Prescriptive Authority Decision-Making Framework

Pharmacists’ prescriptive authority allows pharmacists to optimize the use of their current competencies as medication experts in a collaborative environment where the practitioner provides the medical diagnosis, treatment decisions and therapeutic goals for the patient. When prescribing, pharmacists are expected to follow the same standard as other prescribers by taking responsibility for their decisions, monitoring the patient’s response, and following up as needed to ensure continuity of care.

Disclaimer: This is not intended to replace or summarize the breadth and depth of information provided in the framework, bylaws, or the training and other resources offered by CPDPP and medSask. When in doubt, the SCPP regulatory bylaws should be consulted. See Pharmacist Prescriptive Authority for more information on conditions that relate to each step.

DECISION-MAKING FRAMEWORK

In addition, all pharmacists must follow this decision-making framework when prescribing drugs. It consists of the following steps, each of which are the foundation for the next:

1. **Pharmacist’s Competence/Confidence** – Pharmacists need to be satisfied that they have sufficient knowledge about the condition, drug, and patient, and possess the appropriate skills. They also need to be confident in their knowledge, skills, and abilities to deliver the anticipated service safely.
2. **Appropriate Information** – Pharmacists need to gather information and ask the questions “Do I have sufficient information?”, “What are my information gaps?”, and “If I have information gaps, where do I go to fill them?”

3. **Relationships** – Relationships are critical to pharmacists’ model of prescribing. Pharmacists assess the nature of their relationship with the patient and other members of the team, especially the patient’s primary care practitioner. If the pharmacist’s assessment concludes that their relationships are collaborative, they can proceed to the next step. If not, pharmacists cannot prescribe. See [Pharmacist Prescriptive Authority](#) for information on the collaborative practice environment.

4. **Appropriateness** – Pharmacists determine whether the treatment plan is in the best interests of the patient.

5. **Informed Consent** – Once pharmacists have determined that the treatment plan is in the best interests of the patient, they interact with the patient to be satisfied that the patient understands and agrees with the plan.

6. **Documentation** – Like all other decision makers, pharmacists document the rationale for their decisions. This is so that in a collaborative model, other members of the team will know what they have decided to do and why.

7. **Notification** – Pharmacists notify other members of the team of what they have done. This can be in the form of documentation, or by other means. This is critical in fulfilling the principle of transparency.

### Therapeutic Substitutions and the Decision-Making Framework

Pharmacists performing therapeutic substitutions, under extraordinary circumstances will also follow this decision-making framework.

While assessing appropriateness (step 4), pharmacists must ensure they understand current treatment options and goals for the condition when reviewing options for therapeutic substitution. Therapeutic substitution is not simply selecting another molecule with the same mechanism of action or chemical structure, but also ensuring that it is indicated for the condition being treated and appropriate based on the patient’s medical history.

The pharmacists must also ensure that the drugs share a mechanism of action or chemical structure in a clinically meaningful way, as per Council policy.

See [Therapeutic Substitutions in Extraordinary Circumstances](#) for conditions and limitations established by the SCPP Council.