

# Statement on Pharmacist Prescribing

*Task Force on Pharmacist Prescribing (Glen Pearson, Nesé Yuksel, Dorval Card, Tom Chin, Margaret Gray, John Hawboldt, Cynthia Jackevicius, Richard Slavik, Anne Thompson)*

This Statement reflects the current position of the CSHP with regard to pharmacist prescribing in the institutional setting and was developed, with consideration of the Direct Patient Care Curriculum, to help support CSHP members in their attempts to expand their practice into the area of prescribing. The document was approved by CSHP Council as an official CSHP Statement in August 2001.

The provision of health care to Canadians in institutions and organized health care settings involves the collaborative efforts of physicians, pharmacists, nurses, and other health care professionals. The focus of the pharmacist's efforts in this interdisciplinary approach to patient care is to ensure the responsible provision of drug therapy for the purpose of achieving definite outcomes (pharmaceutical care). Ultimately, pharmacists share in the responsibility for patient outcomes from drug therapy. Pharmacists do not just provide basic dispensing functions and drug information services, but they also solve patient- and medication-related problems and make decisions regarding drug prescribing, drug monitoring, and drug regimen adjustments.

Consequently, CSHP advocates the role of pharmacists as capable prescribers and supports the pharmacist's role in a collaborative prescribing model to improve patient health outcomes and increase the successful and efficient delivery of pharmaceutical care.

A collaborative prescribing model requires that a cooperative practice relationship exist between a pharmacist and a physician or other health care professional with the legal authority to prescribe medications. Recognition of physician expertise in disease diagnosis and pharmacist expertise in pharmacotherapy and disease management, as the foundation for the establishment of a collaborative

practice, optimizes the training and expertise of both of these health care professionals in the provision of patient care. In an ideal collaborative practice, the physician will diagnose and make initial treatment decisions for the patient and then the pharmacist will select, initiate, monitor, modify, continue, and discontinue pharmacotherapy as appropriate in order to achieve the desired patient outcomes. In this collaborative practice model, both the physician and the pharmacist share in the risk and responsibility for the patient outcomes achieved.

## Background References

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