College of Pharmacists
of British Columbia

CERTIFIED PHARMACIST PRESCRIBER

Engagement Report

November 4, 2016

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INTRODUCTION

In November 2015, the College of Pharmacists of BC Board approved the Certified Pharmacist Prescriber Draft Framework (Draft Framework) to be used for stakeholder consultations on pharmacist prescribing in BC.

Using the Draft Framework as a discussion document, the College engaged with pharmacy professionals, other prescribers and patients to solicit feedback.

The engagement on pharmacist prescribing ran from February through to August 2016 and included both in-person and online consultations as well as written submissions. The College held 15 different workshops and stakeholder meetings, and heard from over 25 different groups and organizations. The College's also received over 11,400 comments from over 1,500 respondents through its online survey.

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

- confidence in pharmacists prescribing,
- collaboration and communication,
- improving patient care, and
- support for the initiative.

The engagement report is intended to help inform the Draft Framework and assist the College Board in making a decision on how the College should move forward with the framework for pharmacist prescribing in BC.

The College would like to thank everyone who contributed feedback during this engagement. The College would also like to thank College staff, members of the Certified Pharmacist Prescriber Task Group and subject matter experts from the UBC Faculty of Pharmaceutical Sciences who contributed considerable effort and many evenings to help develop the Draft Framework and support the engagement process.

Background

Work towards forming a framework and proposal for pharmacist prescribing stretches back to 2010 when the College Board first directed the College to move forward with a feasibility study. It was later included in the College's 2014/15 – 2016/17 Strategic Plan and a dedicated task group was formed to lead the initiative.

In May 2015, the Task Group developed "Establishing Advanced Practice Pharmacists in British Columbia" which proposed pharmacist prescribing in response to the Ministry of Health's call for feedback on several cross sector policy discussion papers. In response to the College's submission, the Ministry of Health requested additional information on societal need, eligibility criteria, and managing perverse incentive to prescribe in addition to further stakeholder engagement.

The task group developed the Draft Framework in response to the Ministry of Health's feedback and to help facilitate stakeholder engagement – it includes information on societal need, proposed eligibility criteria and standards, limits and conditions, as well as practical use cases.

The College Board approved the Draft Framework for stakeholder engagement at the College's November 2015 Board meeting and the College launched the pharmacist prescribing engagement in early 2016.

Purpose

The College Board approved the Draft Framework for pharmacist prescribing at the November 2015 Board Meeting. As part of that approval, the College committed to working with stakeholders (pharmacists and pharmacy technicians, other prescribers, and the public) to solicit feedback on the Draft Framework and the future of pharmacist prescribing in BC.

Specifically, the College wanted to:

- Learn how stakeholders feel about introducing pharmacist prescribing in British Columbia.
- Hear from stakeholders on any risks that have not been identified and planned for in the Draft Framework, and identify any gaps that have not been addressed.
- Receive input on eligibility requirements and educational prerequisites, to become a Certified Pharmacist Prescriber.
- Receive feedback on how pharmacist prescribing could work in BC which could be used to make recommendations to change the Draft Framework as needed.
- Provide the College Board with feedback on how stakeholders feel about pharmacist prescribing, to help in decision making on next steps.
- Possibly supplement a proposal to the BC Minister of Health for pharmacist prescribing in BC, depending on the College Board's decision to proceed.

SUMMARY

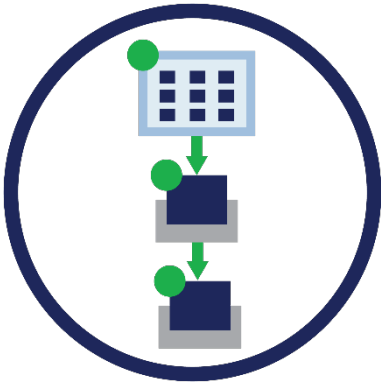
Overall, stakeholder groups were quite divided in their level of confidence in pharmacists prescribing and support for the initiative. Feedback indicated overwhelming support for the initiative from pharmacists and pharmacy technicians, while responses from other prescribers illustrated strong resistance. Public respondents were divided. This pattern was apparent across the four key themes of confidence in pharmacists prescribing, collaboration and communication, improving patient care, and support for the initiative.

A greater focus on team-based care was suggested frequently by patients, either as an area to focus on in pharmacist prescribing, or as an alternative strategy to pharmacist prescribing for improving patient care. Both pharmacists and other prescribers highlighted concerns related to collaboration and communication and expressed a desire for more direct communication between pharmacists and physicians. Pharmacists also emphasized the need to have access to lab test results.

Concerns about business interests in pharmacist prescribing were mentioned across stakeholder groups. Many respondents felt that the conflict of interest and profit incentive in community practice could negatively impact patient safety. Concerns about workload expectations were also raised. Numerous pharmacist respondents also commented on the conflict of interest for pharmacist owners and indicated preventing pharmacist owners from prescribing may not be the best approach. Many pharmacists identified that pharmacist prescribing might provide greater access to health care in smaller, rural and remote communities – excluding pharmacist owners could limit the benefits of pharmacist prescribing from reaching these communities.

Feedback from some pharmacists and other prescribers highlighted that pharmacist prescribing might work best in interdisciplinary team-based settings (such as hospital practice). The use of team-based care with access to more patient information and lab test results provided respondents with greater confidence in pharmacist prescribing. Pharmacist prescribing in hospital practice also does not cause the same concern for business conflicts of interest identified in community pharmacy – a frequent point of concern for respondents.

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.



ENGAGEMENT PROCESS

The College followed International Association for Public Participation (IAP2) best practices in planning and executing the 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 an essential part of an effective and transparent engagement strategy and following IAP2 Core Values.

A dedicated pharmacist prescribing web page was published on the College's website which provided an overview of the Draft Framework, the purpose of the engagement and the engagement process, and invited participation in the consultation. The page was also intended to include the results of the engagement with the publication of this report.

The pharmacist prescribing consultation period was conducted from February 2016 through to August 2016. The College received feedback on the Draft Framework through a variety of methods ranging from in-person workshops, and meetings with stakeholder group representatives, to online survey responses and further feedback through letters and emails.

The College initially sought feedback from pharmacy professionals in community, residential and hospital practice before opening the online survey and engaging with patients and other prescribers.

Analysis and reporting on the results of the engagement occurred through September to October 2016. The resulting Engagement Report was prepared by College staff and presented to the College Board at the November 2016 Board Meeting.

This Engagement Report was also made available on the College's website following the November 2016 College Board Meeting – an important step in providing the results of the engagement back to participants, demonstrating transparency and following IAP2 best practices.

PHARMACIST PRESCRIBING ENGAGEMENT PROCESS

1

The College held a series of workshops and discussions with stakeholders, and also invited feedback through an online survey. Some organizations and individuals also provided the College with letters and emails that expressed their feedback on the Certified Pharmacist Prescriber Draft Framework and their thoughts on the future of pharmacist prescribing in BC.

2

All stakeholder feedback gathered through the in-person and online consultations and letters and emails received was consolidated and reviewed by independent data analysis company hired by the College. The analysis of the feedback was used by College staff to develop this Engagement Report.

3

The Engagement Report will be presented to the College Board. Through the Engagement Report, the feedback the College received will help support the College Board in forming its decision on pharmacist prescribing, including next steps for the Draft Framework and determining whether developing a proposal for pharmacist prescribing in BC is appropriate.

The Engagement Report will be posted online on the College's website to ensure participants and stakeholders can be informed of the results of the pharmacists prescribing engagement.

WHO WE HEARD FROM

The level of participation during the Certified Pharmacist Prescriber Engagement was one of the largest the College has ever experienced. 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

To solicit feedback on pharmacist prescribing in BC and the Draft Framework, the College conducted extensive stakeholder engagement on pharmacists prescribing. Feedback was collected in the follow ways:

- 1,501 completed responses through an online survey
- 13 in-person workshops/discussions (a web-conference was used for those who could not attend in person)
- 3 meetings with other prescribing regulatory bodies
- 10 official letters of response
- 7 emails from individuals

Throughout February to June 2016, the College held 16 different workshops and stakeholder meetings with pharmacy professionals, other prescribers and patients – we heard from over 200 individuals through workshops and meetings.

The College's online consultation ran from June 3 to July 15 and invited pharmacy professionals, the public and other stakeholders to review the framework and share their thoughts on pharmacists prescribing in BC through an online survey. The College extended the initial online consultation period by two weeks at the request of stakeholders from June 30 to July 15.

Organizations the College Heard From

The College heard from and over 25 different groups and organizations during the course of the engagement.

ORGANIZATIONS WE HEARD FROM

- Association of Registered Nurses of BC
- BC Pharmacy Association
- BC College of Family Physicians
- BC Health Authorities Pharmacy Directors
- BC Nurse Practitioner Association
- BC Psychiatric Association
- Best Medicines Coalition
- Better Pharmacare Coalition (BC)
- British Columbia Association for People on Methadone
- Canadian Arthritis Patient Alliance
- Canadian Society of Hospital Pharmacists of BC, BC Branch
- Canadian Council of the Blind
- College of Pharmacists of BC Hospital, Community and Residential Care Advisory Committees
- College of Registered Nurses of BC
- College of Naturopathic Physicians of British Columbia
- College of Physicians and Surgeons of BC
- Doctors of BC
- Gastrointestinal Society
- The Kidney Foundation of Canada BC & Yukon
- University of British Columbia – Faculty of Pharmaceutical Sciences
- Patient Voices Network (BC Patient Safety and Quality Council)
- Pharmacy Leaders of Tomorrow
- Society of General Practitioners of BC
- Specialists of BC
- Vancouver Area Network of Drug Users

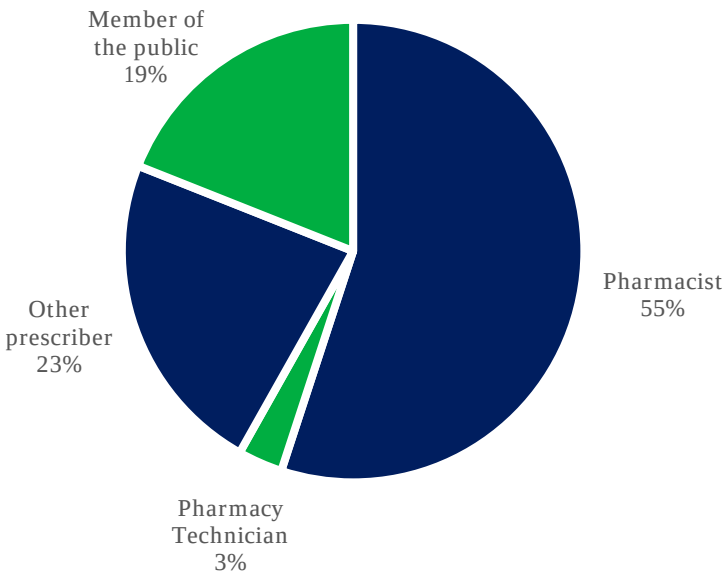
Online Engagement

During the course of the online consultation period there were more than 6,900 visits to the Certified Pharmacist Prescriber Engagement page on the College's website. The College also estimates it reached over 200,000 impressions through its social channels (Twitter, Facebook and Instagram) which was used to share information about the Draft Framework and encourage participation in the online survey.

Over 1,500 completed the online survey providing over 11,400 answers to a range of questions on pharmacist prescribing.

Online survey demographics

The College asked survey respondents to identify if they were a pharmacist, pharmacy technician, other prescriber or member of the public. While the majority of responses came from pharmacists (over 820 responses), the College received many responses from both other prescribers (over 340 responses) and the public (over 280 responses). The College also heard from a number of pharmacy technicians (over 45 responses) on their thoughts on pharmacist prescribing and how it could impact their practice.

