – General Practitioner



“Well as long as the communication is bidirectional and not one way - this could create more problems for the MD having to undue changes in treatment plans.” – Physician Specialist

“This is going to be awful for primary care physicians who then have to spend time reading this info. When are we supposed to do this? It will take away from our time to actually see patients, and no family physician will be happy about this, given that the paperwork is already endless and there is no pay for it.” – General Practitioner



“If physicians are not compensated for this collaboration time there isn't incentive to have the pharmacist fill any prescribing roll.” – Physician Specialist

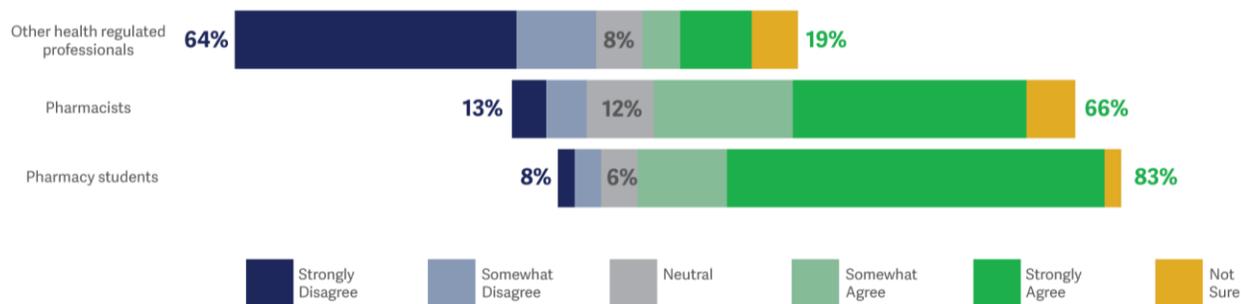
Under the Framework for Pharmacist Prescribing, Certified Pharmacist Prescribers will be required to have access to relevant health information including information from the patient (including a medication history), PharmaNet, Patient Medical Records, and information from those involved in the patient’s care.





Both other health professionals and pharmacists had slightly less confidence in these requirements compared to the information sharing requirements. Both groups highlighted tools such as electronic medical records, and broader use of PharmaNet, that could help meet these requirements. In some cases, typically within interdisciplinary team-based settings, access to the necessary information was already available, while in others, additional work would be needed within the practice setting and processes to facilitate the appropriate information access.

The health information access requirements within the Framework for Pharmacist Prescribing is sufficient to support pharmacist prescribing in a collaborative relationship.



Pharmacists primarily highlighted the importance of being able to access and order lab tests and the ability to have easier and consistent access to patient health information to help inform medication management for patients. Pharmacists highlighted that this would help them better care for patients regardless of whether they were a Certified Pharmacist Prescriber.

“Also pharmacist should have access to patients laboratory results because it is key factor in deciding dose, frequency, direction of medication as well as pharmacist will able to catch drug therapy problems on basis of patients current lab values and can contact other health care professionals to make changes in therapy according to current status of lab values.”
 – Pharmacist



“This should be enough if the Patient Medical Records includes access to their lab values as that is a key component in ensuring optimal care. There are many clinical conditions that require monitoring of lab values to assess optimal therapy (dyslipidemia, diabetes etc.).”
 – Pharmacist

“I’m not sure how pharmacists would be able to see patient’s records if hospital providers already struggle with continuity of care.” – Pharmacist



“I need full access to all lab reports, including full history. For example, renal function is important in many conditions and therapeutic choices. It is also essential to know the trend in renal function (up, down or steady). In many cases, this requires a discussion with the collaborating physician to help determine the best course of action for the patient. Looking at HbA1c for diabetes, it is important to know CBC results as low levels of red blood cells of Hgb could result in an inaccurate HbA1c result. There are many, many more examples I could give.” – Pharmacist



“Both parties should have the same information available to them to be truly collaborative. Each individual should be able to review information so there is not an error in communication potentially being relayed from one person to another. There is a greater chance of error”. – Pharmacist



“Although pharmacists are still faced with the logistical barriers of ordering lab tests, are community pharmacists allowed to request copies of lab results ordered by another prescriber? We may need to build flexibility into the framework to allow opportunities for change and improvement.” – Pharmacist



*“Pharmacists should NOT have to request such information from other health care professionals. This EXCLUDES the pharmacist from the patient's "circle of care". Pharmacists should be given the authority to access relevant patient information (e.g. INR, lytes, etc.) without having to contact other health care professionals. *EVEN if pharmacists are not granted prescribing authority, access to relevant medical history is ESSENTIAL to patient medication management.” – Pharmacist*



“Ideally, this would be electronic and made available in a shared "folder" of patient records between the healthcare team members.” – Pharmacist

“Currently pharmacists practice somewhat in a void with respect to diagnosis and lab/medication dose history. Access to blood pressure, blood lipid & blood sugar history, are examples of labs that would facilitate prescribing decisions.” – Pharmacist



