

Required Regulatory Bylaw Amendments to:

Revise Level I Prescribing Authority and Training Requirements, Re-Define Level II Prescribing Authority and Revise Training Requirements, Enhance Prescribing Authority for Licensed Pharmacists, Prepare the Regulatory Framework for Future Advancements; Add a Prescribing Prohibition; Restructure Part K; and Correct Administrative Oversights:

Executive Summary

The Saskatchewan College of Pharmacy Professionals (SCPP) is proposing regulatory scope bylaw amendments to enable pharmacists to practice to the full extent of their entry-to-practice competence. The bylaws also create additional tools for some pharmacists to develop or apply specialized competencies for advanced drug therapy management, including those practicing within a community pharmacy setting, as well as the Saskatchewan Health Authority and the Saskatchewan Cancer Agency. The following standards will continue to be required for all pharmacist-prescribing:

- [SCPP/NAPRA Standards of Practice](#);
- [SCPP Standards of Practice for Prescribing](#); and
- [SCPP Prescriptive Authority Decision Making Framework](#)

To achieve these outcomes, the SCPP is also proposing the following regulatory bylaw amendments:

- Part M - Authorize pharmacists to order laboratory tests to support enhanced prescribing and optimal patient care.

Additional work will be required with respect to Part I and J of the bylaws to support and ensure the changes in Parts K and M can be done safely and in the best interests of the public.

- Part I - Add proprietor-based safeguards for pharmacy managers and pharmacy staff to ensure that prescribing practices and other pharmacy services remain focused on the health and safety of patients (versus business objectives, such as profit) and to ensure the optimal health and well-being of pharmacy staff; and
- Part J – Add pharmacy requirements to ensure that the practice setting and work environment support the pharmacist’s ability to safely perform this expanded scope of practice in accordance with provincial and national standards of practice for pharmacy professionals (e.g. private care area).

Re-Define Level I Prescribing Authority and Enhance Level I Training Requirements:

Licensed Pharmacist prescribing categories are clarified/defined as follows:

- Basics (e.g. extending existing prescriptions) and Minor Ailments, Self-Care:
 - Proposed: Add the authorization for pharmacists to adjust the dose and regimen (includes duration) for new and existing prescriptions in certain situations; and
 - Add an Administrative Prescribing category where licensed pharmacists are authorized to initiate (prescribe) Schedule II, III or Unscheduled drugs for patients to obtain third party coverage if it is within their scope of practice to identify the initial need for the drug. This includes self-limiting conditions or illnesses, which will either resolve on their own or which will have no long-term harmful effects on a person's health.
 - Revise initial training requirements for Minor Ailments, Self-Care prescribing, to include training on urinary tract infections and cold sores, which will be incorporated within the mandatory Prescribing for Minor Ailments and Self-Care Basics course available from the Continuing Professional Development for Pharmacy Professionals (CPDPP); and

Re-Define Level II Prescribing Authority and Revise Training Requirements:

Licensed Pharmacist prescribing categories are clarified/defined as follows:

- Level II Prescribing Authority (Advanced):
 - Status Quo: Within a Collaborative Practice Agreement (CPA): Require adherence to clinical guidelines.
 - Proposed: Structure the prescribing authority framework as initially envisioned, to include specialty areas after completion of specialty or credentialled training (**Not** within a CPA): Vaccine Preventable Diseases in Canada, Travel Health "A", Travel Health "B", Advanced Prescribing "A", Advanced Prescribing "B", and Other Diseases Identified by the Minister of Health or Designate.

Revise Training Requirements: Vaccine Preventable Disease (VPD) Prescribing in Canada:

- Strengthen initial training requirements for vaccine preventable disease prescribing (in Canada).
- The CPDPP Vaccine Preventable Disease Training: Implementation and Guidelines course will now be required (to ensure knowledge of provincial and federal immunization guidelines). Advanced Method Certification Training will now be required (to ensure that prescribers meet the 14 immunization competencies as outlined by the Public Health Agency of Canada (PHAC)).

Revise Training Requirements: Travel Health ("A" and "B") Prescribing:

- Strengthen initial training requirements for travel health prescribing (to reflect advanced knowledge required to prescribe safely and effectively).
- Must complete the requirements for VPD in Canada as many of the basic travel health vaccines reside under VPD.
- Mandatory CPDPP Travel Health Specialty Implementation and Guideline training (combines previous two courses into one).

Travel Health “A”:

- Mandatory: Comprehensive Travel Medicine course from the British Columbia Pharmacy Association (BCPhA: 34 continuing education units) or equivalent approved by Council (Note: BCPhA Travel Medicine course is currently the only comprehensive course available).

Travel Health “B”:

- Mandatory: International Society of Travel Medicine (ISTM) certification.
- Note: Pharmacists with ISTM are not required to take the BCPhA Comprehensive Travel Medicine Course. However, it is recognized that the BCPhA Travel Medicine course is designed to help prepare for the ISTM Certificate in Travel Health.

Enhance Level II Prescribing Authority: Add: Advanced Prescribing “A”, Advanced Prescribing “B” (No CPA required):

- Licensed pharmacists with Level II Prescribing Authority who have completed applicable training requirements will now be authorized to prescribe drugs for the treatment or management of diseases, subject to the terms and conditions for practice, training and competency required by Council, after a practitioner has provided a diagnosis of the patient, for diseases approved by Council and according to the terms and conditions established by Council.
- There will be 2 options:
 - Advanced Prescribing “A”: which permits pharmacists to prescribe a therapeutic substitution of drugs prescribed by a practitioner, if such therapeutic substitution is proper in the judgement of the pharmacist and the drugs share a “mechanism of action (MOA)” or “chemical structure (CS)” depending on what is clinically meaningful. This mirrors the therapeutic substitution policy in extraordinary circumstances, however, would not require an emergency enactment for those who have satisfied Council’s competency and training requirements.
 - Advanced Prescribing “B”: which permits pharmacists to prescribe an appropriate drug to the patient for chronic and other diseases approved by Council, after the practitioner has provided a diagnosis of the patient, and to adjust the dosage form, dosage regimen, make a therapeutic substitution (including MOA, CS or physiologic or therapeutic effect) or to de-prescribe a drug if it is proper in the judgement of the pharmacists. To prescribe under Advanced B prescribing authority the pharmacists must first satisfy Council’s competency and training requirements.

Add: Other Diseases Identified by the Minister of Health or Designate:

- Add references to other diseases identified by the Minister of Health or designate to prepare the regulatory framework for future advancements (ensure that training requirements and prescribing authority may be rapidly revised as needed, should the Minister of Health (or designate) authorize pharmacists to prescribe additional vaccines and/or drug products (e.g. if identified by the Minister, prescribing of prophylaxis for HIV, according to training requirements and prescribing protocols specified by the Ministry of Health). This proposed amendment may also enable pharmacists, with the proper training and algorithms, to physically assess patients who present with common conditions and refer to a practitioner when the signs and symptoms may indicate several other serious conditions or lead to long-term

complications (e.g. if improperly or untreated ear infections may lead to impaired hearing or speech/developmental delays, and strep throat could lead to kidney inflammation or rheumatic fever).

Add a Prescribing Prohibition:

- Add a requirement for licensed pharmacists to limit the treatment of self, members of their immediate family, and individuals with whom they have a close, personal relationship to emergency circumstances or when another appropriate health care practitioner is not available.