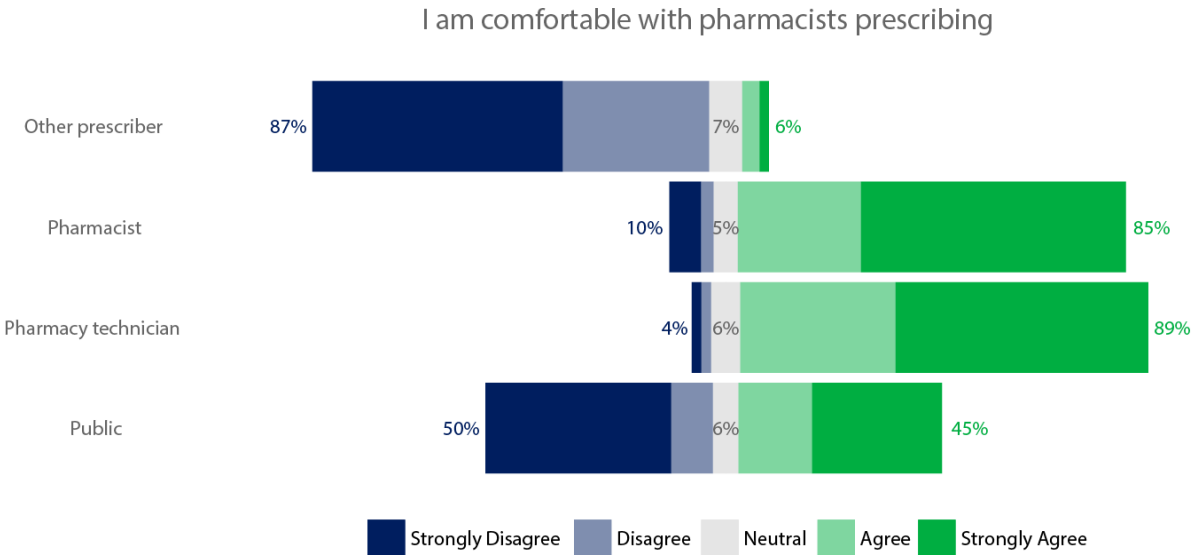


CONFIDENCE IN PHARMACIST PRESCRIBING

The College sought feedback on confidence in pharmacist prescribing based on the draft framework. This covered seeking input on educational requirements, the approach to managing conflict of interest, and other standards, limits and conditions in the Draft Framework. It also included gauging the level of confidence pharmacy professionals and other prescribers would have in a certified pharmacist prescriber, and the level of confidence a patient would have in receiving care through a pharmacist prescribing.

Confidence in Ability to Prescribe

Overall, stakeholder groups were quite divided in their level of confidence in pharmacists prescribing. While pharmacists and pharmacy technicians showed rather high levels of confidence on this matter, other prescribers showed low levels of confidence. Members of the public were often divided.



Comments in the survey highlight that among stakeholder groups[1], there were generally three types of respondents:

- Those who are extremely positive in their responses
- Those who are extremely negative in their responses
- Those who offer mixed, nuanced, or balanced responses

The first two groups rarely provided detailed feedback, other than expressing their enthusiasm for or opposition to pharmacists prescribing. The third group, however, often had many questions about the Draft Framework, showed balanced points of view, and provided useful ideas and suggestions.

Responses from other prescribers and pharmacists tended to form into three or more like-minded groups – the majority of respondents expressed views that were not uniformly in strong disagreement or agreement with elements of the Draft Framework.

The major concerns amongst other prescriber respondents were the risk of pharmacists being inadequately trained to prescribe, fragmentation of patients' care, and inadequate diagnosis. They were also concerned that patients wouldn't get a full physical assessment that would be done at a physician's office, potentially allowing for conditions to be missed by a pharmacist prescriber.

Unlike the other prescriber respondents, pharmacists had greater confidence in pharmacists receiving adequate training. They were generally more concerned with liability, issues with financial interest and pressure to hit quotas, remuneration, and conflict of interest.

In the case of public respondents, there was more of a division between those who responded positively to the framework and those who disagreed with it. Pharmacy Technicians were generally quite positive which could be a result of both the small number of technician respondents and their overall high support for the Draft Framework.

[1] Except for pharmacy technicians, whose sample size was too small to make any certain conclusion.

Public Confidence in Pharmacist Prescribing

Public confidence in pharmacist prescribing is divided. The public also struggled with the Draft Framework and understanding how pharmacist prescribing could work in BC.

While 45% of public respondents agreed that they were comfortable with pharmacist prescribing, only 43% agreed that they felt confident in a pharmacist's ability to make the best prescribing decision for a patient. That percentage rose slightly by 5 percent to 48% when asked if they felt confident given that additional training and education was necessary to become a Certified Pharmacist Prescriber.

Public confidence did not substantially change when respondents were asked if they felt confident in a pharmacist's ability to make the best decision for a patient they saw regularly. Only 43% agreed to a certain degree while 51% disagreed. The level of confidence in a pharmacist's ability to make the best prescribing decision when they had access to the patient's chart was even more divided, with 46% of public respondents agreeing, 45% disagreeing and 8% being neutral.

Should pharmacist prescribing move forward in BC, these results highlight the need to further communicate and educate the public on the role of pharmacists and how safe and quality care could be provided to the public through pharmacist prescribing. Many comments, from all stakeholder groups, also stressed the need to get a better understanding of the public's needs and desire for a pharmacist expanded scope of practice.

"My doctor has a limited amount of time with me and often I feel rushed and forget things I want to discuss with him. Being able to discuss without an appointment (or with one) my health care related concerns and the medications that go along with them, with my local community pharmacist, it would give me more of a sense of being in control of the outcomes." – Public Respondent

Confusion is possible. There is a huge problem with discontinuity in health care - Walk in Clinic, MD office, Public health, Emergency, hospital, Naturopath, and now Pharmacist - it makes this worse. How about a team working together for the patients' benefit/health all in one location and all paid on salary so there is great continuity and no conflict of interest. – Public Respondent

"I won't need to make appointments way in advance to my doctor just to get a refill, and it will save me a lot of time since I don't need to wait in line for walk-in offices. I also would like that my pharmacist can be more involved in my meds. Right now I have to relate things my doctor tells me to my pharmacist, or he has to call my doctor and there's a delay." – Public Respondent

"Refills will be easier, but who will order the blood work?" – Public Respondent

"Since I do not have a regular doctor in the city where I live, and it is considerably difficult finding a GP here… having a pharmacist prescriber would greatly reduce the burden of visiting walk in clinics." – Public Respondent

"My trust is in the physician's ability to diagnose a problem. There is a different level of expertise between a physician and pharmacist in this regard." – Public Respondent

"I anticipate relying on the pharmacist prescribing in emergencies or unexpected situations where I can't get to my doctor." – Public Respondent

"Could potentially add confusion if physician is not properly notified or does not agree with care decisions made by pharmacist." – Public Respondent

"This would only work effectively with close collaboration with physicians. I'm not confident that this close relationship would truly come to fruition. As with any expansion of scope of practice the reality is the profession having its scope encroached on will most likely become a barrier. An initiative such as this would have more success, and I mean a realized benefit for patients and not implementation of an initiative, if it is gradual and the model of integrated and collaboration taught to the new physicians and pharmacists." – Public Respondent

"I want a physician who has the knowledge base to diagnose and evaluate my condition. If my physician is unsure about which pharmaceutical to use, he can consult with my pharmacist. If my pharmacist sees a physician-prescribed drug which, in his view, is contraindicated, his job is to contact my physician and give advice about the reason to change and, possibly, an alternative prescription to make. This patient-safety check is the role that the public sees and understands as the role of a pharmacist." – Public Respondent

"My doctor sees me for all of 5 minutes and doesn't really know me at all. They just write a prescription and half the time they are wrong on their diagnosis. My pharmacist sees me way more often and takes the time to talk about the drugs and gives me way more information about how my body will benefit or suffer" – Public Respondent

Confidence with Pharmacist Prescribing for Minor Ailments

All respondent groups provided comments suggesting that pharmacist prescribing may be appropriate for minor ailments – these conditions are self-limiting, last for a short period of time, are less serious in nature and typically do not require lab tests or a doctors' visit. Pharmacists, the public and pharmacy technicians expressed the most interest in having pharmacist prescribers treat minor ailments, while other prescribers expressed the least interest.

The majority of public respondents said they would use Certified Pharmacist Prescribers for prescription renewals, prescription refills and minor ailments. Many public respondents shared that they were frustrated with having to revisit physicians for recurring, long term issues. They saw pharmacist prescribers as a health professional they could access for a timely prescription renewal, or to treat an issue they felt was not serious (such as a cold, eczema, or birth control pills). Some indicated they would not use pharmacist prescribing services.

"I would still go back to my doctor for medical issues not related to taking regular medication." – Public Respondent

"Simple medical conditions would not require a visit to my doctor who is already overloaded with patients." – Public Respondent

"I would not accept care from a pharmacist prescriber so my relationship would remain with my primary care provider." – Public Respondent

"I see myself not using my family doctor's time for simple issues like eczema, bladder infections and birth control pills." – Public Respondent

"Fewer doctor and clinic visits for standard ailments like colds. A no brainer. Could transform our system. Do it yesterday. It will save the system so much money, and patients so much time and hassle." – Public Respondent

"I would prefer to go to pharmacists for minor ailment where I won't have to wait and can get quick service." – Public Respondent

"I believe pharmacists should be able to write simple prescriptions, renew prescriptions and maybe even diagnose simple ailments." – Public Respondent

I have no family doctor. A prescribing pharmacist would make access to health care easier. – Public Respondent

Yes, I would go to pharmacist for minor issues and be happy that the pharmacist can refer and collaborate if the issue requires it. This will allow the GP more time to give more in depth care to patients who require it. – Public Respondent

"Never want to stop seeing my physician. I love my physician. I can't imagine having any relationship with a pharmacist. I don't see how they could ever have the what physicians offer with private offices, examinations, delivering babies, seeing me in hospital or in the emergency department or calling a pharmacist to do a house call when I'm sick or my kids are." – Public Respondent

"[For birth control, it] is a huge unnecessary barrier to have to go to the doctor and then pharmacy....it should be over the counter by now almost. Would really open up the conversation and could potentially decrease teenage pregnancy with more education and accessibility...seriously! OPT clinics don't have the best times and or locations to meet the needs of teenagers. – Public Respondent

Many other prescriber respondents emphasized that physician visits for minor ailments or renewals are still an important opportunity to check-in with patients. However, some other prescribers still suggested that pharmacist prescribers could benefit patients through providing prescription renewals and treating minor ailments.

"It allows patient to avoid unnecessary doctor visits by accessing health care services and necessary information from a certified pharmacist prescriber. Moreover, it allows the certified pharmacist prescribers to deal with any patient prescription issues, which saves the unnecessary time waste from patient revisiting physicians for prescription issues, refills, or similar issues." – Other Prescribing Respondent

"Even in the case of minor ailments, patients often raise more serious health concerns when seeking treatment for minor conditions and in these cases, it is more efficient to address all health concerns in a single visit." – Letter from Doctors of BC

"Providing refills prior to a physician reassessment when drugs have run out." – Other Prescribing Respondent

Filling in gaps of care is very important and taking care of minor issues which do not typically require involvement of the primary care physician will free up their time." – Other Prescribing Respondent

"Risk that patients could make less frequent visits for physical examinations as appropriate for their condition." – Other Prescribing Respondent

"Long term standard prescriptions require regular visits to a doctor to renew them. Allow pharmacists more freedom in renewing prescriptions. Also, allow pharmacists more time to share their knowledge with their client eg. age related side effects and drug interactions, with percentage possibilities. Only the computer generated red flags are sometimes noted to the client, it seems." – Other Prescribing Respondent

"Care can be provided in a more timely manner. Also patients who require more complex care of a physician or emergency center will have better access if minor complaints are taken care of by a pharmacist or emergency center will have better access if minor complaints are taken care of by a pharmacist." – Other Prescribing Respondent

"I believe you are over estimating the number of physician visits that would be reduced, as seeing a pharmacist who isn't skilled would likely lead to the patient seeing their doc anyway." – Other Prescribing Respondent

"They [patients] would be more likely to not miss medication due to poor access to primary care providers for refills." – Other Prescribing Respondent

"Quicker treatment for minor ailments. Safer prescribing looking at their renal function/drug monitoring pathways." – Other Prescribing Respondent

Benefit if they prescribe for minor issues only. Benefit from counseling around medications/side effects. Benefit from prescribing emergency prescriptions to avoid interruption of medications. – Other Prescribing Respondent

Pharmacists and pharmacy technicians emphasized the opportunity pharmacist prescribing has in treating minor ailments and providing prescription renewals in a more timely way for patients.