“Electronic methods need to be established. Fax is antiquated and time consuming and often ignored.” – Pharmacist

“Rather than the College looking at pharmacist prescribing rights, I feel they should be focusing on equal access to healthcare information. I believe it is a major patient safety issue that currently BC community pharmacists cannot access laboratory or EMR data. How can a pharmacist possibly evaluate the full safety considerations of a prescribed medication without this information.” – Pharmacist



Other health professionals expressed concerns that pharmacist would not be able to access the diagnostics and other personal health information. Some suggested, that without a provincial electronic health record available, it would be too time consuming for physicians to help provide pharmacist prescribers with the access

they need. Some also highlighted that electronic medical records may not always have all the necessary information.



“Pharmanet does not have patient's disease condition such as chronic kidney failure or congestive heart failure, lab reports etc.” – Physician Specialist

“The last thing we need in our current patient information system is yet another layer of documentation that is not within the patient's primary chart!” – General Practitioner



“Unless the pharmacist and physician share the same health record/ chart access this is insufficient.” – Physician Specialist

“Pharmacists will need to implement an electronic medical record system similar to GPs office, if they want to take on this activity. All of the notes should be logged, and transmitted to GPs/NPs and relevant specialists. Records must be maintained as per standards set forth by the College of physicians for patient medical records. All these logistics must be carefully laid out ahead of time.” – General Practitioner



“This would best be done in a Provincial EHR - which we don't have. This will, therefor require interoperability of electronic systems.” – General Practitioner

“How will pharmacists obtain access to patient medical records? This is an added cost to primary care physicians if their office staff are asked to retrieve the patient records, ask the physician if ok to share. . . patients may need to sign forms to state they give consent to sharing of this information. This is an added burden to physicians and creates an added cost to physicians personally, as they are paying for the time for the office staff to perform these tasks.” – Physician Specialist



“Will the pharmacist understand all of the implications of the medical information? How ill the collection, formatting and reporting of a patient's medical information support the pharmacist? I don't think this has been considered in the development of the current EHR's in BC.” – Physician Specialist

“Meditech or other EMRs (electronic medical record), imaging results, and consultation reports.” – Nurse



“Most patient medical records are not available easily online. Management notes from GPs office for example. The pharmacists will be missing a huge part of what's going on with the

*patient. Looking at pharmanet and lab values is not enough information.”
– Physician Specialist*

“How will the pharmacist access and interpret relevant imaging (eg chest x-ray, if no report available yet, CT scan), how will the pharmacist perform diagnostic tests required to follow up unusual symptoms or signs (e.g. vitals signs and interpretation; order lab work; perform physical examinations).” – Physician Specialist



Some patients also highlighted that they would like to have their personal health information more accessible to themselves as well as to pharmacists as an extension of their care team. However, some expressed that they were not comfortable with their medical information being shared with a pharmacist.

“I would feel most comfortable if my care providers and pharmacist shared an information system in real-time. I would also like access to that system.” – Patient



“What about my personal information? I am not comfortable with a pharmacist having access to all of my medical information.” – Patient



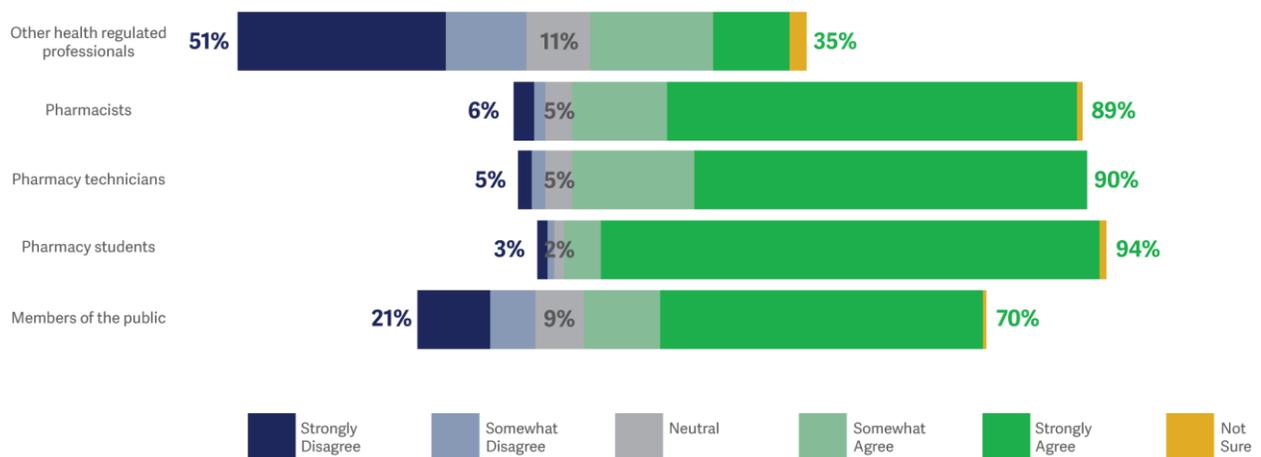
PATIENT SAFETY & IMPROVING OUTCOMES



The College sought feedback on how pharmacist prescribing could help protect patient safety and improve health outcomes. This included hearing from respondents on accessibility and timeliness of care, quality of care, and medication management. The College also heard from respondents on what they thought patients might use pharmacist prescribing for.

