SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS

TEMPLATE COLLABORATIVE PRACTICE (Prescribing) AGREEMENT

Elements

Summary from the SCPP "Framework for Developing a Safe and Functional Collaborative Practice Agreement:"

1. Practice Model and Organization of Care – specify the type of team and how patient care will be organized;
2. Written declaration of team member responsibilities, duties and liabilities, including names and contact information and credentials of team members;
3. Common goals for the patient – agreed team goals for patient care;
4. Roles and responsibilities of team members – based upon an understanding each team member's scope of practice, define each team member's roles and responsibilities;
5. Leadership – agree on who is responsible for coordination of care and team leadership;
6. Trust and respect – specify the decision making processes;
7. Location – describe where the care is to be provided;
8. Barriers – determine the obstacles to care and how the team will address them;
9. Liability – describe each team member's accountability and insurance coverage;
10. Regulatory bodies – describe the need to consult with such bodies;
11. Documentation – agree on documentation protocols and procedures;
12. Communication – agree on communications protocols and procedures;
13. Technology - agree on the utilization of technology for documentation and communication;
14. Compensation – resolve any compensation barriers;
15. Boundaries – specify the limits to scopes of practice;
16. Funding – describe how the team's services will be funded;
17. Contract expiry – provisions to specify the term of the agreement, evaluation processes and continuity provisions.

Addendum

Describes how some of the important elements of an agreement can be structured.

Part A of the SCPP Regulatory Bylaws:

Definitions….

(i) "**Practitioner**" means a duly qualified medical practitioner, dentist, veterinarian or other health care professional whose profession is prescribed in The Drug Schedules Regulations, 1997 as authorized to issue prescriptions.

Part K of the SCPP Regulatory Bylaws:

Definitions

1 In this Part:

(a) "**Collaborative Practice Agreement**" means either:

(i) an agreement between one or more licensed pharmacists and one or more practitioners in a Collaborative Practice Environment that outlines the competency-based functions performed by each health care provider and acknowledges shared risk and responsibilities for patient outcomes; or

(ii) a bylaw or policy of a Public Health Care Institution, or agreement between one or more licensed pharmacists and a Public Health Care Institution, that outlines the competency based functions performed by licensed pharmacists and other health care providers employed by, or practicing in the Public Health Care Institution, and acknowledges shared risk and responsibilities for patient outcomes;

Background

A collaborative prescribing model requires a collaborative practice agreement that reflects a cooperative practice relationship between a pharmacist and a physician or practice group with the legal authority to prescribe medications. Hereinafter referred to as the collaborative prescribing agreement, it identifies the patient population for which the pharmacist may provide services. Collaborative prescribing agreements are not the same as protocols; they do not dictate the activities the pharmacist will perform in managing a patient's drug therapy. A collaborative prescribing agreement within the (name of practice, group, facility or RHA) will normally require the physician to provide the patient's diagnosis and make initial treatment decisions for the patient (e.g. therapeutic goal) and the pharmacists may then select, initiate, monitor, modify, continue and temporarily hold pharmacotherapy as specified in the agreement to achieve the desired patient outcome.

Individuals Involved

This collaborative prescribing agreement is between the following practitioners (name the individual practitioners or group of practitioners, and if the latter the individual who has the legal authority to bind the individuals, including relevant details such as but not limited to the Regional Health Authority, name of the practice, group, site, facility or service)
And
The following pharmacists (name the individual pharmacists or group of pharmacists, and if the latter the individual who has the legal authority to bind the individuals, including relevant details such as but not limited to the Regional Health Authority, name of the practice, group, site, facility, pharmacy or service).

Credentials

This section should include the credentials, training, certification and/or qualifications expected of and/or possessed by the pharmacists that support their safe prescribing of drugs within this agreement.

For example, "Pharmacists involved in this Collaborative Prescribing Agreement must have completed the _____ Certification self-study program (attached) and completed a certification exam jointly developed by members of the _____Pharmacy Practice and the "group of physicians". Recertification will occur annually every two (2) years.

This agreement allows the following pharmacists:

to make clinical decisions regarding _____ management in the _____ population as stated in this document. Legal responsibility shall be apportioned in accordance with the provisions of the *Contributory Negligence Act of Saskatchewan*.

Pharmacist Prescribing Activities Permitted Under this Agreement

Under the **(name of**) prescribing agreement, the pharmacist identified herein will have the right to prescribe (**list drugs here**). Within formulations, the pharmacist will have the responsibility of selecting the specific product, dosage, route of administration, frequency of administration and duration of utilization. The pharmacist may initiate or discontinue drug therapy as required to achieve defined outcomes. Any new drug initiation or discontinuations would result in physician notification. The pharmacist will be responsible for ordering and monitoring the following laboratory tests: (**list tests here**) and monitoring their results as appropriate to achieve the desired therapeutic outcome.

This collaborative prescribing agreement is an expanded scope of practice of pharmacists identified herein. If this agreement is executed within a Regional Health Authority it is also under the authority of the bylaws or policies of the RHA and the parties typically involved in such bylaws or policies include pharmacy management, the Pharmacy and Therapeutics Committee, and the Medical Advisory Committee, or their respective equivalent bodies. As well, the Saskatchewan College of Pharmacy Professionals and the Saskatchewan College of Physicians and Surgeons are aware of this expanded scope of practice.

Collaborative Prescribing Documentation

Prior to initiating pharmacist prescribing activities, a diagnosis must be made and documented in the patient's medical record by a (**practitioner identifier**, i.e. gastroenterologist, RN/NP, internist) who has signed this agreement and a request for pharmacy collaborative prescribing efforts documented. In situations where the clinical status of the patient has changed significantly, the pharmacist may be required to gain further direction from the physician requesting pharmacist involvement as to the appropriateness of the collaborative agreement.

Within Regional Health Authorities, the agreement shall specify that all prescriptions issued or changed by the pharmacist in the care of the patient must be documented in the physician order sheet of the patient's medical record. Further, rationale for prescriptive changes must be documented in an appropriate location according to RHA policy which could be the Progress Note section of the patient's medical record.

Otherwise, such as in a community pharmacy practice, the pharmacist must complete the prescribed Pharmacist Assessment Record and communicate it to the practitioner(s) who are party this agreement.

Contradictions to Implementation of this Agreement

If at any time the pharmacist, the patient and/or patient's family are concerned with the health status of a patient that may require medical attention, the (**practitioner identifier**) will be notified. The (**practitioner identifier)** will also be notified under the circumstances defined in this document. As well, at the direction of the patient/family or (**practitioner identifier)**, the pharmacist will withdraw their care.

The team of practitioners and pharmacists (as well as other “NAME” Pharmacy staff) who will sign this agreement will meet periodically (approximately every 4-6 months) to review how the Agreement is working and to hear feedback from everyone involved in an official round table format.

This agreement will be in effect from **start date** to **end date.**

Name and Practitioner Signature(s):

Dr._____ _____

Dr. _____ _____

Dr. _____ _____

Dr. _____ _____

Name and Pharmacist Signature(s):

Mr. _____ _____

Ms. _____ _____

Ms._____ _____

Mr. _____ _____

OR

Names and Signatures of the Practitioner or Pharmacist who has the legal authority to bind the group of practitioners named herein, or the group of pharmacists named herein, respectively.

_____

Date:_____

Revised: Feb 2017, June 2010