"Patients suffering from minor aliments would not have to be turned away while suffering if they can't find a doctor on short notice or late hours." – Pharmacy Technician

"Currently, some MDs will send the patient to the pharmacist to make a recommendation ie. allergic rhinitis case – so they are asking the pharmacist to prescribe for this minor ailment already." – Pharmacist Respondent

"In October 2015, the McMaster Health Forum convened a citizen panel to explore models for pharmacist prescribing in Ontario. The purpose of the panel was to guide the efforts of policymakers, managers and professional leaders who make decisions about the health-care system. What they found was that patients overwhelmingly preferred allowing pharmacists to prescribe medications for minor aliments without the patient having to see their family doctor, but patients were not in favour of allowing pharmacists with special training to prescribe them a broad range of prescription drugs without patients seeing their physician."
- Letter from the BC Pharmacy Association

I believe the biggest impact that pharmacist prescribing authority will have on my daily practice is the amount of patients that we have to refer to the emergency department for minor ailments such as need for antibiotics, cold sore medication, and general reauthorization of prescriptions. Living in a rural community where the doctors are completely overwhelmed by patients and workload, I believe this is essential to provide better health care services to the people of our community. Our local hospital is only open until 8 pm and we have no walk in clinic, the nearest is 45 minutes away. Patients with mobility issues lack the care they need as most doctors here book 2 months away as they all have an overload of patients. Due to their increased workload, most doctors here refuse fax requests, so the patients are left with not many options other than the emergency department. This initiative would benefit the people of our community, and many other communities likewise. – Pharmacy Technician

As a military pharmacist (BC license) who works under a federal jurisdiction, I already have an expanded scope of practice and independently prescribe (schedule 1 drugs included) for 14 minor ailments. – Pharmacist Respondent

"[Pharmacist prescribing] would most definitely benefit the patient. Access to prescription medication for minor ailments and for short term use would be incredibly convenient for people. I have complete confidence in the ability to prescribe schedule one drugs in certain situations. It would shorten wait times at walk-in clinics, and patients may be more likely to seek treatment earlier when they know it won't be an unreasonable hassle." – Pharmacy Technician

"Pharmacists are the most accessible health care providers. On a daily basis I get questions from patients that are in need of some therapeutic intervention. In many cases, these patients present late at night or at times where they cannot get in to see a medical professional on the same day. I think that in certain cases, a prescribing pharmacist can play a major role and help these patients. Also, pharmacist prescribers can elevate some of the burden currently placed on physicians. There are many times patients can be effectively and safely treated by prescribing for minor ailments. Pharmacists are truly "medication experts" and currently I do not believe that our knowledge is being properly utilized in the traditional community pharmacy. A lot of patient, pharmacist and physician time is wasted on a daily basis when it comes to medication issues. Whether it is interactions, dosing errors, or inaccurate prescriptions, a pharmacist could easily step in make a change to therapy. Once a diagnosis has been made by a physician, I truly believe that pharmacists should be able to make changes to therapy if problems arise. All together, pharmacists can really help improve patient outcomes, but also make the healthcare system much more efficient." – Pharmacist Respondent

"Patients are currently seeking care from pharmacists for minor conditions (e.g. cold), and pharmacists can recommend over-the-counter medications for the patients. With additional education and training. I firmly believe pharmacists can take care of patients safely and effectively. Allowing pharmacists to treat chronic illnesses could alleviate workload of physicians." – Pharmacist Respondent

"Most Pharmacists I know are very aware of their training and knowledge. I believe most community pharmacists would be comfortable in minor ailments prescribing and would universally refer clients who have unusual symptoms or complex issues not well handled by a pharmacist. In fact, my intuition would lead me to believe that in the early transition years of prescribing, most pharmacists will be very conservative." – Pharmacist Respondent

"I would have confidence in pharmacist prescribing provided it is a minor ailment or a minor adjustment to chronic drug therapy." – Pharmacist Respondent

Many patients visit the pharmacy before visiting the physician if they feel that it is not serious and can be taken care of with sole over the counter medications. These patients are often referred back to the physician and return with a prescription. It could become more efficient and cost effective if pharmacists can assess and prescient for minor ailments.
– Pharmacist Respondent

"It will speed up the time for patients seeking help from minor illness."
– Pharmacist Respondent

"Qualified pharmacists, many of us with many years of practice experience, are a great first line option to prescribe for minor ailments for the general public." – Pharmacist Respondent

Confidence with Pharmacist Prescribing in Collaborative Care Environments

Feedback from some pharmacists and other prescribers highlighted that pharmacist prescribing might work best in a clinical setting.

The use of team-based care and access to more patient information and lab tests provided respondents with greater confidence in pharmacist prescribing within a clinical setting. Many hospital pharmacists working in interdisciplinary teams indicated they were already covering much of the scope included in the Draft Framework. Their practice setting involves working closely in an interdisciplinary care team to care for patients. In this setting, physicians or nurse practitioners provide the diagnosis – an area many other prescribers felt pharmacist prescribers would not have the expertise to practice in.

Pharmacists working in collaborative practice settings already have access to patient health information and lab tests. This was a key point of opposition and concern for the community practice setting.

Pharmacists and some other prescribers also highlighted admission and discharge in hospital practice as a scenario where pharmacists prescribing could be beneficial.

Pharmacist prescribing in collaborative settings like hospital practice, where there is no incentive to prescribe and dispense, does not cause the same concern for a potential business conflict of interest – a frequent point of concern for respondents.

Pharmacist prescribing within an institutional setting (collaborative and independent prescribing) by hospital pharmacists already exist and this has clearly been shown to benefit hospital patients, physicians and the health care system. Pharmacist prescribing can further enhance medication reconciliation on admission and discharge, reduce the number of prescribing errors, reduce logistical burden to physicians and contribute towards timely and seamless hospital discharge. Formal recognition of prescribing by hospital pharmacists with the Certified Pharmacist Prescriber Initiative would greatly enhance provision of care to hospitalized patients as well as contribute to a more efficient and successful transition back into the community. As well, hospital pharmacists do not carry a conflict of interest with prescribing as their wages are salaried by the various health authorities and there is no profit generation with dispensing of medication within a hospital.
– Letter from Canadian Society of Hospital Pharmacists, BC Branch

Pharmacist prescribers need to be readily accessible, evenings, weekends and at night for the emergency room when wanting to discharge patients from the emergency room.
– Other Prescribing Respondent

"I agree that pharmacists who have the additional certification and updated education can provide good quality prescribing care especially when there is ready access to diagnostic test results or being able to order them. In the hospitals, pharmacists already make prescribing decisions under the name of physicians with whom they have established relationships with. My concern is that many community pharmacies still have a work flow structure that does not accommodate prescribing. When the revenue is primarily through dispensing, pharmacist may feel a lot of pressure to focus on that instead of the steps needed to prescribe."
– Pharmacist Respondent

We have carefully considered the unique circumstances of hospital based pharmacists being granted prescribing authority. In this situation, the hospital pharmacist is part of an onsite collaborative team, and has ready access to a unified patient record that includes admitting history, physical examination assessments, investigations, consultations from other allied health providers, and progress notes. The patient in this circumstance has had the benefit of a medical or nurse practitioner assessment, leading to a diagnosis and treatment plan. In the most complex situations, the pharmacist has been directly involved with medication review and management in a collaborative relationship with either the medical or nurse practitioner. The role of the hospital pharmacist is not one of providing an assessment, diagnosis, and prognosis: this role is provided by the attending physician and/or nurse practitioner, whose training and expertise is focused on assessment and diagnosis. It seems entirely appropriate for hospital pharmacists to provide prescriptions at time of discharge, having been engaged in the medication optimization and management during the patient's stay.
– Letter from the College of Physicians and Surgeons of British Columbia

The devil is in the details, what the documentation includes, format, ability to integrate with EMRs. This is separate also from having confidence that the decision, rationale, monitoring and follow up were appropriate. Physicians are liable for their patient care, and if they don't look carefully at information provided and take steps to double check that all is as advertised, they could end up with problems. It is one thing to willingly work in a team setting e.g. a multidisciplinary clinic or hospital with regular reviews, and to be out in the community getting missives from various pharmacists you don't know and have no good way to assess their competence. – Other Prescribing Respondent

Education and Training Requirements

Generally, there was a strong sense from respondents that the Draft Framework did not require sufficient training or education for pharmacists to prescribe. This is understandable as the College specifically included only high level educational requirements in the Draft Framework with the intention of developing more detailed requirements based on the feedback provided through the pharmacist prescribing engagement.

Both pharmacists and other prescriber respondents were asked what kind of additional education/training should be required to become a Certified Pharmacist Prescriber. Although public respondents were not specifically asked for feedback on educational requirements, their comments echoed the other stakeholder groups and contributed to a lack of confidence in pharmacist prescribing without further education.

Other prescriber respondents were mostly divided between having pharmacists attend medical school, complete a residency, or train for specific skills. Clinical training requirements were specified by almost all respondents.

In line with responses from other prescribers, the majority of pharmacist respondents specified that pharmacists should have some practical, clinical training and experience. Many also asked for training or clear guidelines in communication, documentation, and patient follow-up for inter-professional collaboration.

Pharmacist respondents also indicated the knowledge, skills and abilities pharmacists should have before prescribing. Suggestions included:

- diagnostics,
- differential diagnosis,
- prescribing responsibilities,
- physical assessment, and
- therapeutics.

"I think the pharmacist should be able pass a course and must practice certain amount of years before allowing to be certified. On hands experience is very important and cannot be substituted with just passing a course (think about getting a driver's license)."

"Pharmacists should have the same regulations and training support that is available to NPs as prescribers; this would allow more acceptance from other health care providers on pharmacists' ability to prescribe with competence." – Pharmacist Respondent

"Additional training in physical assessment, as with the CSHP-BC PA course. Community or hospital-based residency for those not under the new entry-to-practice PharmD program." – Pharmacist Respondent

"[Confidence in pharmacist prescribing] would depend on type of training pharmacist receives and whether there will be specific conditions for prescribing only." – Public Respondent

The pharmacist would have to be educated in psychology, clinical pathology, dermatology and counselling. Education in establishing the risk verses benefit for individuals taking into consideration their circumstances and history. There would need to be an extended period of experience gained in primary care shadowing family physicians and then treating under supervision in a longitudinal setting. – Other Prescribing Respondent

"Education about medical/legal responsibilities that go with prescribing. Pharmacists area of specialization should be supported by CEs and experience. Update on legislative changes accompanying CPP licensing." – Pharmacist Respondent

"Hospital Pharmacy Residency + accredited Physical Assessment training" – Pharmacist Respondent

Enhanced clinical training/residency in surgical, medical, and community settings. Further, there should be a written exam including complex cases that take into account multiple comorbidities that reflect the aging population. – Other Prescribing Respondent

"Very similar education that physicians required to have - essentially, pharmacist should be a physician that is not required to have procedural skills. – Other Prescribing Respondent

"I feel for many topics the training is already in place and the clinical experience for most pharmacist is very high. (eg. allergies, cold and flu, eye infections, bladder infections, skin infections, eczema, yeast infections, lice, scabies just to name a few). I feel if very advanced prescribing is to be done by pharmacist (eg based on changing lab values of a patient), then a training program on that class of medication prescribing should be considered. (eg TSH interpretation for synthroid).The injection training course is a very good example. Extra training was given on the diseases being treated and then good training was given on injecting. This has been a very effective successful model in B.C.." – Pharmacist Respondent

"I think they need a lot deeper knowledge about medical conditions and their management as well as a greater knowledge with respect to mechanism of action and selection of drugs. Medical school would be good" – Other Prescribing Respondent

"Would need a few YEARS of [additional] training in diagnosis and assessment of patients (more focused on disease/ pathology/ physical exam than meds and treatment)."
– Other Prescribing Respondent

"Training in a consistent practice of patient assessment, documentation and follow up which can be used for any therapeutic area in which a pharmacist has competence." – Other Prescribing Respondent

I think that it is important for pharmacists to also have training on cultural safety. – Public Respondent

Education methods

Suggestions from pharmacists and other prescribers for education and training ranged from in-person training courses, residencies to online courses. Other prescribers leaned towards 2 year residencies and practicums, while pharmacists suggested a range options from comprehensive online modules, to hospital residencies, to existing clinical, diagnostic and physical assessment courses.

Some pharmacists said that limiting training to an exam or test was insufficient to become a Certified Pharmacist Prescriber, while others were concerned that additional training and education could be costly in time and money. These respondents stressed that educational requirements should not be overly burdensome — otherwise, uptake could be low.