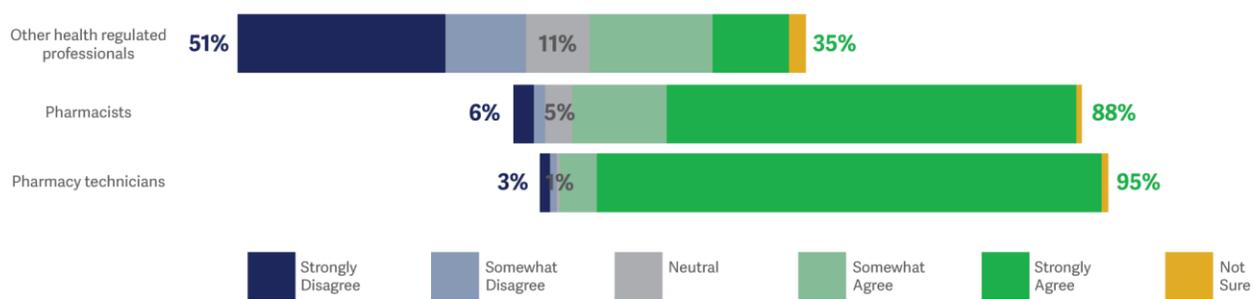
Overall, the majority of respondents indicated that pharmacist prescribing could help protect patient safety and improve patient outcomes. While other health care professionals still expressed some disagreement surrounding the benefit to patient safety, this was also an area where there was the greater convergence of agreement between different respondent groups. Feedback also showed a significant increase in agreement surrounding the benefit to patient safety compared to [earlier feedback in 2016](#) on the initial draft framework.

Some patients could find receiving care from a Certified Pharmacist Prescriber more accessible.



Pharmacy students (94%), pharmacy technicians (90%), pharmacists (89%) and members of the public all agreed that some patients could find receiving care from a pharmacist prescriber more accessible. Just over half of other health care professionals did not agree that patients could find pharmacist prescribers more accessible, while 46% either agreed or felt neutral towards the benefit to patients. Physician specialists disagreed the most (42%), however 55% were either neutral or agreed. Both general practitioners and others (nurses and nurse practitioners) agreed that patients could find pharmacist prescribing more accessible.

Access to a Certified Pharmacist Prescriber could improve timely access to drug therapy for some patients.



Pharmacists and pharmacy technicians also strongly agreed that access to a Certified Pharmacist Prescriber could improve timely access to drug therapy for some patients. Other health care professionals were more divided with just over half disagreeing and 35% in agreement.

Some respondents highlighted that the requirements surrounding forming a collaborative practice relationship, and the requirement for separate pharmacist to prescribe and dispense a medication may limit the opportunity for pharmacist prescribers to improve accessibility in some smaller communities.

This is a significant increase compared to earlier feedback on the initial draft framework where only 73% of other prescribing respondents disagreed that access to care would be improved and only 53% of patients indicated they agreed.

“I believe that by restricting pharmacist prescribing to the collaborative care setting would limit accessibility since it would still require the involvement of a physician and/or other health care professionals.” – Patient



“Although ease of access would be improved, as I have stated, pharmacists often have a limited appreciation of the full picture of what's going on with patients. I don't think this is a great practice model.” – Physician Specialist

“This is especially important for elderly patients who may not be as mobile as younger patients. This constant having to go to the physician, wait for an hour just to get a prescription renewed... needs to stop. Some physicians already work around this by providing allowing patients to pay a nominal annual fee to have the prescription renewed by phone/ fax rather than having to drag the patient in for a "consultation".” – Patient



“I worry that patients might see this as an easy option, such as we see with virtual docs located in pharmacies. If patients deal only with a pharmacist, they may miss details until later in the course of illness before presenting to physicians. That said, this may be no different from walk in visits or virtual physician visits.” – General Practitioner

“Just because it's accessible doesn't mean it's safe or appropriate.” – Physician Specialist



“Absolutely, especially when 25% of people in BC do not have a family physician, wait times for medical walk in clinics can be hours, and many medical walk-in clinics will not deal with chronic care situations and conditions. Everyone knows where they can access a pharmacist rather quickly and there is a high likelihood that everyone who requires chronic medications knows their pharmacists name and visits the pharmacy regularly for these medications. This would strongly suggest that access to a pharmacist prescriber could improve timely access to drug therapy. This is already the case for therapies that are currently available as schedule ii and iii.” – Pharmacist

“It is absolutely ridiculous that we have to send our patients back to emergency when they come in with a prescription that isn't complete or has an issue. For example and antibiotic with a significant drug interaction or an allergy to antibiotic prescribed. With a diagnosis and access to lab values pharmacist should be able to change the antibiotic without putting strain on the emergency system if the prescribed isn't able to be reached. Also it can take a week or more to see primary health provider. For minor ailments or other simple issues pharmacists can triage and ensure all health avenues are getting used appropriately.”

