

Spring: A Time for New Growth

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People often associate spring with new growth, rejuvenation, and renewed enthusiasm. In some regards, what is happening in the profession of pharmacy parallels what happens in spring! From time to time, issues arise that call the pharmacy profession to consider new growth. Such growth is absolutely essential to ensure the survival and development of CSHP and hospital pharmacy practice. Pharmacist prescribing is one area where an opportunity for “new growth” is upon us.

Over the years, hospital pharmacists have led the way in pharmacist prescribing. Many hospital pharmacists (collaborating with physicians) initiate therapy, alter drug therapy, implement drug protocols, titrate doses, and order laboratory tests. As a result, this practice is considered the norm in many facilities. As legislation continues to be developed and approved to officially recognize this function as a key role for pharmacists, the profession must be willing and ready to take up the challenge.

Prescribing activities can be grouped into three general categories¹:

- initial-access prescribing: prescribing when a patient chooses a pharmacist as a source of advice regarding treatment of minor, self-limiting, or self-diagnosed conditions, about wellness programs, or in urgent or emergency situations
- prescription modification: modifying a prescription written by another prescriber to alter dosage, formulation, regimen, or duration of the prescribed therapy or to provide a therapeutic alternative to improve drug therapy or ensure continuity of therapy
- comprehensive drug therapy management: initiating, maintaining, modifying, or changing drug therapy on the basis of a referral from another health care provider who has made the diagnosis or at the request of the patient upon receiving a diagnosis; occurs only in a collaborative health team environment where sufficient information is available to allow the pharmacist to make a recommendation for drug therapy

Several provinces have adopted legislation that grants pharmacists prescribing privileges in defined

areas, for example, prescribing of emergency contraception in British Columbia, Saskatchewan, Nova Scotia, Manitoba, and Quebec. Quebec legislation permits pharmacists to modify prescriptions written by other prescribers. In British Columbia, Manitoba, and Quebec, pharmacists may prescribe upon delegation from another prescriber. In spring 2007, legislation will come into effect in Alberta granting pharmacists the privilege of prescribing both independently and in collaboration with others. Members of the public, physicians, and others have challenged the ability of pharmacists to prescribe appropriately to enhance patient care.

In response to this “new growth”, the CSHP Advocacy Committee is developing strategies to assist the Society’s branches to advocate for the role of pharmacists as capable prescribers. The Committee’s work will support the pharmacist’s role in a collaborative prescribing model to improve patient health outcomes and to increase the successful and efficient delivery of pharmaceutical care.

As a united group and as individuals we must continue to relay to stakeholders the importance of pharmacist prescribing to facilitate positive medication outcomes for patients. I know that many of you are ready for this challenge; after all, spring has arrived and it is time for new growth!

Reference

1. What does pharmacist prescribing mean? [Internet]. Edmonton (AB): Alberta College of Pharmacists; 2007 [cited 2007 Jan 7]. Available from: http://pharmacists.ab.ca/practice_ref_library/faq.aspx?id=3324



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