"Emphasis should be placed on the pharmacists approach to assessment and synthesis of clinical decision making. The process should remain the same, the results dictate the course of action. I would assume over time these skills will become standard instruction to student pharmacists at university. A series of voluntary courses tailored to the specific applicants needs in order to demonstrate proficiency in assessment and prescribing (e.g. Physical assessment, laboratory interpretation, literature or guideline critic and application, etc.)" – Pharmacist Respondent

"Two years of direct clinical patient care (hospital and clinic). Really, when you look at the case studies, especially where the case states, "visit to a WIC or doctor or emergency is avoided," then this scope of practice is replacing a primary care assessment. Therefore, prescribing pharmacists should have the same rigorous clinical training that MDs receive."
– Other Prescribing Respondent

"An intensive application accompanied by case studies and demonstration of self-study to prescribe for minor ailments that the pharmacist considers is in their scope of practice and comfort level." – Pharmacist Respondent

"In Alberta Pharmacists were required to submit care plan examples in order to gain prescribing authority. This shows that they are capable of meeting all of the standards of care required for independent prescribing. I feel that this would be sufficient although it would likely be beneficial to offer educational opportunities for pharmacists to develop these skills." – Pharmacist Respondent

"Training modules either online or on-site with comprehensive information about condition assessment and treatment options." – Pharmacist Respondent

"Additional education should be equivalent to a two year Family Medicine residency and maintain the same standard of continued medical education as outlined by the CCFP." – Other Prescribing Respondent

"Practicums should be mandatory - this cannot be taught in a weekend or through an online course. There should be practice specialties such as cardiology, oncology, nephrology, etc. as well as a general practice prescriber. Each group should have their own authorized scope of practice - including types of drugs which can be prescribed. Extra courses should be mandatory - interpretation and monitoring of lab tests in particular as well as courses in diagnostics. We are ill-equipped to diagnose disease." – Pharmacist Respondent

"I think further training should encompass the process of prescribing including training on assessing patients, decision making, developing an action plan, implementing an action plan and follow up with the patient. Depending on some self-assessment, a pharmacist should be able to determine if they require more training & education in a certain area and if they do, attend additional training sessions. In any case, Pharmacists should be comfortable in their own competence before embarking on prescribing." – Pharmacist Respondent

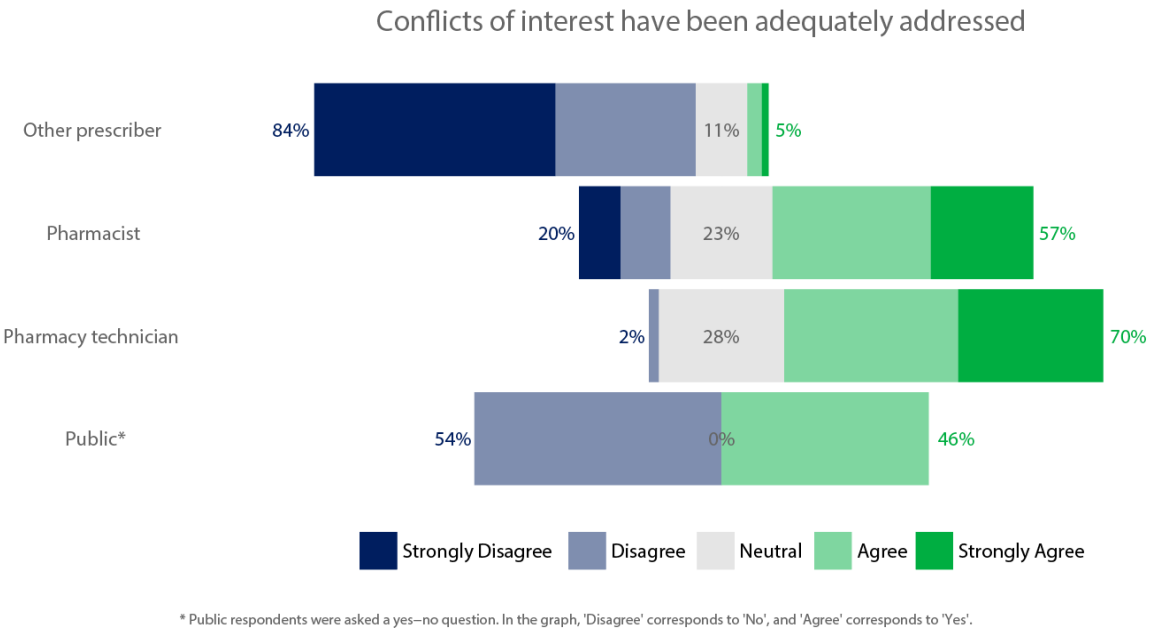
"In Scotland our prescribing pharmacists spent time in primary care with GP's seeing and discussing patient presentations/prescribing decisions" - Other prescribing respondent

The scope of prescribing should be equivalent or exceed that of NPs and NDs - considering pharmacists have more pharmacotherapeutic knowledge than these other prescribers and may be in better positions to monitor for outcomes on the prescribing (e.g. assessing safety, efficacy, and adherence). – Pharmacist Respondent

Conflict of Interest

Conflict of interest was one of the main aspects that created an obstacle to confidence in pharmacist prescribing. Perspectives ranged from concerns related to profit incentives and workload pressures that could negatively impact patient care to concerns that restricting the eligibility of pharmacist owners could negatively impact access to care (particularly in rural and remote communities).

Only 57% of pharmacist respondents agreed that that the Draft Framework had appropriately addressed the conflict of interest that could arise from a pharmacist both prescribing and dispensing to a same patient. Five percent of other prescribing respondents agreed with this. While 46% of public respondents said they would feel comfortable with the same pharmacist prescribing and dispensing.



* Public respondents were asked a yes–no question. In the graph, 'Disagree' corresponds to 'No', and 'Agree' corresponds to 'Yes'.

Concerns about business interests in pharmacist prescribing

Concerns about business interests in pharmacist prescribing were mentioned across stakeholder groups. Many other prescribing respondents believed that the conflict of interest and profit incentive could negatively impact patient care and patient safety.

Concerns about workload expectations were also raised. However, it should be noted that the College recently made amendments to the *Pharmacy Operations and Drug Scheduling Act (PODSA) Bylaws* on requirements with respect to pharmacy workload to ensure that registrant and pharmacy staff levels are sufficient and workload volumes – including meeting quotas, targets or similar measures – do not compromise patient safety or compliance with College bylaws, Code of Ethics or Standards of Practice.

"Please make sure patients are protected from these big corporations who are only looking at the money and the prescribing numbers....all they want to see is which pharmacist is prescribing more." – Public respondent

"If we allow profit-focused entities to operate in the prescribe and dispense model, we would be only as good as the street dealer. Conflict of Interest both actual and perceived needs to be better addressed and more safeguards be put in place. Certified Pharmacist Prescribers must be independent of control by businesses." - Pharmacist respondent

"Unless pharmacists are removed from the profit motive of the store that they're working [at] there will be a complete conflict of interest… with any of this they have to not benefit from selling any drugs that they decide to dispense." – Other Prescribing Respondent

"I support this move. I just think if it passes, stores with pharmacies need to have some legislation around the pharmacist's work load and staffing. They ask them to do way too much alone and that can be dangerous. Please address this before making any changes. Be proactive-lives depend on it." – Public respondent

"…if you want this project to be successful, fair, and beneficial to the patients is to focus on the point of billing the financial benefits directly to the pharmacists and not to the corporates (same with med reviews and other professional services, corporates force pharmacists to do it). Once you approve this project, all the corporates will encourage their pharmacists to be a prescriber pharmacist, then they will set targets for them and putting them under pressure." – Pharmacist respondent

"A strong auditing process (with significant penalties) is required to ensure that there is not abuse of the system. I believe that the majority of pharmacists are very ethical and can handle the conflict. But there are a few who are not and the system needs to ensure that abuse is caught easily and heavily fined." – Pharmacist Respondent

Conflict of interest a focus of opposition for some other prescribers

Some comments indicated that not all other prescribers have a blanket opposition to pharmacists prescribing for specific treatments in specific contexts and environments. Instead, their resistance focused specifically on the suggestion within the Draft Framework that pharmacists be able to both prescribe and dispense.

"[Pharmacists should prescribe] only in a more limited scope than what is outlined in this document unless prescribers are forced to do a year of extra clinical training."
– Other Prescribing Respondent

"The principles supporting the separation of the professional activities of prescribing from dispensing must be maintained to ensure safe, effective pharmacotherapy. The situation would be quite different if the community pharmacist was part of a collaborative community team and their role was limited to prescribing as part of the team (a team in which medical and/or nurse practitioners would be providing patient assessment and diagnosis). Again, the dispensing would be provided by another pharmacist independent to that team."
– Letter from the College of Physicians and Surgeons of British Columbia

"If there is primary care need that's not met between walk-in clinics and family practices, there may be a role for [Certified Pharmacist Prescribers] for patients who cannot get care elsewhere in a timely fashion. In that case, the pharmacist should be required to maintain a Medical Record and take the role as Most Responsible Provider, which includes managing the patient longitudinally. For patients who are attached to family practices and can get adequate care, I would advise against encouraging them to use [Certified Pharmacist Prescribers] for convenience because segmentation never leads to improved care."
– Other Prescribing Respondent

Conflict of interest and pharmacist owners

Numerous pharmacist respondents commented on the restriction on pharmacist owners. conflict of interest in regards to pharmacist owners. The Draft Framework reflects Part 1, Section 5(1) of the *BC Pharmacy Operations and Drug Scheduling Act (PODSA)* which prevents a person authorized to prescribe drugs from owning a pharmacy. Many felt it was unfair, limited in scope and at times even insulting to prevent pharmacist owners from prescribing.

Feedback on this subject also highlighted the desire for the College to better assess and protect pharmacist prescribers from business pressures and introduce mechanisms to better safeguard the profession as a whole from conflicts of interest. A broader approach to addressing the conflict of interest is seen as preferable to excluding all pharmacist owners. Many pharmacists identified that pharmacist prescribing might provide greater access to health care in smaller, rural and remote communities. Feedback indicated that excluding pharmacist owners who work in these communities could limit the benefits of pharmacist prescribing from reaching these communities.

"Pharmacist prescriber should be able to practice individually according to their own competency and comfort level without being interfere by their superiors or corporate pressure/quotas. [Their] should be strict rules in place [to] avoid this situation." – Pharmacist Respondent

"It's very troubling the potential exclusion of independent pharmacy owners, it's seem like more and more pharmacy is catering to the big box stores. The conflict of interest as currently written should apply to everyone that would benefit from the prescriptions. This includes pharmacy mangers and staff which receive bonuses for prescription count. Singly out independent pharmacy owners is closed minded. Only way to make fair across the board is to remove the conflict clause. Other professions such as optometrist naturopaths and vets sell things they prescribe." – Pharmacist Respondent

"The BCPhA urges the College to pursue regulations so this prohibition does not negatively impact access to health care, particularly in rural areas. We understand the College's concerns about the "perverse incentive", but believe the solution lies not in prohibition but in enhancing the existing Conflict of Interest Standards developed by the College."
– Letter from the BC Pharmacy Association

"As private community pharmacy owner in interior BC, it will not change anything if Rx authority is not granted to owner. Also I am not able to afford additional pharmacist for that at this moment. College also need to view business point of view for pharmacist owner. How much it will benefit pharmacist in salary as comparison to responsibility. Is it really worth it? How pharmacist doing it will get benefit in salary and not just corporate?" – Pharmacist Respondent

"Being the only pharmacist in a small community, there are already so many limitations with access to physicians, time and distance to travel for medical services, that not allowing the only pharmacist whether they be any owner or employee would penalize residents already strapped for health services." – Pharmacist Respondent

Unaddressed Risks

Pharmacists and other prescribing respondents identified risks they felt weren't adequately addressed in the Draft Framework. Common risks identified included:

- Inadequate training to diagnose conditions
- Misdiagnosis which could potentially be harmful to patients
- Disruption and fragmentation of patient care
- Double-doctoring or too many prescribers
- Lack of access to lab test results
- Room for more errors in patient care

Many survey responses, emails and letters from stakeholders also indicated that the case studies in the Draft Framework didn't present sufficient possible diagnoses for cases, and courses of action to take in those circumstances. Other respondents underlined that the Draft Framework didn't sufficiently address possible pitfalls of pharmacists prescribing or the ambiguous situations pharmacist prescribers might find themselves in when treating patients.