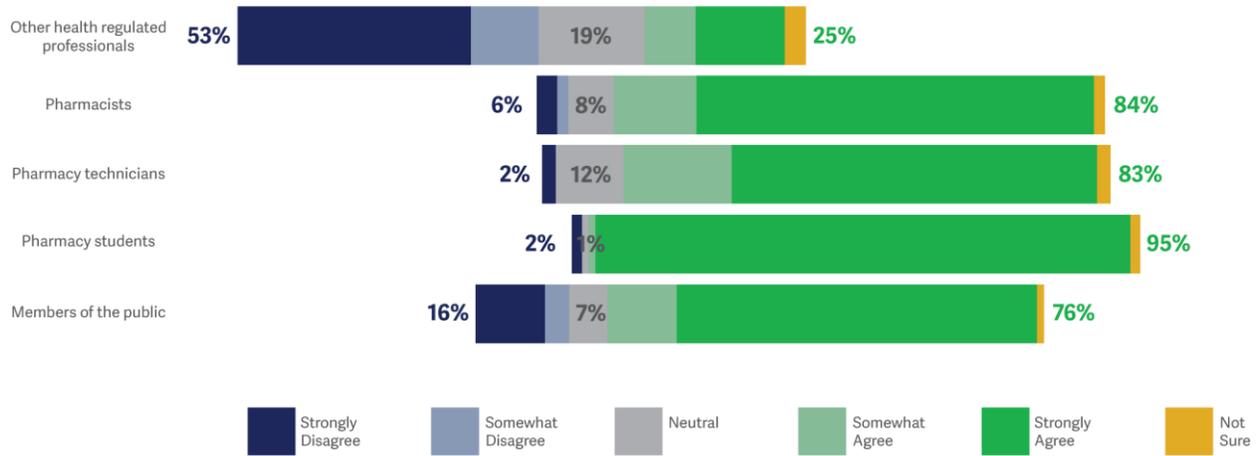


“As patients would now have to see multiple prescribers as well as a second pharmacist, I don't believe access to a Certified Pharmacist Prescriber would improve timely access to drug therapy in most cases. As well, other patients would have to wait longer for their prescriptions to be dispensed as the Certified Pharmacist Prescriber would need to dedicate more time to reading the information provided by the primary care provider, determining what treatment to prescribe and documenting and sending all relevant information to the primary care provider.” – Pharmacist

“As long as the pharmacists are prescribing in a safe manner, I think this is the biggest benefit that a Certified Pharmacist Prescriber could offer, especially now that so many people are having trouble finding a family doctor on Vancouver Island.” – Patient



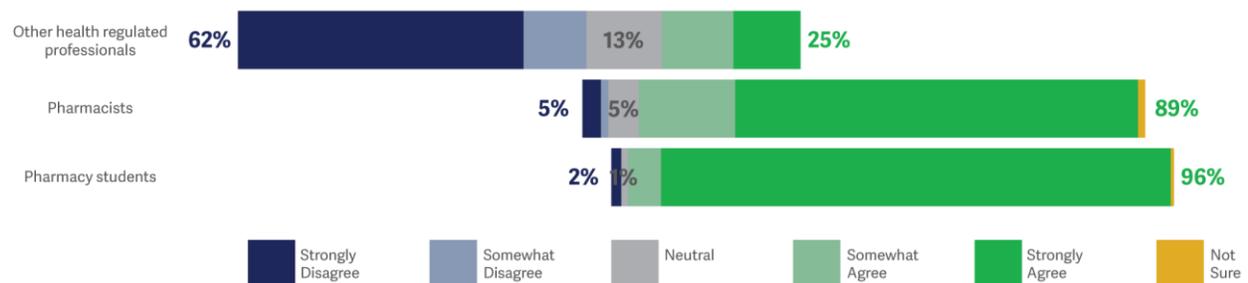
Adding a Certified Pharmacist Prescriber to your care team would help improve the quality of health care you receive.



There was strong agreement from pharmacy students, pharmacists, pharmacy technicians, and members of the public that adding a Certified Pharmacist Prescriber to the patient care team would help improve the quality of health care patients receive. While over half of the other health care professionals did not agree, over 40% either agreed or felt neutral.

Within the Framework for Pharmacist Prescribing, a Certified Pharmacist Prescriber would create a monitoring and follow-up plan for patients – a pharmacist prescriber follows-up with patients they provide care for, and patients may also check in with the pharmacist prescriber. The Certified Pharmacist Prescriber would also notify and provide relevant information to the patient’s primary care provider and other health professionals, as appropriate.

