BENCHMARK

Pharmacists Prescribing Psychotropic Medications: Is This Really a Good Idea?

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Abstract

Legislation enabling pharmacists to prescribe is being drafted and passed in Canada and internationally. But is it a good idea for pharmacists to be prescribing psychotropic medications? In this discussion, the term "pharmacist prescribing" is defined, the issues of the potential conflict of interest of pharmacists discussed, and the education and training of pharmacists reviewed. Finally, an experienced psychiatrist weighs in on the discussion with a personal reflection on this important discussion, concluding that "we should move forward cautiously but in a spirit of collaboration, mutual respect and above all in the best interests of the patient."

Key words: prescribing, pharmacist, conflict of interest, psychiatrist

While Canada's provinces are at slightly different stages in the evolution of the pharmacy profession, there is one consistent trend – pharmacists' important contribution to the health care system is being recognized. In an environment where all health human resources are needed to practice to the full extent of their training, pharmacists are being asked, and are asking for the legislative changes to prescribe medication. Some groups have voiced their concerns over pharmacists having the right to prescribe.(Kondro, 2007) Here four authors, a policy and research director, two pharmacists with advanced clinical training, and a senior psychiatrist, contribute to this honest discussion regarding pharmacists prescribing.

If we assume for one moment that the concerns regarding pharmacists prescribing are not based on so called "turf-wars" between professional groups, then what arguments remain? Some point to the 'inherent' conflict of interest between pharmacists prescribing and their dispensing duties. What are the safeguards against conflict of interest for pharmacists and the other health care professions? Others question whether pharmacists have the necessary education and skills to prescribe medications. What training do pharmacists receive and what do they need for the role as prescriber? These questions are answered in this discussion. Finally an experienced and respected psychiatrist weighs in on this discussion and provides a different perspective.

Most important to any discussion is defining the topic at hand; what are the activities and responsibilities of prescribing pharmacists in Canada?

Pharmacists have been prescribing in Canada for decades. Every time a patient approaches a pharmacist for a recommendation for a medicine for a minor ailment, whether a cold, minor pain, or heartburn, the pharmacist is engaged in prescribing. In these cases, the pharmacist will discuss the symptoms with the patient and make a recommendation either to seek medical advice or to use a medicine that can be accessed without a prescription. This recommendation, in essence, is a prescription.

Every day across Canada, patients with chronic or recurrent conditions, such as hypertension, depression, and dyslipidemia are in a position where the refill authorizations for their medications have run out. For many reasons, some patient-related and some physician-related, a patient may face a delay before they can "legally" refill their prescription. Pharmacists will often provide a temporary supply to these patients rather than letting the patient go without his medication temporarily. Many pharmacists have been doing this for years, though contrary to provincial and federal health

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regulations, in an effort to ensure good pharmaceutical care and to avoid unnecessary use of walk-in clinics and emergency/urgent care services. A number of provinces have taken the steps of making this type of stop gap measure legal by granting the pharmacist the authority to provide a "continued care prescription."

Going one step further, the province of Alberta has granted pharmacists the right to prescribe "independently" provided they meet certain defined criteria. It is the first jurisdiction in Canada to take this step. While the act of prescribing would be undertaken independently by pharmacists who have qualified for this level of authority, pharmacists in Alberta do not have the authority to make a diagnosis. The diagnosis must come from another health-care provider who is authorized to diagnose. In the case of mental health, no pharmacist will be starting or adjusting antidepressants, anxiolytics or antipsychotics without a documented diagnosis from a qualified prescriber. Upon receipt of a diagnosis, however, a pharmacist can make the decision about which medication to use. Ideally, this would occur in close collaboration with the diagnostician and other health care providers. This type of arrangement is often seen currently in hospital and in some clinic practices in which clinical pharmacists are well established members of the patient care team.

In other provinces, such as Quebec, the authority to prescribe is delegated to a pharmacist from a physician through legislation. In Ontario, pharmacists can enter into an agreement known as a medical directive that outlines, in detail, for whom the pharmacist can prescribe, what they can prescribe and under what circumstances. This type of dependent prescriptive authority has existed in institutional settings for some time.