"If a Certified Pharmacist Prescriber prescribes a medication but does not inform the primacy care physician and there is an adverse event, who is responsible?" – Other Prescribing Respondent

"The prescribing authority booklet created by the college is all positive and supportive of the initiative. It should be much more balanced and explore the possible pitfalls of pharmacist prescribing. What if there are several pharmacist prescribers for a single patient? What about hand-off for vacations, leaves, retirement, leaving the workplace? Is monitoring really going to be possible? I'm not sure the conflict of interest has been adequately addressed. I would also like to see some support in the document from the BC College of Physicians and Surgeons as well as perhaps naturopaths?" – Pharmacist respondent

Certain respondents also highlighted that the Draft Framework could create more confusion among patients and might have an adverse effect on the public's level of trust in pharmacists.

"Multiple prescribers can lead to confusion and errors between patients and doctors. [This is] already an issue between MDs and specialists." – Other Prescribing Respondent

"We already know patients suffer from having too many prescribers and a lack of coordination of care and yet the [College of Pharmacists of BC] is recommending to add another layer of prescribers?" – Pharmacist Respondent

"I don't understand how a pharmacist can obtain the knowledge to prescribe without doing thorough physicals, etc. I worry that labwork usage will increase, and patients won't necessarily trust what the pharmacist tells them so they will come to me for a second opinion. In addition to fighting with Dr. Google for trust with patients, I will have to fight Dr. pharmacist. Also, this will also decrease longitudinal care - something that is a battle with walk-in clinics." – Other Prescribing Respondent

Many pharmacist and other prescribing respondents also felt that issues around liability were not addressed in the Draft Framework. These comments often related to insurance costs and identifying shared responsibilities between pharmacist prescribers and other prescribers. There was also desire to understand situations where pharmacists could be liable and how the extended scope of work could put pharmacist prescribers at greater risk.

"At this point, I'm unsure of the consequences of a certified pharmacist prescriber refusing to prescribe in remote communities in a situation where referral to a physician or other healthcare professional is not a reasonable alternative. If the pharmacist prescriber feels that providing care is beyond their scope of practice, but the need is urgent or alternative care is not feasible for the patient, is liability for the outcome incurred by the pharmacist prescriber whether or not therapeutic intervention is provided?" – Pharmacist Respondent

"I believe that there is considerable risk to the pharmacist here. Their liability will increase exponentially. Their free time will diminish; they will, of course, carry pagers and be on call for their patients 24/7 (free-of-charge like family doctors). They will have to take on the responsibility of writing legal reports and filling out all insurance forms associated with their patients." – Other Prescribing Respondent

Respondents also had questions and concerns related to workflow, cost and remuneration. Pharmacist respondents were also particularly unsure about how they would be compensated for patient assessment involved in prescribing, and expressed concerns about potentially being put under pressure to provide quality care while still managing their daily workload.

The Draft Framework did not include any detail on possible payment models as this falls outside of the College's role as a regulator. However, the College recognizes that reimbursement methods would need to be addressed should the province move forward with pharmacist prescribing.

"Billing issues, especially with third party payers, have to be a consideration, even if the College doesn't consider them to be within its mandate. Pharmacists are too pressured within the current system- a way of adequately compensating them to take the time to make proper assessments needs to be developed." – Pharmacist respondent

"1) Are we a provider? Do we get provider status? Billing number?
2) Who is willing to pay for these services?
3) How are these services being paid for and supported?
4) Why are you allowing the same pharmacist to prescribe and dispense?
It is difficult to reconcile new job functions with the demands of dispensing. Integrating it into a functional workflow is impossible. The solution is to have the prescribing pharmacist focus on prescribing only." – Pharmacist respondent

Some respondents also thought there was a risk that collaboration and communication between pharmacists and other prescribers could erode rather than improve.

"A potential risk is overlap from other healthcare professionals. There will undoubtedly be strong opinions from other disciplines, specifically the College of Physicians and Surgeons. We need to ally with the CPS to come up with a framework that works." – Pharmacist Respondent

"There is a reason why medical physicians do not both diagnose the disease and dispense the cure - this will open the door to absolute power in the therapeutic relationship". – Other prescribing respondent

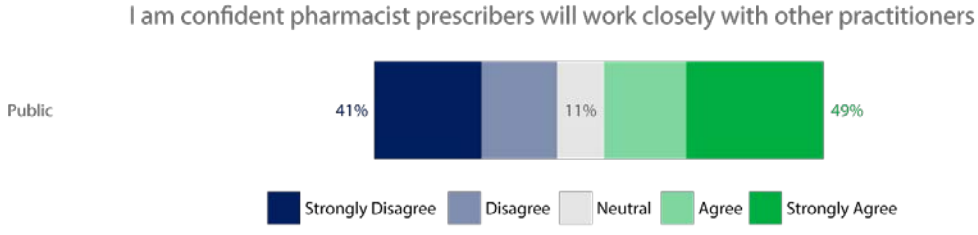
COLLABORATION AND COMMUNICATION

The College sought feedback from stakeholders on the collaboration and communication that would be necessary in pharmacist prescribing. Public respondents shared their thoughts on how they would expect pharmacist prescribers to communicate and collaborate with other prescribers. We also heard from pharmacists and other prescribers on their communication and collaboration thoughts surrounding pharmacists prescribing. Pharmacists also identified the types of tools and resources they would need to support pharmacist prescribing. We also heard from pharmacy technicians on how they could contribute to pharmacist prescribing.

Public Expectations for Collaboration

The majority of public respondents (81%) thought that a Certified Pharmacist Prescriber should always notify their primary care provider after making a prescribing decision – this is a key communication requirement proposed in the Draft Framework. Overall, 61% of public respondents also agreed that they would encourage their primary care provider, or others involved with their care, to work more collaboratively with a Certified Pharmacist Prescriber to improve their care.

However, levels of confidence that a pharmacist prescriber would appropriately consult with other members of a patients care team were not as high. Only 49% of public respondents agreed that a Certified Pharmacist Prescriber would consult appropriately, while 41% disagreed and 11% were neutral. Feedback indicated that for collaboration to work, roles would need to be clearly defined and communicated effectively with prescribers and the public.



Some public respondents felt that pharmacist prescribing could improve collaboration and communication between pharmacists and physicians and benefit them in the care they receive. However, many expressed concern that collaboration and communication between pharmacists and physicians is not strong and identified a risk that pharmacist prescribing could cause confusion and break downs in communication, and possibly result in duplication of services. Others highlighted the important role of physicians in providing a diagnosis.

"I would feel like my health care team was more on the same page about my care." – Public Respondent

"Health Care Teams work best when each member has clear roles. Overlapping roles leads to lack of clarity and even conflict." – Public Respondent

"I would still see my doctor. I can imagine though that some people would not. From your introduction statement it said that it would reduce the number of assessments a person has to have. It now sounds rather more like you intend to create more." – Public Respondent

"I think it would be important for the pharmacist and physician to share information so they know what treatment the other is prescribing." – Public Respondent

"My trust is in the physician's ability to diagnose a problem. There is a different level of expertise between a physician and pharmacist in this regard." – Public Respondent

"It would free up my doctor from visits to just renew prescriptions or deal with minor issues. It would be good if the pharmacist could fax a chart note to the GP so the GP has info on what is going on." – Public Respondent

"My pharmacist should be providing additional information to my physician, not replacing my doctor's prescribing practices. My medical history is complex and my pharmacist is not adequately informed by my history." – Public Respondent

"I'm not opposed to the investigation of the possible benefit of such an initiative. There is merit in this initiative if there is strong collaboration with physicians, appropriate training with strong oversight, and a phased in process to evaluate effectiveness." – Public Respondent

"Breaking up care between too many providers. Only 1 person should be the quarterback. Things will inevitably get messed up, no matter how good the intent of communication." – Public Respondent

"This would only work effectively with close collaboration with physicians. I'm not confident that this close relationship would truly come to fruition. As with any expansion of scope of practice the reality is the profession having its scope encroached on will most likely become a barrier. An initiative such as this would have more success, and I mean a realized benefit for patients and not implementation of an initiative, if it is gradual and the model of integrated and collaboration taught to the new physicians and pharmacists." – Public Respondent

"Could potentially add confusion if physician is not properly notified or does not agree with care decisions made by pharmacist." – Public Respondent

"I would hope my physician would be informed of what is happening & why the decision was made to prescribe a certain drug. I would plan on seeing my Dr within a few wks to consult with him & let him know what was happening from my point of view." – Public Respondent

Public sees value in greater collaboration between pharmacists and physicians

Many members of the public identified the benefit of greater collaborations and team-based care, even when they indicated they may not see their primary care provider less if a pharmacist prescriber was available to them. Others identified they would use both their primary care provider and the services of a pharmacist prescriber. A greater focus on team-based care was also a frequent suggestion as an alternative strategy to pharmacist prescribing for improving patient care.

"It would not [change my relationship with my physician]. I believe by doctor and their team need to be the central source of information and care. I would welcome the pharmacist as part of this team." – Public Respondent

"We need to become more collaborative in health care, not more siloed. Please go back to the drawing board and find ways for patients to have improved primary care, not more fragmented care." – Public Respondent

"As a mother my level of care and that of my kids would not change it would just be a more comprehensive team approach." – Public Respondent

"I think I would still go to my physician whenever I had the chance - but once I get a prescription from them, I would rather have the pharmacist make changes instead of them having to wait and fax the doctor back when problems arise. The pharmacists [know] a lot about the medications - and they are the ones that find most of the problems with them." – Public Respondent

"I believe by doctor and their team need to be the central source of information and care. I would welcome the pharmacist as part of this team." – Public Respondent

"Develop a framework that addresses the care team issues that already exist. Be the leaders in establishing an intelligent and bullet proof approach. The physicians have at times taken a lofty - we are untouchable - approach. This has at times crippled the management of the use of funds available for innovation and improvements to health care. Learn from their mistakes and demonstrate that by not making the same ones." – Public Respondent

Better Solutions for Patient Information Sharing Needed

We heard from pharmacists and other prescribers on the best methods for a pharmacist prescriber to communicate with a patient's primary care provider, the documentation that should be required, and how pharmacist prescribing could possibly improve interprofessional relationships.

Many pharmacists and other prescribers indicated that the fax machine was currently the most common method of communication between pharmacists and physicians. While familiar, the fax was often described as archaic and insufficient for pharmacist prescribing. Others prescribers suggested phone, email or access to *my eHealth* as a preferred means to communicate.

However, both pharmacists and other prescribers, highlighted problems with these methods and expressed a desire for more direct communication between pharmacists and physicians. Several other prescribing respondents suggested a team based, collaborative approach so that pharmacists and physicians could work together rather than prescribing in silos.

"Fax, or email would be nice too, although our whole system is still archaically working with fax. It would be nice to have the pharmacy software integrated with physician communication, this would lessen the paperwork burden of documentation for the pharmacists." – Pharmacist Respondent

"This may be problematic as multiple phone calls in the middle of a busy clinic would be disruptive. Ideally we could share an EHR that would provide immediate access to information as well as ways to communicate. It also would be ideal if the primary care providers and pharmacists in a defined community to get to know each other through combined CPD and other events." – Other Prescribing Respondent

"It feels like, once again, simple problems will be taken away from GPs, leaving us with an even higher concentration of complex, multiple problems, including chronic pain which is such a huge issue. Can pharmacists get involved there? That would be extremely valuable collaboration, and true team-based care." – Other Prescribing Respondent

Numerous respondents believed that a more widely adapted Electronic Medical Record (EMR) system would allow physicians and pharmacists to better access and share and information needed to prescribe and care for patients. But, they also believe that the current medical system lacks the infrastructure needed to support this.

"This maybe a couple years down the road but having one universal account associated with a patients PHN that all healthcare professionals can access and write down notes on. This can be streamlined to having a secure instant messaging system if the other healthcare professional is online at the same time another one is." – Pharmacist Respondent

"The only modern way is with interoperable EMR, which currently does not exist in BC. I don't want to receive more faxes, which then have to be scanned and put into the patient file." – Other Prescribing Respondent

"How are Certified Pharmacist Prescribers going to follow up patients that are admitted or discharged to/from hospital? Are they going to be the Primary Care Providers that review the admission and discharge summaries from the physicians that were involved in their care? How are they going to obtain this information? Will they have an EMR like Primary Care Physicians?" – Other Prescribing Respondent

Various pharmacists suggested that existing patient databases such as PharmaNet or Med Access should be more inclusive to all health care providers and have functionalities that would allow prescribers to incorporate their prescribing notes and diagnosis. They identified that these systems needed mechanisms in place to ensure the security and confidentially of patient information.