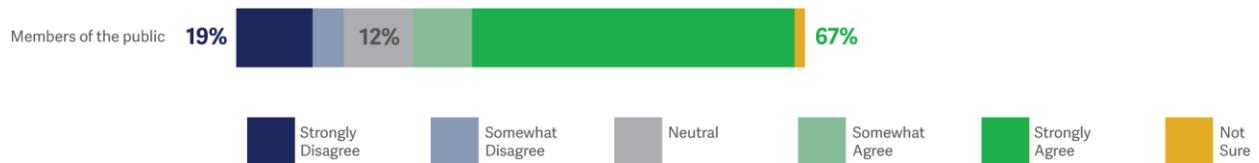
This increased collaboration for drug therapy management and monitoring could improve the quality of care a patient receives from their health care team.



Pharmacists (89%) and pharmacy students (96%) strongly indicated that they felt the increased collaboration for drug therapy management and monitoring could improve the quality of care

the patient receives from their health care team. Physicians disagreed with this. Members of the public also indicated that working with a Certified Pharmacist Prescriber on an ongoing drug therapy monitoring and follow-up plan would be helpful.

Working with a Certified Pharmacist Prescriber on an ongoing follow-up plan to monitor effectiveness and adjust medications as needed would be helpful to patients.



Pharmacists are specialists in drug therapy, and very often make recommendations and alert of monitoring that is necessary to optimize drug therapy and patient response. This is already part of usual care, but having prescribing authority allows the pharmacist to respond to signals in the monitoring that should lead to adjustments in pharmacotherapy. – Pharmacist



“Monitoring dosage/side effects of meds is critical to keeping patients safe at home (along with interactions of their home/herbal meds) and keeping patients out of our hospitals - this is a BIG value!” – Patient



“It seems like pharmacists and their role in health care aren't take advantage of fully. While being the medication experts, without the authority of prescribing, they aren't allowed to change potentially harmful drug therapies if the original prescriber doesn't agree. Utilizing pharmacists and their expertise in medication management could reduce a lot of the drug therapy problems seen today.” – Pharmacy Student



“This is a major benefit of pharmacist prescribing. The ability (i.e. the time availability) to work with patients to maximize the effectiveness of their drug therapy is a major benefit of having pharmacists as part of the care team.” – Patient



“A defined Pharmacist Prescriber would have a personal/professional relationship with a patient which would provide support above that from an anonymous pharmacist dispenser.” – Physician Specialist



“Collaborative relationships will increase efficiency, improve communication, help determine mutual goals of therapy among healthcare providers, and help the patient achieve their own goals of therapy.” – Pharmacy Student



“If you can't appropriately monitor the patients, you will just create more work for the physicians.” – Physician Specialist

“There is often a lack of continuation in care that leaves patients feeling like they're falling through the cracks of the healthcare system and irritated at the discontinuity. I have personally seen instances where physicians have made incorrect prescriptions, and have been completely unreachable by pharmacists to correct that error. In the end, the patient becomes frustrated with the pharmacist because they want their medication, but the pharmacist cannot do anything because the physician isn't replying. More collaboration between primary health care providers and pharmacists would ultimately prevent situations like this from happening and enhance patient care.” – Pharmacy Student



“This is already done by some pharmacists when doing comprehensive medication reviews, and so would come as a natural progression in patient care.” – Pharmacist

“It also depends on how busy the pharmacy actually is. Potentially, there would have to be appointments made just like a physicians office as well. If there is no incentive for having a prescribing pharmacist in the building it may not improve the quality of care due to the time commitment involved in providing the best quality of care.” – Pharmacist



*“There are several services, programs and agencies within PHSA where prescribing authority for the pharmacist within collaborative team is an opportunity to support better patient care, given the composition and availability of care teams at various sites around the province.”
– Lower Mainland Pharmacy Services, Provincial Health Services Authority*

“[I would use pharmacist prescribing] for regulating and coordination in managing medication regime for chronic disease management.” – Patient



*“I work in an anticoagulation clinic, patients are referred to our clinic following diagnosis. I currently present the options for treatment, discuss with the family MD and make final recommendations. I cannot write the prescription that the patient, primary care provider and I have decided on. I refer the patient to their family doctor to obtain a prescription resulting in inefficient use of the patient and MDs time. I also perform discharge medication reconciliation in the hospital. Pharmacists are the best HC provider to complete this task.”
– Pharmacist*

Patients, pharmacists, pharmacy students and other health professionals suggested that pharmacist prescribing could be used for:

- Titrating medication to determine the best dosage
- Minor ailments and contraception
- Renewals
- Hypo and hyperthyroidism management
- Warfarin therapy management
- Chronic disease management
- Increased monitoring and management of drug therapy

