



# Health Authority Pharmacists' Perceptions of Independent Pharmacist Prescribing



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## Background

- Independent pharmacist prescribing (IPP) allows pharmacists to take on responsibility for prescribing
- Alberta is the only Canadian province with IPP for any Schedule 1 drug
- The College of Pharmacists of British Columbia released a Certified Pharmacist Prescriber (CPP) Initiative Draft Framework in 2016 aimed at granting pharmacists IPP authority
- To date, there has been no formal assessment of BC health authority pharmacists' perception of IPP and how it relates to their practice

## Objectives

- To evaluate Lower Mainland Pharmacy Services (LMPS) pharmacists' perceptions of IPP and how it relates to their practice;
- To identify LMPS pharmacists' perceived barriers and enablers to IPP in their practice;
- To assess LMPS pharmacists' intentions regarding applying for IPP, if approved.

## Methods

**Design:** Prospective observational online survey

**Survey Instrument Development:** Combination of questions from pre-existing survey research on IPP and expert opinion. Instrument evaluated through informal testing with a non-probability sample of LMPS-employed pharmacists and community pharmacists

**Population:** All LMPS pharmacists with email and internet access

**Identification Procedures:** Email distribution lists for LMPS-employed pharmacists provided by LMPS clinical coordinators

**Recruitment Procedures:** Email invitations to participate, with weekly reminders to invitees that have not completed the survey (Survey open Feb. 3 to Mar. 3, 2017)

**Analysis:** Descriptive and inferential statistics as appropriate

Table 1: Survey Respondent Characteristics

Overall response rate	266/677	39%
Involved in providing direct patient care <sup>a</sup>	232	87%
Female	179	67%
≤10 years experience	146	55%
<40 years of age	150	56%
Highest Level of Education		
B.Sc.(Pharm)	65	26%
ACPR	105	42%
Postgraduate PharmD	61	25%

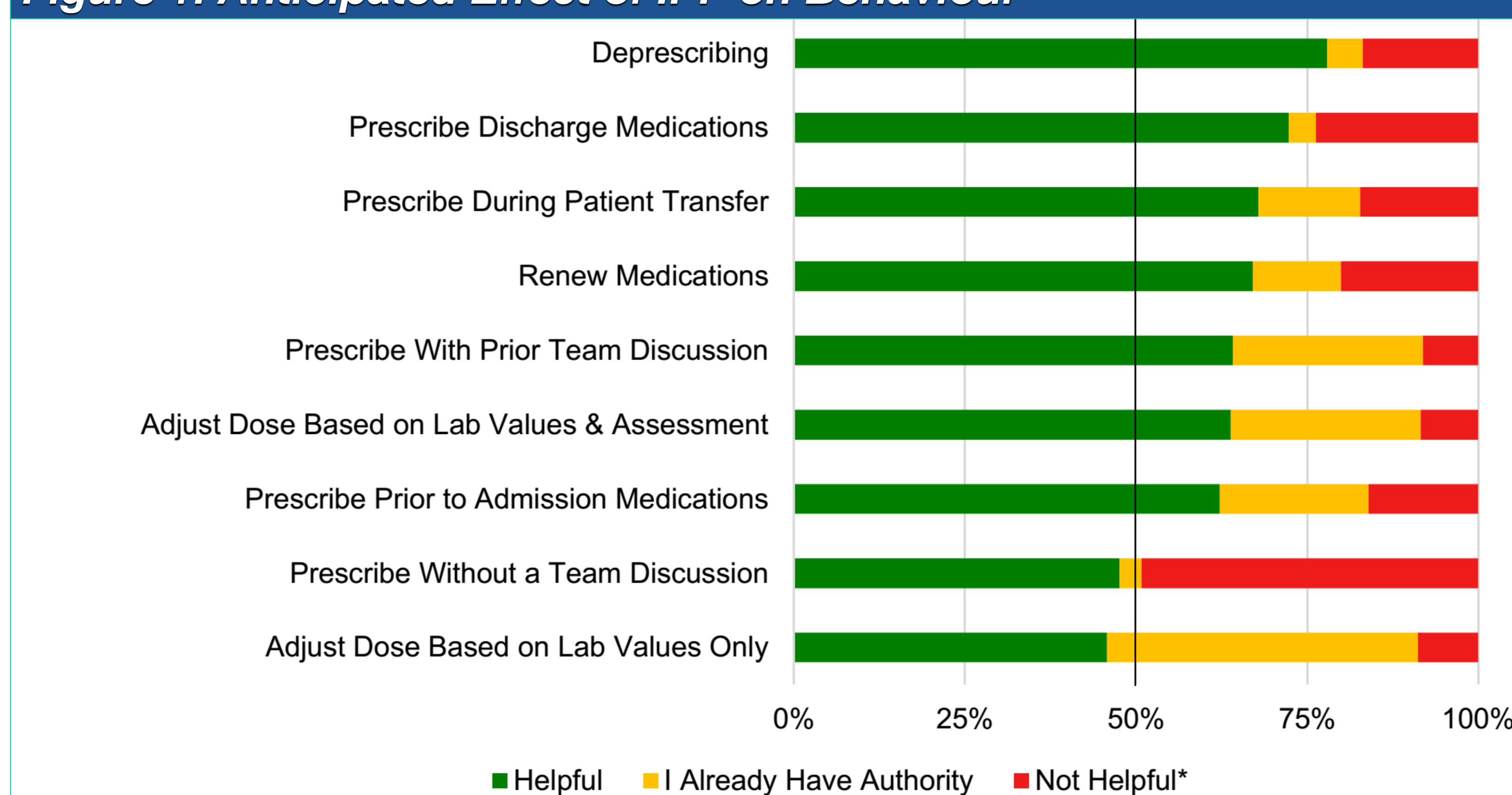
*a = working directly with patients to prevent, identify, and resolve drug-related issues*