On the international front, pharmacists in the United Kingdom have had supplementary prescriptive authority since 2003 and independent prescriptive authority since 2006. For both supplementary and independent prescriptive authority, pharmacists must qualify following criteria laid out by their regulatory authority (Guillaume et al., 2008). This is similar to the situation in Canada where prescriptive authority is granted only after a pharmacist meets the criteria set out by the provincial regulatory authority.

For pharmacists, the concept of "prescribing" differs from the medical concept of prescribing. It is one part of a continuum of activities involved in providing care to a patient. Prescriptive authority provides the pharmacist with the ability to legally take steps to ensure patients are able to continue their therapy and to work with other providers to address problems with medications. But is there an inherent conflict of interest for pharmacists prescribing?

What are the Safeguards Against Conflict of Interest for Pharmacists and Other Health Care Professionals?

There are a number of self-regulated health professionals in Canada. In Ontario there are 23 health professions, and 21 Colleges legislated under the *Regulated Health Professions Act* (October 1999). These colleges, among other responsibilities, are accountable for "developing and maintaining standards of professional practice, knowledge, skill and professional ethics for its members."(OAHAI, 1999) It can easily be argued that the members of most of these self-regulated professions could be in positions of conflict of interest. These health professions are constantly placed in positions of confidence with patients; many will recommend health care services to their patients for which they may be remunerated. Examples of these health professions include: audiologists, chiropodists, chiropractors, dental hygienists, dental surgeons, denturists, dieticians, massage therapists, optometrists, occupational therapists, opticians, physicians and surgeons, physiotherapists, and psychologists.

What prevents these health professionals from abusing their relationship with patients and charging or recommending unnecessary treatment or services? One might argue that the health professions attract noble individuals, but we have seen some unfortunate instances of abuse in all professions. In reality, the large majority of health care professionals are just that; professionals who are concerned with the best interest of their patients. In rare circumstances when health professionals are not acting in the best interest of the patient, regulatory authorities have processes to investigate complaints and suspend licenses.

Each regulatory authority has a code of ethics with principles and standards of practice that prevent their members form abusing their power when they might be placed in a position of conflict of interest. For the purpose of this discussion the codes of ethics and/or professional regulations of four health care professions will be compared – dentists, psychiatrists, physicians and pharmacists.

First, each code of ethics (Table 1) emphasizes the responsibility to uphold the interest of the patient before all else. In the case of psychologists (not included in Table 1), they go beyond and indicate that when principles conflict, that the respect for the dignity of patients should be given the greatest weight. "This principle, with its emphasis on moral rights, generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger to the physical safety of any person."(Canadian Psychological Association, 2000) Pharmacists also hold the interest of patients before all else. "Principle I: A pharmacist holds the health and safety of each client to be the primary consideration."(Alberta College of Pharmacists, undated)

As these professionals may find themselves in positions of conflict of interest, codes of ethics have clauses by which their members must abide (Table 1). These codes call for a full disclosure to patients regarding their conflict, and benefits and risks of treatment; all the while, keeping the interest of patients at the forefront. In the case of pharmacists, they should not place themselves in positions, either through employment or through the acceptance of inducements, where they will not be able to act in the best interest of patients. In addition to these principles and guidelines, in the pharmacy business there are restrictions on who may own and manage pharmacies. In every province, but Manitoba, pharmacies must be managed by a pharmacist. In Ontario and Quebec, pharmacies must also be owned by a pharmacist or pharmacist partnership. These pharmacists are obligated to abide by their College's code of ethics and regulations (Competition Bureau, 2007). In Alberta, the first province to enact legislation permitting pharmacists to prescribe, The Alberta College of Pharmacists has added Standard 15 to the *Health Professions Act, Standards for Pharmacist Practice*. This regulation prevents pharmacy prescribers from dispensing medications, except in rare circumstances when it is in the best interest of the patient.