"Pharmanet. Hopefully one day we will have shared access to patients charts as well as dispensing history Many Physicians already complain about the extensive faxes that Pharmacies already send them. Coming up with some kind of electronic method of communication is CRITICAL." – Pharmacist Respondent

"Is the pharmacist going to have access to a medical record. Through medaccess (sic) would be best in Duncan as that is what most physicians use here on the island." – Other Prescribing Respondent

Some pharmacist respondents thought physicians wouldn't want to use different methods of communication. However, while there were some other prescribers who showed resistance, citing a lack of time and being inundated by pharmacist requests as reasons for not wanting to communicate, these were a minority among the other prescriber respondent group. Most other prescribers indicated that more communication and collaboration would be preferable.

"[B]est method would be to have pharmacists working in the primary care team like the UBC model and have direct access to the chart." – Other Prescribing Respondent

"In addition, the College should aggressively pursue collaboration with PharmaNet to improve functionality and allow pharmacists to modify information (eg. allergy assessments). Ideally, PharmaNet can be used to document prescribing decisions in a way that other health care providers can view (eg. if the patient is later admitted to hospital)." – Pharmacist Respondent

"In a joint pre-arranged meeting either in person or virtual to that discussion can flow in both directions on a team basis - certainly not to unilaterally notify the physician or NP of changes that the pharmacist has made which will reduce continuity, trust and fragment care." – Other Prescribing Respondent

As long as we have the correct patient information (diagnosis, lab work, etc.), I would be comfortable in doing so. We MUST have access to a properly framed electronic health record so that we can check to see a patient's lab values and any other diagnostic work. At the bare minimum, we should be able to see if they had a lab test done, that way, we know that they are being monitored for a specific thing. Having access to PharmaNet alone is not enough." – Pharmacist Respondent

While some of the feedback provided suggests large scale solutions for pharmacist prescribing that would be difficult to implement in the short term, respondents also made specific recommendations for additions to the Draft Framework to assist with communication and collaboration:

- Guidelines on how pharmacist prescribers should communicate and follow-up with primary care providers and other health professionals
- Use case examples around communication in various situations and circumstances
- Guidance on communication methods and step-by-step processes to support collaboration and communication

Documentation in Pharmacist Prescribing

Overall, responses from other prescribers and pharmacists, while there are some suggestions for improving documentation, it is currently not a key area of concern with pharmacist prescribing as laid out in the Draft Framework. Instead, responses indicated that there is a great need for pharmacists and primary care providers to better share patient information securely and safely, with better solutions in the Draft Framework to address this need.

However, while many other prescribers thought the documentation required was sufficient, it didn't necessarily mean that they thought the initiative presented a sufficient mechanism to ensure strong collaboration and communication between health professionals, or that they agreed with pharmacist prescribing. Some felt that the documentation was insufficient mainly because there was a lack of training and expertise, and requirements specified in the Draft Framework. Some pharmacists also stressed that if excessive documentation was required it would cause inefficiencies and too much burden on pharmacists and physicians and would impact patient care.

"It's sufficient for documentation, but how will follow up be implemented? What about if a GP has decided a medication needs to be stopped and the Patient can seek it out through other sources? What sort of sharing or documentation will be available between the GP and pharmacist?" – Other Prescribing Respondent

"Sounds appropriate. This will increase jobs for pharmacists as this process with take more time in addition to dispensing already prescribed drugs." – Other Prescribing Respondent

"Very thorough [but] does not go both ways, so much room for error." – Other Prescribing Respondent

"It's more than enough. [The] best is to come up with worksheets like in a flow chart manner. Documentation can be quite tedious and it'll affect the overall ability for pharmacists to prescribe." – Pharmacist Respondent

"Primary care providers do not want to be deluged by even more unsolicited information they will have to wade through to search for useful information and errors they will have to correct. This will make for a less safe system. Patients records will become more fragmented not less and they will be disadvantaged by this. This documentation does not replace a proper relationship under which the whole patient and their needs are monitored." – Other Prescribing Respondent

Additional Resources and Support Needed for Pharmacists

Pharmacist respondents shared what they would need in their current practice to support pharmacist prescribing. In general, respondents identified the following needs:

- additional and continuous education,
- office space or a consultation room,
- access to patient files, information, digital records,
- access and ordering of lab tests,
- supplementary staff, and
- necessary time to spend with patients.

The issue of time was important as many felt that the Draft Framework did not take into consideration the additional time needed for pharmacists to properly assess, consult and follow up with patients. Pharmacist respondents stressed they also needed support managing patient expectations in regards to what a pharmacist prescriber can do, as well as managing pharmacy business expectations.

"[…] it may be wise to prove pharmacists have the knowledge and skills BEFORE implementing such a widespread program - this would improve pharmacists confidence, streamline the process for all involved (ex. standardized forms, same procedure regardless of pharmacist or pharmacy, etc), and further prepare the docs and public for what is to come. In my experience, in BC these initiatives tend to be thrown out there for pharmacy to fumble with and only after that do the rules and procedures get added and changed and finalized. It would be nice not to have to find our way through this "in the dark"." – Pharmacist Respondent

"It's up to the industry (management and owners) to staff the Dispensary properly to allow for this extra service. I am not confident that this will happen in my current workplace. Management hires support staff with no Pharmacy experience, there is no registered Pharmacy tech and no Pharmacist overlap. There is no control over customer inflow. Management will create Prescriber quotas. CPBC needs to work with industry to create a suitable work environment."

Access to Labs

While access and ordering of lab tests is not included in the scope of the Draft Framework, many pharmacists highlighted access to patient lab test results, as well as the opportunity to order lab tests to monitor patients as an important tool for prescribing.

"I would hope that pharmacist can order lab work because questions about iron supplements are common in practice." – Pharmacist Respondent

"I worked in Alberta for a year and [pharmacist prescribing] worked well out there- only thing is you really need access to labs (and should be able to order them as well)." – Pharmacist Respondent

"I am a pharmacist and I think if we had access to labs, or could order and then prescribe I would be comfortable [in prescribing]." – Pharmacist Respondent

"I agree but I think the missing component of the lack of ability to order labs could significantly reduce the effectiveness of potential interventions." – Pharmacist Respondent

"I think it would be important to interpret labs, make informed decisions using patient consult and lab results. I do this already with women's health and hormones and more often than not our local physicians defer to me for recommendations on prescriptions." – Pharmacist Respondent

"With prescribing rights needs to come the ability for pharmacists to order labs so that we can properly follow up and monitor patients. Also this would come in handy for those cases like drug interactions or when physicians are not ordering labs for proper monitoring. I have seen many times where patients are missing INR orders especially when put on interacting drugs such as antibiotics." – Pharmacist Respondent

Pharmacy Technician Role in Pharmacist Prescribing

Many pharmacy technician respondents viewed the expansion of a pharmacist's scope into prescribing positively. Respondents expressed that they felt pharmacist prescribing would have a positive impact in their daily practice and felt that pharmacist prescribing services would be beneficial to patients.

Responses broadly highlighted that there was room to include the role of pharmacy technicians in supporting pharmacist prescribers. Various technician respondents (and some respondents from other stakeholder groups) saw an opportunity for pharmacy technicians to perform within their full scope of work, which was said often to be underutilized. Pharmacy technicians identified that they could help pharmacists find more time to spend with patients, if pharmacy technicians took on more responsibilities within their scope that they are trained for.

"In my opinion I do not feel that the pharmacy technicians scope of practice will change. However I do believe that pharmacy technicians will play a larger role in the pharmacy functions. As the role of pharmacist continues to move more and more toward clinical services, I feel that pharmacy technicians will step more into the roles that we are trained for. Pharmacists will need technicians to help ease the workload as they are focused on providing essential clinical services to patients." – Pharmacy Technician Respondent

"This may increase the workload of pharmacy technicians however would be necessary to improve the ability to provide health services that would then benefit the best interest of a patient's well-being." – Pharmacy Technician Respondent

Pharmacist respondents feel they will need additional time and resources to be able to perform prescribing duties. As one pharmacy technician stated, this will also call for more collaboration between pharmacists and pharmacy technicians.

"This will create an even closer collaboration between pharmacists and technicians. They will need each other even more in order to provide better care. In order for the pharmacists to be able to successfully prescribe medications, the technician must gather all the necessary information from the patient or care giver regarding all the medications, also ensure that the patient profile is up to date, direct the patient to the right health care provider for assistance and most importantly with the pharmacist now prescribing and assessing patients, the technician's role in prescriptions checking is very important." – Pharmacy Technician Respondent

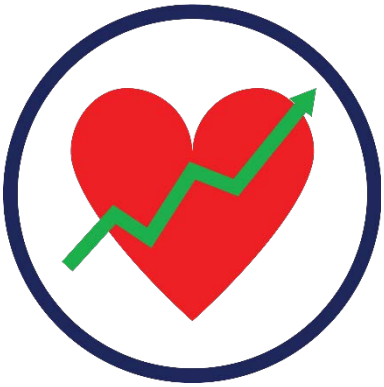
"RPhT's could be better utilized in the current pharmacy practice situation and, with Certified Pharmacist Prescribers, RPhT's could be part of the process of assessment by having them trained to do a BPMH, immunization hx, medical conditions and allergies prior to sitting down with the Certified Pharmacist Prescriber." – Pharmacy Technician Respondent

"It would allow Pharmacy Technicians to perform their full scope of practice, be the support person to the Pharmacist that we were trained to be. Exciting prospect in my opinion." – Pharmacy Technician Respondent

"Allows [pharmacy technicians] to fully work to their scope checking prescriptions and performing majority of drug distribution." – Pharmacy Technician Respondent

"I think RPhTs will be more likely to be practicing to their full scope, and possibly taking on additional responsibilities in accord with their training. This should make the workflow more even and patient focussed." – Pharmacy Technician Respondent

"My pharmacy now has two registered technicians. I find the pharmacy runs very smooth with the pharmacist having more time to help patients, do vaccines and medication reviews and not just standing in one spot checking prescriptions all day and rushing to help patients with little time." – Pharmacy Technician Respondent



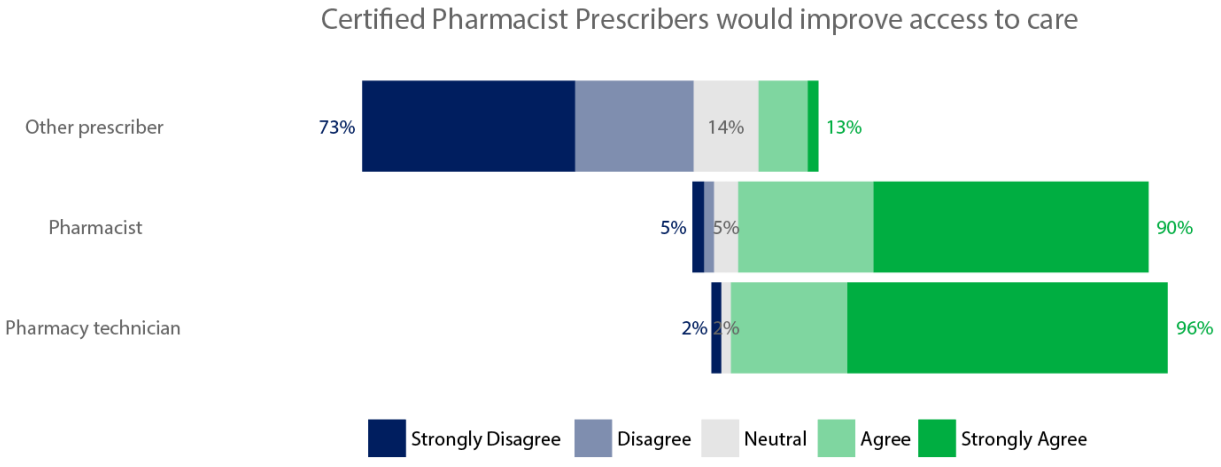
IMPROVING PATIENT CARE

Improving patient care was one area where respondent from all respondent groups suggested some potential openness to pharmacist prescribers. In this area respondents had more balanced and nuanced points of view.