“Medication reconciliation. Medication titration. Reducing the stress of the health care system as a whole.” – Nurse



“Uptitration of previously instituted therapies – Physician Specialist

“Minor medication adjustments or standard renewals.” – Physician Specialist



“Physicians a lot of times don’t have the required knowledge about a lot of medication side effects. Pharmacist should be given full prescribing authority to minimize risks of adverse reactions.” – Patient

“Titrating drugs to the optimal dose. Choosing or switching to the drug which is based on patient preferences as well as safety and efficacy. Treating a minor ailment and other self-limiting conditions. Facilitate the optimal therapeutic regimen, drug and dose, for someone who is newly diagnosed with a condition.” – Pharmacist



“Emergency refills. INR management would be reasonable as well.” – Physician Specialist

My husband is on multiple medications. We don't understand the interactions or the efficacy of each medication because they are ordered by different specialists. I would prefer someone who had expertise in medication to advise me. – Patient



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“Routine medication. Identifying antibiotics that have worked well for me vs ones that have not. Identifying the best medications among those covered by my extended plan or taking into account cost.” – Patient

“One thing I have mentioned was having expensive medications switched to medications that are covered under my insurance is something I would like to see my pharmacist be able to do. I also think for less serious conditions, such as allergies or heartburn, I would trust the pharmacist to be able to prescribe something to help. Although it doesn't apply to me specifically, I think pharmacists should also be able to prescribe for birth control.” – Patient

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“I have four autoimmune diseases and am on a variety of medications and take supplementary vitamins. I would use them to renew prescriptions and ensure my medications are effective, as well as to monitor my vitamins. If possible, I would also use them to monitor my blood work.” – Patient

“I can envisage working more closely with a pharmacist prescriber to tailor drug therapy more effectively, and to monitor more closely the effectiveness of treatment and the appearance of side effects.” – Patient

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“Basic cold and flu symptoms. It takes hours waiting in the doctors clinic. Many times the doctor does not even take walk ins so I need to go to a general physician walk in clinic who does not have my medically history. This makes my medical history separate in two different places. Having a pharmacist collaborate with a physician will be more accessible for me and my needs. I am a student who often time falls sick after midterms, and a pharmacist being able to accommodate me at my busy times is just what I need.” – Patient

Medications to treat persistent symptoms that do not require another trip to the doctor but do require changes in medication regime. And, medications to treat side effects of treatment prescribed by a doctor. – Patient

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As someone with longstanding prescriptions (including oral contraceptives) it is extremely difficult to have to routinely see a doctor for refills when my family does not have a Family Doctor, nor does our community have a walk in clinic. – Patient

"I would use this for many things. One being able to refill medications without needing to go back to the doctor, which can be very inaccessible. There are little to no available family doctors and getting in to a walk in can prove quite difficult. This would open up many doors for people, especially those that work unconventional hours, as pharmacies have different hours than doctors offices and usually have a larger availability." – Patient



"I have hypothyroid, my gp doesn't do renewals without a face to face appt, if they had my blood work they RPh could give that time back to a gp for a more acute patient. I also get a q 3 weeks b12 shot and would love to be able to get that injection without a regular trip to the doctor." – Patient

"Decreased visit to emergency for filling of prescription. Many people in our small community can't find a family physician in spite of there being over 16 physicians working in this community and we see many clients having to access emergency room time to refill prescriptions or get health care for minor issues." – Nurse





SUPPORT FOR PHARMACIST PRESCRIBING

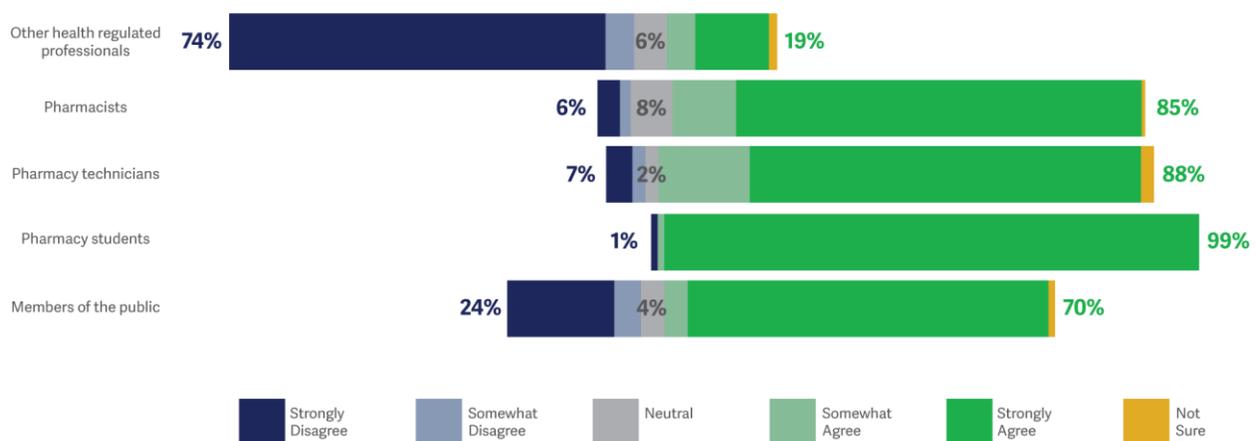
The College heard from pharmacists, pharmacy technicians, other health care professionals and members of the public on whether they supported moving forward with a proposal for pharmacist prescribing.

