

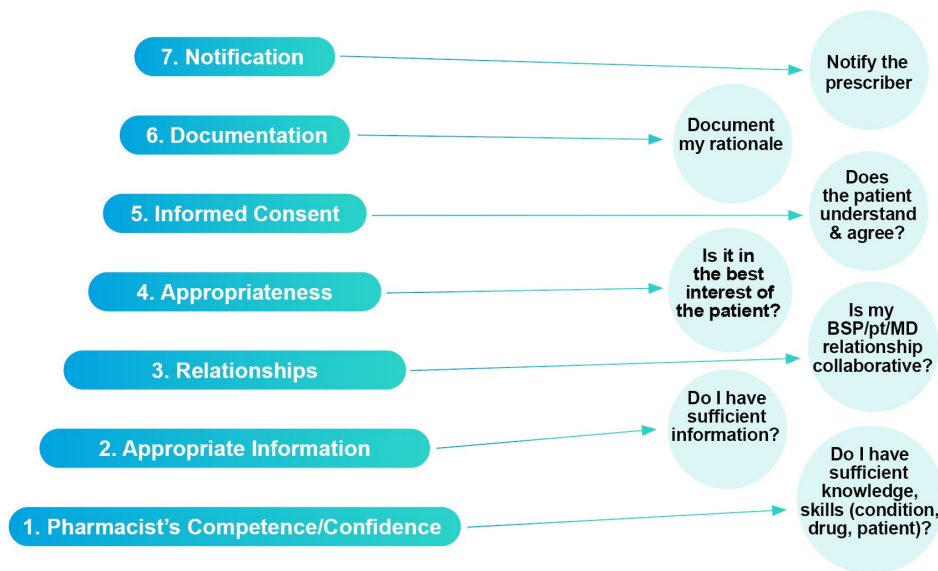


## Prescribing Authority Decision-Making Framework

Pharmacists’ prescribing 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 practice resource is intended to be used in conjunction with [The SCPP Regulatory Bylaws](#), [General Provisions for Prescribing Authority](#), USask Continuing Pharmacy Education training and other clinical practice resources.

### DECISION-MAKING FRAMEWORK



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** – Collaborative relationships are critical to the pharmacists’ model of prescribing. Pharmacists need to assess the nature of their relationship with the patient and other members of the team to ensure that a functional Collaborative Practice Environment is maintained. Note: The requirements of collaborative practice environments may differ between Level I and each Level II specialty. See [General Provisions for Prescribing Authority](#).
4. **Appropriateness** – Pharmacists determine whether the treatment plan is in the best interests of the patient based on current, peer-reviewed evidence-based resources or clinical practice guidelines.

#### **Therapeutic Substitutions – Extra Step**

While assessing appropriateness, pharmacists must ensure they understand current treatment options and goals for the condition when reviewing options for therapeutic substitution **and what is permitted by the SCPP** (i.e. drug shares a “mechanism of action” or “chemical structure” in a clinically meaningful way, **and** that pharmacists will need to consult with credible authorities to make this determination such as the [WHO ATC classification system](#) **not** the Saskatchewan Formulary).

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

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.