Improving Access to Patient Care

Pharmacists, pharmacy technicians, other prescribers and the public all mentioned the opportunity for pharmacist prescribing to improve timely access to care for patients – especially for minor ailments. However, not all respondents were as supportive of pharmacist owners role in providing increased access to care through pharmacist prescribing.

Pharmacist and pharmacy technician respondents tended to agree (90% and more) that pharmacist prescribers would improve a patient's access to care. While 73% of other prescribing respondents disagreed to some extent, the remaining 27% either agreed or were neutral. This is a higher level of agreement than expressed for other aspects of pharmacist prescribing. The majority (53%) of public respondents also agreed that they would find receiving care from a Certified Pharmacist Prescriber to be more accessible.



"I honestly feel people would seek treatment earlier if they knew it was going to be convenient for them. No long wait at a walk-in clinic, or a weeks wait to see your doctor. I believe patients find pharmacists to be more accessible than a Doctor, and anything that makes healthcare more convenient will inevitably increase patient compliance." – Pharmacy Technician Respondent

Numbers were similar when other prescribers were asked if there was value in pharmacist owners having the authority to prescribe to improve access to health services (17% were neutral and 12% agreed). However, pharmacist respondents tended to support these statements somewhat less, relative to their high support of other aspects of pharmacist prescribing. Almost 20% of pharmacist respondents either disagreed or were neutral in regards to the value of having pharmacist owners prescribing to specifically improve access to health services.

"I am fresh out of school and fresh in my knowledge base. I know the most up to date treatment algorithms for most chronic conditions. Minor ailment prescribing would be fantastic as I am sick of feeling powerless when I disagree with a physician and when I have the evidence to support my decisions. The biggest culprit is the massive amount of incorrect or unnecessary antibiotic prescriptions I see. My only concern is the conflict of interest of both prescribing and selling the medication. Pharmacy is sometimes a tough area especially for owners because profit may influence their decisions." – Pharmacist Respondent

Other prescribing respondents were in line with the public's response to whether some patients might find receiving care from a pharmacist prescriber to be more accessible. Just over half (51%) of other prescribing respondents agreed to some extent that patients would find receiving care from a pharmacist prescriber more accessible – 54% of public respondents also indicated pharmacist prescribing could make care more accessible. However, respondents still emphasized that quicker or better access to care does not necessarily correspond to better quality of care.

"This would reduce stress on walk-in clinics and seeing drs for easy prescription refills (ex. birth control)" – Public Respondent

"Patients who don't have ready access to other PCP [primary care provider] will benefit from Pharmacists acting as their PCP (as their most responsible providers), when it's compared to lack of access." – Other Prescribing Respondent

"I would need to see my physician less frequently [with pharmacist prescribing], I know the physician will not like this, but it would create more access for patients who need to see the doctor." – Public Respondent

"It is another access point, but I would rather see more collaboration and less silos." – Other Prescribing Respondent

"I would assume that the strain on the health care providers would be lessened. Often the only reason a person goes to see their health care provider is to renew a prescription, think how much more efficient the whole system would be by streamlining the process to one."
– Public Respondent

"[Pharmacist Prescribing could improve access] …if they don't have a family physician. If there is an acute medication issue or concern and they don't have access to their PCP [primary care provider]." – Other Prescribing Respondent

"Better and timely access to medication through a reliable health care professional."
– Public Respondent

"Quicker and easier access to meds, at risk of flawed assessments and wrong diagnosis." – Other prescribing respondent

"Decreased wait times in physicians offices which will allow for more patients to access their physician for other ailments and needs. I can only see this as being beneficial to the health care system." – Public Respondent

Pharmacists and pharmacy technicians also emphasized the specific benefit for patients living in small, rural and remote communities, while, some pharmacists also suggested that without pharmacist owners having the authority to prescribe, improved access to care would be limited in small communities where pharmacies are frequently staffed by a pharmacist owner. Some other prescribers suggested that pharmacist prescribing may be appropriate when patients do not have access to a physician or a nurse practitioner.

"Only in settings where there is not access to doctors or nurse practitioners who are trained in diagnosis and examination of patients." – Other Prescribing Respondent

"I think this would improve access and help relieve physician workload in rural areas."
– Pharmacist Respondent

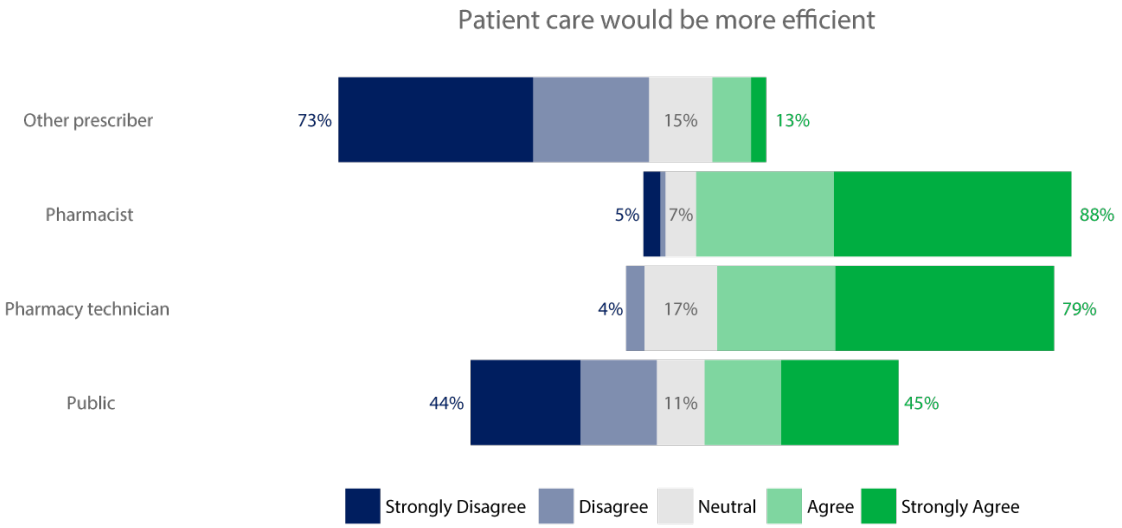
"Should only be allowed in rural areas with no access to doctor care."
– Other Prescribing Respondent

Emergency prescriptions for continuity of care by pharmacists is an excellent opportunity for collaborative work, but beyond emergency, there should be no pharmacist prescribing.
– Other Prescribing Respondent

Improving Care

Respondents also weighed in on if pharmacist prescribing could improve patient care through greater efficiency, continuity of care, and greater monitoring of drug therapy.

The majority of pharmacist and pharmacy technician respondents thought that pharmacist prescribers could improve efficiency of care. Public respondents were almost equally divided (45% agreed, 11% neutral, 44% disagreed).



Members of the public were also divided when asked if they wanted a Certified Pharmacist Prescriber to create a monitoring and follow-up plan with them. Slightly more public respondents agreed (51%) that a monitoring and follow-up plan developed with a pharmacist prescriber would help improve the care they receive.

"I think this is a great idea. anything to reduce wait time and make things easier for patients, the customers of the entire health care system. Drs and health care providers seem to forget this." – Public Respondent

"I am quite concerned about this proposal. I am opposed to it. If/when the future certified pharmacist prescriber prescribes medications, what responsibility for patient health outcomes would be ascribed to the pharmacist? How could this be accurately measured? Allowing pharmacists to prescribe within the scope of their training seems potentially dangerous. I would ask the question, "How can you know what you don't know?"" – Public Respondent

"I already have used a pharmacist as a source of information to relay to my doctor in order to optimize treatment for my hypothyroid condition. So in my case I have already indirectly received care from a pharmacist and that model worked fine for me. It would make sense to develop a form of this kind." – Public Respondent

"I feel I will be able to make more informed decisions, if I have a pharmacist prescriber on board. I feel I will have to see my physicians less frequently. Also, I think It will push my physician to really focus on primary care including accurate diagnosis and my overall health while having the pharmacist take care of my prescriptions." – Public Respondent

"My doctor has a limited amount of time with me and often I feel rushed and forget things I want to discuss with him. Being able to discuss without an appointment (or with one) my health care related concerns and the medications that go along with them, with my local community pharmacist, it would give me more of a sense of being in control of the outcomes." – Public Respondent

Pharmacists and pharmacy technicians expressed greater confidence in the benefits of increased drug therapy monitoring – 83% of pharmacists and 91% of pharmacy technicians agreed or strongly agreed that pharmacist prescribing monitoring and follow up plans would improve quality of patient care. However, some pharmacists still had doubts surrounding their ability to provide increased monitoring unless pharmacist prescribers were provided with the tools, resources and time required to monitor and follow up with patients.

"I am not sure pharmacists in Alberta are actively engaged in this work in any substantial way. So while it could improve the quality of care, in the real world of a busy pharmacy, I am not sure it will." – Pharmacist Respondent

"A CDE pharmacist should be able to prescribe diabetes medications and order lab tests." – Pharmacist Respondent

"In many ways: increased efficiency, increased transparency, increased involvement in their own health outcomes, decreased wait times in clinics and for available doctor's appointments, the list goes on. I am especially excited at the prospect of patients having more chances to engage with Pharmacy professionals, as this gives us more chances to improve their level of care with our skills and expertise about drug therapies and medication management." – Pharmacy Technician

"It's a good ideal but in reality pharmacists may not have the time or resources to monitor and follow up on patients. Also without access to lab work or ability to order lab work, how will pharmacists properly diagnose or monitor patients." – Pharmacist Respondent

"Many patients inform me today that they look their pharmacist preferentially now given their extensive knowledge of drugs and their effects compared to physicians and NPs." – Pharmacist Respondent

"I believe that one of the biggest benefits for patients is simply having timely access to the care that they require. If patients are forced to wait weeks to see their doctor or spend hours sitting in emergency, in my observations, people tend to procrastinate or ignore entirely dealing with concerns they may have regarding their health. Working with a pharmacist on their personal health goals and outcomes allows patients to be more involved with their own health." – Pharmacy Technician

"More timely access to treatment and appropriate changes in therapy without delay in time for referral, pharmacist focus on drug therapy and time for follow up will improve patient outcomes." – Pharmacist Respondent

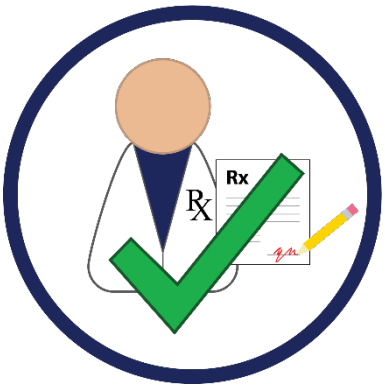
"I have been frustrated for many years by the inability to provide timely and effective treatments to patients even though I had complete confidence in my ability to triage the severity of the condition and recognize the urgency for immediate treatment and follow-up. To send patients to the ER or their primary care clinic felt incredibly inefficient and a complete waste of public resources." – Pharmacist Respondent

A greater number of other prescribers agreed with this aspect of pharmacist prescribing compared to other sections (such as confidence in a pharmacists ability to prescribe). Responses showed 21% felt neutral on this and 12% agreed, while 67% still disagreed that patient care would improve. However, many of these respondents found the framework's wording and logic to be faulty which might explain their lack of confidence in the possible benefits for patients.