Overall, feedback indicated strong support for pharmacist prescribing in BC from patients, pharmacists, and pharmacy technicians, and pharmacy students while responses from other healthcare providers illustrated strong resistance. There was a significant shift towards support for pharmacist prescribing from both patients and other healthcare providers compared to earlier feedback in 2016 on the initial draft framework, while support from pharmacists, pharmacy technicians and pharmacy students remained strong.

The social sentiment through comments and dialogue through the engagement on Facebook also showed majority support for pharmacist prescribing.

All stakeholder groups still had many questions about how pharmacists prescribing could work in BC.

Pharmacist prescribing in collaborative practice relationships should be allowed in BC.



SOCIAL SENTIMENT

The College welcomed comments and dialogue about the Framework for Pharmacist Prescribing in BC through two related Facebook posts. The posts received a total of nearly 150 comments and responses across the three posts. Comments were categorized based on the relative sentiment they appeared to express regarding the framework for pharmacist prescribing in BC.

RESPONSE SENTIMENT BREAKDOWN

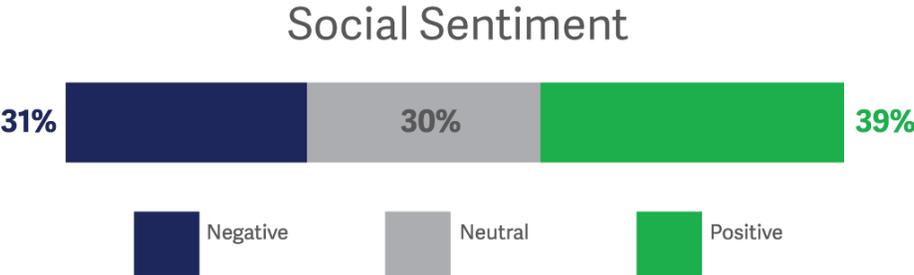
Positive comments expressed clear support for the initiative, whether as lone statements or as responses to the comments of other individuals.

Negative comments expressed clear opposition to the initiative, whether as lone statements or as responses to the comments of other individuals

Neutral comments did not provide a clear position on the initiative.

SENTIMENT ANALYSIS

Overall the majority (39%) of Facebook comments received were positive. Over 90% of the 470 reactions (likes and loves etc.) to the Facebook posts were also positive.

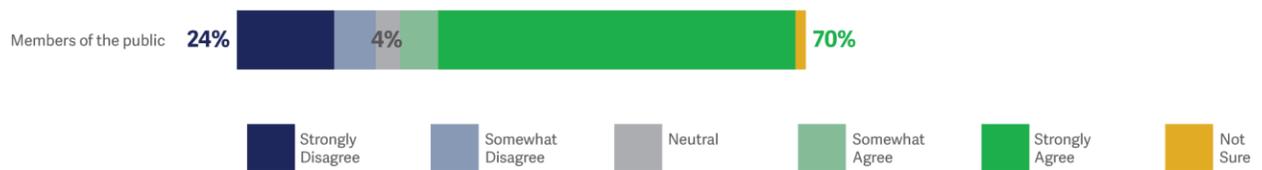


Note: comments that provided no reference to pharmacist prescribing or pharmacy practice in BC, or response to a comment made by another individual were excluded from the count.

PUBLIC SUPPORT FOR PHARMACIST PRESCRIBING IN BC

Many patients expressed support for pharmacist prescribing. Over 70% agreed that pharmacist prescribing should be allowed in BC. This is a significant increase compared to [earlier expressions of support in 2016](#) on the initial draft framework where only 47% agreed.

You would use pharmacist prescribing services if they became available in BC.



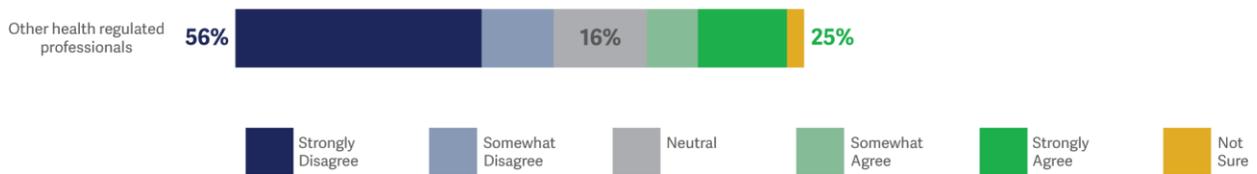
Similarly, patients also indicated they would use pharmacist prescribing services if they became available.