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TABLE 1:

	Interest of the patient before all else	Conflict of Interest	Exceed their comfort level or skills
Dentists	The Canadian Dental Association enumerates its responsibilities to patients, in Article1: service_"As a primary health care provider, a dentist's first responsibility is to the patient. As such, the competent and timely of quality care within the bounds of clinical circumstances presented by the patient, shall be the most important aspect of that responsibility."(Canadian Dental Association, 1997)	Dentists have a number of clauses that address the potential conflict of interest, including: "Article 8: "A dentist must discuss with the patient treatment recommendations including benefits, prognosis and risks, reasonable alternatives and associated costs to allow the patient to make an informed choice. A dentist shall inform the patient is the proposed oral health care involves treatment techniques or products which are not in general recognized or accepted by the dental profession."(Canadian Dental Association, 1997)	The Canadian Dental Association guides their members with Article 3: Consultation and Referral "Dentist shall provide treatment only when qualified by training or experience; otherwise a consultation and/or referral to an appropriate practioner is warranted."(Canadian Dental Association, 1997)
Physicians	The Canadian Medical Association's number one fundamental responsibility is "1. Consider first the well-being of the patient."(Canadian Medical Association, 2004)	The Canadian Medical Association include in their codes of ethics: "11. Recognize and disclose conflicts of interest that arise in the course of your professional duties and activities, and resolve them in the best interest of patients."(Canadian Medical Association, 2004) "13. Do not exploit patients for personal advantage."(Canadian Medical Association, 2004)	The Canadian Medical Association include in their codes of ethics: "15. Recognize your limitations and, when indicated, recommend or seek additional opinions and services."(Canadian Medical Association, 2004)
Psychiatrists	Psychiatrists regard their responsibilities to the patient as primordial "1. Consider first the well-being of the patient."(Neilson, 2002)	Psychiatrists have a clause in their code of ethics, "2. Treat all patients with respect; do not exploit them for personal advantage, whether physical, sexual, emotional, religious or financial, or for any other reason."(Neilson, 2002)	Psychiatrists also have a similar clause in their code of ethics: "6. Recognize your limitations and the competence of others, and whose indicated, recommend that additional opinions and services be sought."(Neilson, 2002)
Pharmacists	Pharmacists also hold the interest of patients before all else. "Principle I: A pharmacist holds the health and safety of each client to be the primary consideration."(Alberta College of Pharmacists, undated)	The Alberta pharmacists have two overarching principles with guidelines that address conflict of interest, "Principle VI: A pharmacist acts with honesty and integrity, and Principle VII: A pharmacist preserves high professional standards."(Alberta College of Pharmacists, undated) Guidelines under these principles include: "Pharmacists do not accept inducements from a supplier of drugs, non-prescription medications or health related products that could reasonably be perceived to affect the pharmacists' independent professional judgement in the provision of these items to clients." "Pharmacists must be free to exercise professional judgement when carrying out the duties of the pharmacist and should not accept employment under conditions where this freedom may be compromised." (Alberta College of Pharmacists, undated)	Pharmacists, like other professionals, have a similar principle in their code of ethics. "Principle Two: Each member exercises professional judgment in the best interest of the patient, at a level consistent with his or her scope of practice to ensure that patients needs are met."(Ontario College of Pharmacists, 2006) The Alberta College of Pharmacists offers a comparable guideline for their members: "Pharmacists are aware of the limitations of their knowledge and expertise. When their level of professional ability is not able to meet the level of care expected, they refer clients to appropriate health care professionals."(Alberta College of Pharmacists, undated)

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TABLE 2: CORE CURRICULAR COMPONENTS FOR A BACCALAUREATE IN PHARMACY

Basic health sciences	Anatomy, biochemistry, immunology, microbiology, molecular and cell biology, physiology, and pathophysiology
Pharmaceutical sciences	Medicinal chemistry, pharmacology, toxicology, pharmaceutics, biopharmaceutics, pharmacokinetics and pharmaceutical biotechnology
Behavioural, social, and administrative pharmacy sciences	Biostatistics, epidemiology, health care economics, pharmacoeconomics, the profession of pharmacy, ethical and professional standards of practice, cultural diversity, healthcare systems, business and practice management
Pharmacy practice	Clinical pharmacokinetics, collaborative drug therapy, management, complementary and alternative medicines, compounding, diagnostic and point-of-care testing, disease state management, dispensing and prescription processing, drug abuse and dependency, drug information including drug literature evaluation, drugs in pregnancy, emergency first care, evidence-based decision making, geriatrics, health promotion and disease prevention, immunization, information technology practice support tools, medication administration, nutrition, pediatrics, patient assessment and outcomes monitoring, patient and professional communications, patient records and documentation of care, pharmacy law and regulatory issues, pharmacotherapeutics, physical assessment, prescriptive authority, and self care/non-prescription drug use