"I am a supporter a (sic) expanding SOP of pharmacists as I believe that they are key to high quality care but we need to look at systems of care and how we all fit into new models of care. otherwise we continue to create more silos, more fragmentation and the potential for adverse events and consequences for our patients." – Other Prescribing Respondent

"The Draft Framework states that one of the expected benefits of Pharmacists prescribing will be increased patient access to health care services because other prescribers, such as MDs and NPs, can instead "focus on other medical issues." It also states that this would "reduce the number of practitioners patient must visit to be assessed and if necessary access drug therapy." Following the same reasoning, why not just allow MDs and NPs to dispense medication? This would be far simpler solution, if in fact, the reasoning of the College of Pharmacists is correct." – Letter from the Society of General Practitioners of BC

"MD's don't want more faxes from pharmacists that they then have to integrate into the patient's medical record, and follow-up on. This will create even more unpaid work for physicians and worsen not improve longitudinal care." – Other Prescribing Respondent

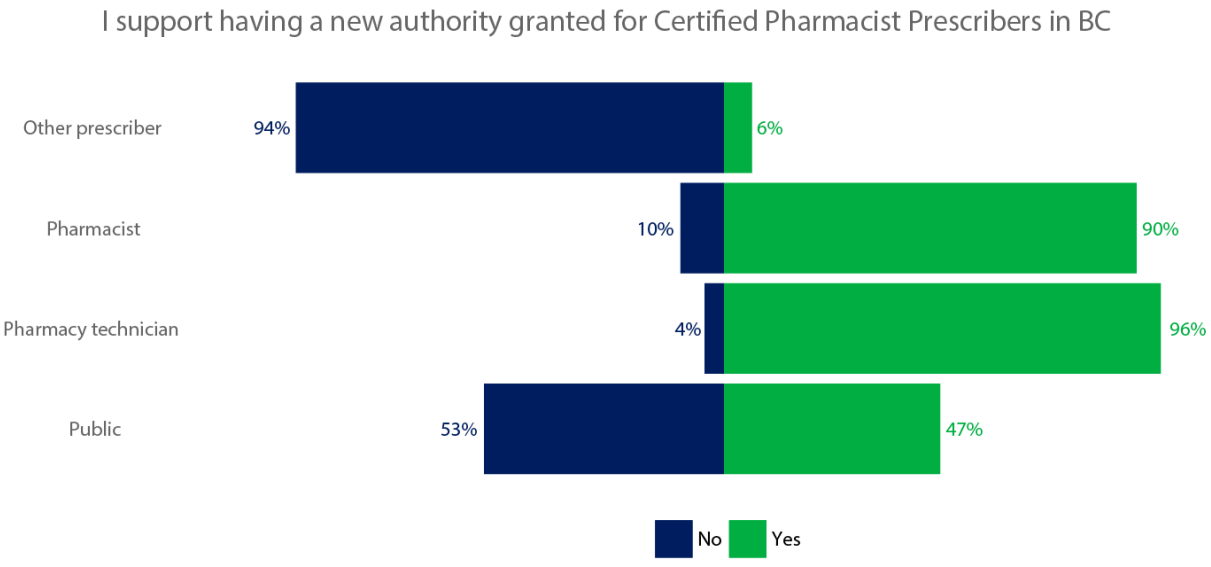


SUPPORT FOR MOVING FORWARD WITH PHARMACIST PRESCRIBING

The College heard from pharmacists, pharmacy technicians, other prescribers and the public on whether they supported moving forward with a proposal for pharmacist prescribing. The feedback showed that support for pharmacist prescribing greatly varied between stakeholders, from high to low.

Levels of Support for Moving Forward with the Initiative

Overall, feedback indicated overwhelming support for the initiative from pharmacists and pharmacy technicians, while responses from other prescribers illustrated strong resistance. Public respondents remained divided. However, numerous comments and feedback underline that respondent opinions are much more nuanced and there are still many questions about how pharmacists prescribing could work in BC.



Pharmacist and pharmacy technician respondents demonstrated very high levels of support (90% and 96% respectively) for having a new authority granted for pharmacist prescribing in BC. 89% of pharmacists and 96% of pharmacy technicians indicated that they believed patients would like to receive more services from pharmacists. However, caveats and issues to resolve were still identified for pharmacist prescribing to move forward. Many pharmacist owners also indicated they would only support the proposal for pharmacist prescribing if pharmacist owners are included in the authority to prescribe.

"Strongly believe that pharmacist prescribing will improve healthcare and patient outcome, and at the same time, fully utilize pharmacists' abilities to their full potential."
– Pharmacist Respondent

"It is long overdue and we (BC) are way behind the curve on this!" – Pharmacist Respondent

"Before working in BC, I worked in Alberta with 2 pharmacists with prescribing authority. In my experience, it was hugely beneficial for patients that didn't have time to wait in a walk in, or just needed refills in a medication they were on for a long time. The pharmacists I worked with were very knowledgeable, and it is really good to see their knowledge being used to this extent. Our patients trusted the pharmacists' opinions and were very grateful for the added service."
– Pharmacy Technician

"This is a successful model already being followed in other provinces." – Pharmacist Respondent

"Only with the proper required education, access to lab values, and some sort of control program to keep the big companies from monetizing our abilities and putting quotas on their staff. Doctors (as far as I know) work independently so they aren't encouraged to see as many patients as possible by their head office. This is a problem with chain pharmacies that needs to be addressed before this moves forward." – Pharmacist Respondent

Appropriate with current healthcare system limitations to improve patient outcomes and utilize knowledge and skill sets of pharmacists who are easily accessible. – Pharmacist Respondent

BC is the only province where pharmacists cannot prescribe in some capacity. It is time to catch up with the times. – Pharmacist Respondent

"I don't think our system is ready for this yet. We need comprehensive electronic health records including access to lab values for it to work/add value." – Pharmacist Respondent

"As physician availability decreases and the number of physicians practicing in BC does not meet the demands for services, it makes sense to increase the pharmacist scope of practice. I see much frustration and desperation amongst the patients at my pharmacy when treatment is sorely needed, and yet they must wait hours at an emergency walk in clinic, and weeks or up to a month to see their GP if they are lucky enough to have one. It would alleviate much stress, frustration, and physician backlog if pharmacists were authorized to prescribe within an established framework, and established scope." – Pharmacy Technician

"Definitely. BUT, not until all the pieces are in place with our entire medical system!!!" – Pharmacist Respondent

"We have been waiting for this for many years. We have very credible and talented clinical pharmacy practitioners who are ready for this type of work and will do a great job."
– Pharmacist Respondent

"It is absolutely paramount to address current issues in the system before moving forward and creating more complex future complications which would result in frustration and break-down of communication between pharmacist/physician. Pharmacist must be compensated in a direct method to protect them from being over worked by their employer/owner. The electronic health record needs to become a reality to support pharmacist prescribers so there is a proper method of communication with the physician." – Pharmacist Respondent

"As an owner, I am hopeful that the College will see that we should be included in this exciting initiative." – Pharmacist Respondent

Public respondents had mixed opinions on supporting this initiative, with 53% opposed and 47% in favor of a new authority for pharmacist prescribing. Responses were also divided on whether they would like to receive more health services from pharmacists. 42% of public respondents indicated they would like to receive more services through pharmacists and 15% were undecided, while 41% disagreed. When asked whether they would use pharmacist prescribing services, the public response shifted slightly further towards agreement (52% indicated they would use pharmacist prescribing services).

"I work with 2nd year pharmacy students as a health mentor and I think they would be an asset to alleviating some of the pressure on family doctors for patients who just need simple prescription renewals. I support this move. I just think if it passes, stores with pharmacies need to have some legislation around the pharmacist's work load and staffing. They ask them to do way too much alone and that can be dangerous. Please address this before making any changes. Be proactive-lives depend on it." – Public Respondent

"Leave things as they are. It works well in the relationship between my Dr.s and my Pharmacists." – Public Respondent

"It's about time this get introduced in BC. This would make our health care more efficient." – Public Respondent

"This service would help to alleviate the shortage of physicians in BC, would complement existing services, reduce patients' time waiting or on waitlists to see physicians, enable patients who do not have a physician (due to shortages) who would see different physicians at clinics to have the care of one medical professional who knows their history, free up physicians to see patients who have more serious problems, release the burden of overwhelming caseloads on physicians, etc. I strongly believe that all pharmacists who wish to be certified to initiate prescriptions, whether or not they are pharmacy owners, should have the opportunity to be trained and licensed to perform this service." – Public Respondent

"I feel like this is a slippery slope to have pharmacist prescribing medications. Too many mistakes can be made. At least with a physician prescribing medications a pharmacist is able to double check to be sure there are no mistakes.... Even then mistakes are made! I don't believe having a pharmacist take a full medical history etc is a good use of their time, also that is a lot of liability to put on them." – Public Respondent

"My primary concern is pharmacists prescribing when it's not necessary, especially when they make money on prescriptions." – Public Respondent

"This is an innovative and absolutely necessary approach to alleviating the current stress on our healthcare system. I support this wholeheartedly as a patient." – Public Respondent

Do this as soon as possible. It's long overdue. It's a workable solution to the lack of GP-attachment, ER overcrowding, walk-in clinic wait times, ballooning health care system budgets, the coming demographic flood of chronic disease patients, everything. That this has not been accomplished already is mystifying. Fix this. – Public Respondent

Other prescribers were largely opposed to a new authority for pharmacist prescribing. Only 6% indicated support for the initiative to move forward.

"So much of a doctors time is spent writing prescriptions for basic healthcare such as birth control, herpes medication, simple urinary tract infections etc, that could easily be looked after by a certified pharmacist. This would free up doctors for more complex conditions." – Other Prescribing Respondent

"I think the pharmacists scope of practice should be expanded to include an improved communication and collaboration with family physicians especially around medication reviews for complex patients, but pharmacists should not be acting as a replacement for the patient's family doctor." – Other Prescribing Respondent

"In the current Primary Care environment, there are tens of thousands of orphaned patients, many with complex medical health conditions. These are the people Certified Pharmacist Prescribers will be seeing. In essence, Certified Pharmacist Prescribers will be these patients' GPs, responsible for all aspects of their continued care. There will be no easy cases nor collaboration with a GPs, as there are fewer and fewer of us office GPs left. So by all means, come join us as we take care of BC's citizens, with all the 24/7 responsibilities, liabilities/ costs of running a medical practice." – Other Prescribing Respondent

"I do not support this at all. Pharmacists do not have the training and will never have adequate training to do what physicians do." – Other Prescribing Respondent

"Overall this would be of great benefit for the entire health care team as well as patients." – Other Prescribing Respondent

"I think this will be a duplication of service, disruption of physician systems, unsafe for patients in certain (unpredictable) cases and an invasion of physician territory by pharmacists. I think pharmacists should continue with monitoring physician prescriptions for mistakes and interactions, dispense medication safely and provide patients with valuable information and not prescribe medication other than symptomatic medications." – Other Prescribing Respondent

Other prescriber respondents, pharmacists and pharmacy technicians were asked whether they would encourage patients to seek care from pharmacist prescribers. Pharmacists and pharmacy technician respondents indicated they would (93% and 98% agreed respectively). Other prescriber respondents were very opposed to encouraging patients to seek care from pharmacist prescribers (only 8% agreed).

Would Pharmacists Pursue Becoming a Certified Pharmacist Prescriber?

We also heard from pharmacists on their interest in becoming a pharmacist prescriber if the opportunity existed. Pharmacists clearly indicated they would pursue becoming a prescriber with almost 90% indicating that they would pursue the certification. Some pharmacists shared that they support a move towards pharmacist prescribing, but would not pursue becoming a pharmacist prescriber because they are retiring soon or are not working in direct patient care. While only 11% indicated they would not be interested in pursuing the certification, many respondents identified issues they would like to see addressed before pursuing the certification.

"It depends on how the BC College frames the new authority. Past experience shows that the new legislation will be extremely difficult to follow in practice and require a heavy load of over documenting. Good ideas poorly executed." – Pharmacist Respondent

"Maybe - depending on the requirements - as I'm relatively close to retirement." – Pharmacist Respondent

"If it would benefit me in my current workplace. If I was going to be supported in my current workplace." – Pharmacist Respondent

"As a Pharm D. student, this only seems appropriate as an additional means of expanding our scope of practice, as well as using our substantial knowledge to benefit British Columbians and our communities." – Pharmacist Respondent

"I would if I still had quite a few years left in my pharmacy career, but I am cutting back my hours and looking at retiring within the next few years." – Pharmacist Respondent

"I do not believe that this is an appropriate role unless you have a doctorate and works alongside a doctor in an office or hospital and NEVER in a community setting." – Pharmacist Respondent

"If I wanted to be a prescriber I would have become an MD." – Pharmacist Respondent

"Will only be possible to practice if restrictions on ownership change but would like to do it for knowledge or even as a locum." – Pharmacist Respondent

"I cannot wait for this opportunity and am willing to do whatever it takes in terms of preparation." – Pharmacist Respondent

"As long as the work environment supports it (that is up to management). I am not confident in management's ability to do this." – Pharmacist Respondent

"I have been waiting many years for this authority." – Pharmacist Respondent

"If the training/certification process seemed sufficient." – Pharmacist Respondent

"I have this designation in Alberta, and would pursue it in BC as well." – Pharmacist Respondent

"I am a pharmacist working in a primary care practice with 7 physicians who would support my ability to prescribe." – Pharmacist Respondent

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