OTHER HEALTH CARE PROFESSIONALS SUPPORT FOR PHARMACIST PRESCRIBING

While most other healthcare providers (74%) did not agree that pharmacist prescribing in collaborative practice relationships should be allowed in BC, there was less disagreement compared to [earlier feedback in 2016](#) on the initial draft framework where only 94% disagreed that pharmacist prescribing should be allowed.

Physician specialists expressed slightly more disagreement (91%) than general practitioners, while others (such as nurses and nurse practitioners) expressed strong support (84%) for allowing pharmacist prescribing in BC.

You would be open to collaborating with a Certified Pharmacist Prescriber for a patients care.



A greater number of other health care professionals indicated they would be open to collaborating with a Certified Pharmacist Prescriber. 41% indicated they were open to collaborating or were neutral while only 56% disagreed. Physician specialists expressed the most disagreement (77%), while only 54% general practitioners disagreed and 84% others (such as nurses and nurse practitioners) agreed.

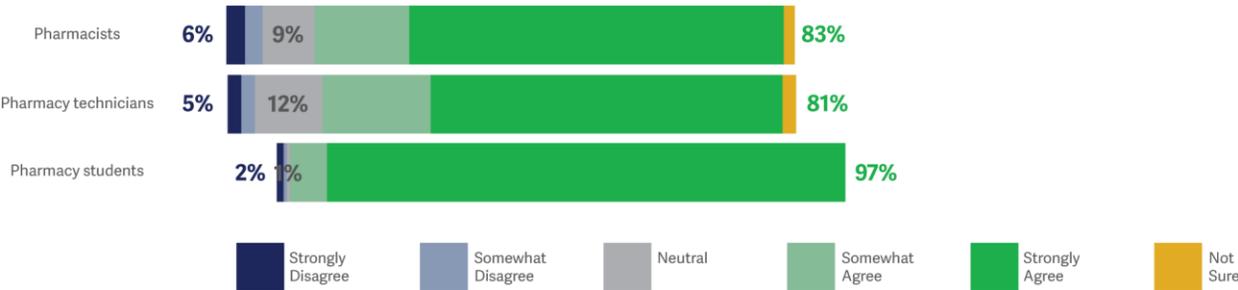
PHARMACY PROFESSIONALS SUPPORT FOR PHARMACIST PRESCRIBING

Pharmacists, pharmacy technicians and pharmacy students all strongly supported allowing pharmacist prescribing in collaborative practice relationships in BC.

Pharmacy students showed the strongest support with 99% agreeing that pharmacist prescribing should be allowed in BC. 85% of Pharmacists agreed while 88% of pharmacy technicians also indicated they supported pharmacist prescribing.

This is slightly less agreement from pharmacists compared to [earlier feedback in 2016](#) on the initial draft framework where 90% indicated support for moving forward with pharmacist prescribing in BC. This is likely a result of the move towards narrowing the scope of the Framework to within collaborative practice relationships which some pharmacists felt was too restrictive. Concerns about workforce pressures shared through the feedback may also have contributed to slightly less support.

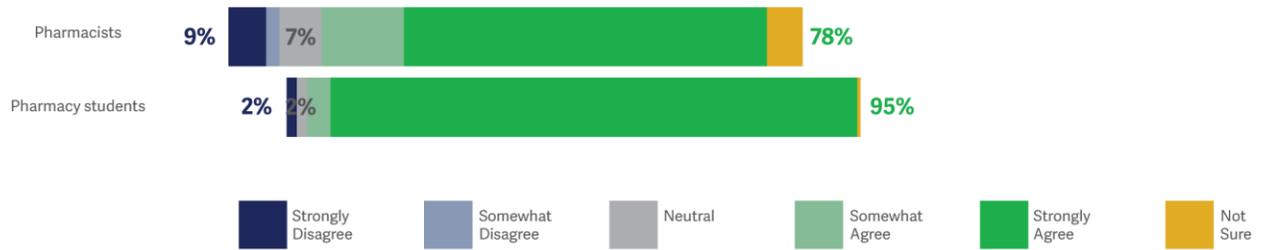
You would encourage patients to seek care from a Certified Pharmacist Prescriber.



Pharmacists (83%), pharmacy technicians (81%) and pharmacy students (97%) all indicated they would encourage patients to seek care from a Certified Pharmacist Prescriber.

The majority of pharmacists (78%) indicated they would pursue becoming a Certified Pharmacist Prescriber if the authority was granted in BC. 95% of pharmacy students also indicated they would pursue the additional certification.

As a pharmacist, you would pursue becoming a Certified Pharmacist Prescriber.



Pharmacists who manage staff (such as pharmacy managers and owners) also indicated they would encourage their staff to pursue becoming a Certified Pharmacist Prescriber.

You would encourage your staff to pursue becoming a Certified Pharmacist prescriber.