"Standard 15 – Separation of prescribing and dispensing"
15. A pharmacist who prescribes a drug or blood product based on the pharmacist's assessment of the patient under section 16.4(a) of the Pharmacists Profession Regulation must have the drug dispensed by another pharmacist unless:
(a) the pharmacist is satisfied that adhering to this standard will compromise the health of the patient, or
(b) the patient chooses to have the pharmacist dispense the drug."(Alberta College of Pharmacists, 2007)

Despite these precautions, some may fear that pharmacists will find themselves in a position to offer services that exceed their training. It is conceivable that any health practitioner may find themselves in a position to offer services that exceed their comfort level or skills. Codes of ethics of each of these professions have planned for this eventuality and developed clauses to protect patients (Table 1). Professionals are called to recognize their limitations and refer their patients to, or consult with, other qualified professionals. But do pharmacists have the training required to prescribe medication?

What Training Do Pharmacists Receive?

In Canada, the minimum requirement for licensure as a pharmacist is a baccalaureate degree in Pharmacy. A small proportion of graduates go on to complete advanced clinical training such as the 1-year intensive hospital pharmacy residency or the 2-year post-graduate Doctor of Pharmacy degree. An increasing number of practicing pharmacists are completing advanced clinical training through several different non-traditional Doctor of Pharmacy programs.

The primary aim of pharmacist prescribing is to support seamless patient access to necessary medications, prescription or otherwise. It is not to supplant the physician as the primary diagnostician and prescriber in our health care system. A recent UK analysis of pharmacist prescribing attenuates these concerns. Pharmacists contributed 0.004% of all prescribing in 2006, three years after prescribing privileges were granted.(Guillaume et al., 2008) The credentialing and competencies required by pharmacists for this prescribing role should not aim to mimic the training of physicians. The core curricular components required by all Canadian pharmacy programs, established by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), are summarized in Table 2 (Canadian Council for Accreditation of Pharmacy Programs, 2006). There is no doubt or debate that upon licensure pharmacists are the most extensively trained health professionals with respect to the safe and effective use of medicines by patients. However, most traditional pharmacy positions (e.g., community retail pharmacy) do not provide the opportunity for pharmacists to apply the broad range of their abilities on a regular basis. Other pharmacists, many who work in clinical positions in hospitals or the few that can be found in family practice clinics, regularly take a lead role in the selection and monitoring of prescription medications. In these environments pharmacists are established collaborating members of the health care team and their complete skill set is applied on a daily basis.

The need to update pharmacists' credentials and competencies before bestowing them with prescribing privileges depends on the type of prescribing activities in which the pharmacist wishes to be involved. In most cases, when basic prescribing privileges are sought, for example the ability to provide continuing care prescriptions, no new training is required. However, for other types of prescribing, for example, dependent and independent prescribing authority, the pharmacist needs to demonstrate competency through a process established by the regulatory body of the respective province. Suggested competency requirements are outlined briefly in Table 3.

Given this background information, defining of the stages of phar-

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TABLE 3: SUGGESTED COMPETENCY REQUIREMENTS FOR PHARMACIST PRESCRIBERS

Prescribing level	Competency requirements
Basic	Continuing care prescribing: The current level of training and competency are sufficient for supporting continuing care pharmacist prescribing activities.
Advanced	Dependent (collaborative) and independent prescribing: The pharmacist must demonstrate competency in prescribing, pharmacotherapeutic knowledge, and patient monitoring. Abilities and knowledge are to be demonstrated in how to safely and effectively select, initiate, continue, switch, combine, and stop medications. Competency standards and assessments will be established by each province. Whether acting as a dependent or independent prescriber, pharmacist prescribing can only occur when a diagnosis has been made and communicated by an individual with the authority to make diagnoses (e.g., physicians, nurse practitioners, dentists).

macists' prescribing in Canada and abroad, reviewing the codes of ethics of self-regulated health professionals, and outlining the education and training of pharmacists, we ask an experienced and respected psychiatrist to comment on the original question: "Pharmacists prescribing psychotropic medications: is this really a good idea?"

