

Pharmacist-physician collaboration and liability



They can prescribe for any medications, except for narcotics and major or minor tranquilizers, within the collaborative environment. They do not need a diagnosis from another professional to prescribe for “short-term, self-limiting conditions.”

Read AMA and CMPA advice

In 2007 the Alberta Medical Association (AMA) issued the *Physician’s Guide to Pharmacist Prescribing*, which detailed the new abilities of pharmacists with respect to prescribing. (See pages 16-17 of the May/June 2007 *Alberta Doctors’ Digest*, online at www.albertadoctors.org/Digest/Archives.)

The guide also noted that pharmacists may approach physicians about “establishing a collaborative relationship to assist in ongoing

management of your patients and in which pharmacists may prescribe for initial-access situations.”

Recently, the AMA obtained opinions from the Canadian Medical Protective Association (CMPA) regarding liability and collaborative practice. Advice appears below.

AMA question: When is a collaborative relationship formed? What elements are necessary to stipulate that collaboration exists between a physician and pharmacist?

For example, if a prescribing pharmacist discusses a prescription and plan with a physician, does this constitute a collaborative arrangement?

Background: To apply for prescribing authority, pharmacists must meet a number of criteria including having “developed collaborative relationships with at least two regulated health professionals who are not pharmacists, one of whom is an authorized prescriber.”

Once pharmacists have been approved for initial-access prescribing, however, their prescribing is not limited to the area where they have demonstrated extra competence.

CMPA says: While pharmacists may not be required to consult directly with another health care professional in every case prior to prescribing, the *Standards for Pharmacist Practice* do impose a duty on pharmacists to communicate with other regulated health professionals.

In particular, the standards provide that where a pharmacist prescribes a Schedule 1 drug or blood product, the pharmacist must take reasonable steps to:

- Determine which other regulated health professionals the patient is consulting
- Communicate the details as soon as reasonably possible to any regulated health professional whose care of the patient may be affected by the pharmacist’s prescribing decision

It is essential there be an agreement between the pharmacist and physician regarding the nature of the relationship and their distinct roles and responsibilities within that relationship.

Physicians and pharmacists working in collaboration with the same patient should develop a **process that clearly defines and describes their relationship**. For example, it may be ▶

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