A Psychiatrist's Perspective

Kenneth I. Shulman, MD, SM, FRCPsych, FRCPC

I write from the personal perspective of a geriatric psychiatrist who has worked in an academic health science centre for almost 30 years. Let me declare my bias at the outset. I have worked with an outstanding group of hospital-based pharmacists whose pharmacological knowledge I have come to respect and indeed to rely on. In the course of my practice I have also had interactions with numerous community-based pharmacists.

The issue of pharmacist prescribing is one that has gained traction in many parts of the world including Canada (Alberta and Quebec) and the UK, thus giving pharmacists more 'autonomy'. It is rightly noted above that "pharmacists have been prescribing in Canada for decades". This of course relates to over-the-counter medicines and 'continued care prescriptions' which provide temporary supplies for patients in order to avoid being without their medications. However, the value of this discussion is really to determine whether we can enhance health care, including mental health care, by giving pharmacists more autonomy than they currently enjoy while providing the safeguards described in the sections related to conflict of interest and adequacy of training.

I will not address the issue raised by the Canadian Medical Association related to physicians as clinical leaders of the team but rather focus on the potential added value that a pharmacist can bring to the health care team. The expertise that I have sought from pharmacists has been related to their knowledge of drug interactions, side-effect profiles and dosing. In an older population, the pharmacist generally has better knowledge than psychiatrists about medical drugs and their potential interactions with psychotropic agents.

There appears to be a misconception that pharmacist prescribing is identical to that of physician prescribing. Based on the discussions in this paper, it is proposed that pharmacists act in a collaborative fashion even with so-called 'autonomy'. It is absolutely clear that a diagnosis must be established before any prescribing is done. Diagnosis is best done by a physician who is responsible for taking a complete history which includes a past history of medication use, psychiatric illness, family history as well as assessment of suicide risk. These are important factors in determining drug choice as well as drug quantities dispensed. Pharmacists are generally not privy to that information unless it is communicated by a psychiatrist. This in turn raises the issue of communication within the health care team. I have much less concern about pharmacists prescribing on a continuum from medical directive to 'independent' prescribing as long as there is excellent communication between the physician, the pharmacist and other members of the health care team. This highlights the importance and urgency of implementing an electronic health record which all members of the health care team can access. This would provide the transparent method of decision-making and communication suggested above.

Another related issue is one of access to general practitioners and psychiatrists which is a problem throughout the country. If pharmacist prescribing gives patients better access to care with appropriate safeguards then this should improve medical and psychiatric care. Physicians with a good communication system can 'oversee' pharmacist prescribing as long as they receive notification of any drug changes, dosage changes or initiation of drugs in conjunction with access to lab results. The patient then has the option of accessing their pharmacist or general practitioner as long as the changes are overseen by the treating psychiatrist or family physician.

The shift towards pharmacist prescribing would best be done cautiously and in a graduated fashion including clear safeguards. This appears to have been the case in the UK and in Alberta where

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safeguards have been put in place with respect to pharmacists who are qualified to prescribe in a specified manner. Careful monitoring of this experience is essential to determine whether this development provides an improved quality of care as is hoped or whether significant concerns emerge. My own inclination would be to start with pharmacists working in collaborative health care teams where the roles and responsibilities have been established and communication among team members is ongoing. Once we have some comfort with that level of autonomy, one could then proceed with a graduated extension of those privileges as deemed appropriate. A limiting factor for pharmacists may be the liability associated with more independent prescribing.

Overall, we should welcome this initiative by our pharmacist colleagues. Clearly, we do need to provide safeguards for patients but the pharmacological expertise in the pharmacist profession should be harnessed for the benefit of our patients. Based on the arguments put forward by my colleagues in this opinion piece, I do believe that we should move forward cautiously but in a spirit of collaboration, mutual respect and above all in the best interests of the patient.

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