Table 2: Attitudes and Beliefs Regarding IPP

Do you feel...	Median <sup>b</sup>	IQR
IPP is important for the profession?	5	2
IPP is relevant to your practice?	5	1
You have the clinical expertise to prescribe?	4	2
IPP will enhance job satisfaction?	4	2
IPP will reduce time contacting physicians & leaving suggestions?	4	2
IPP would increase efficiency in your practice?	3	2
Communication with physicians would be improved/more effective with IPP?	3	2
Are you concerned about...		
Increased responsibility with IPP?	3	2
Increased liability with IPP?	3	2

*b = 1: not at all; 2: slightly; 3: somewhat; 4: moderately; 5: strongly*

Figure 1: Anticipated Effect of IPP on Behaviour



\* = I do not envision myself doing this, it is not relevant, or I do not have the knowledge/skills needed

Figure 2: Perceived Barriers and Enablers to Incorporating IPP

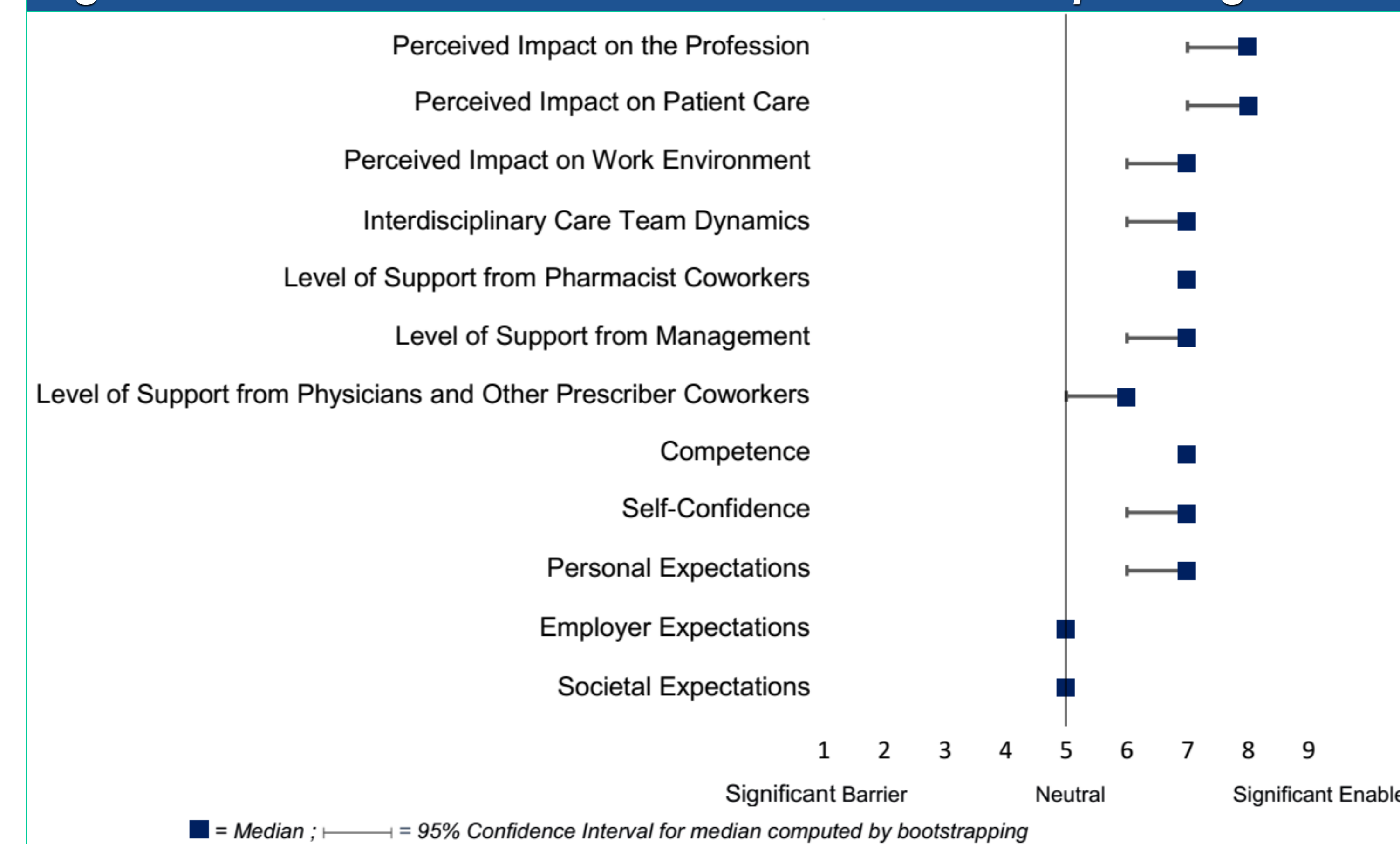
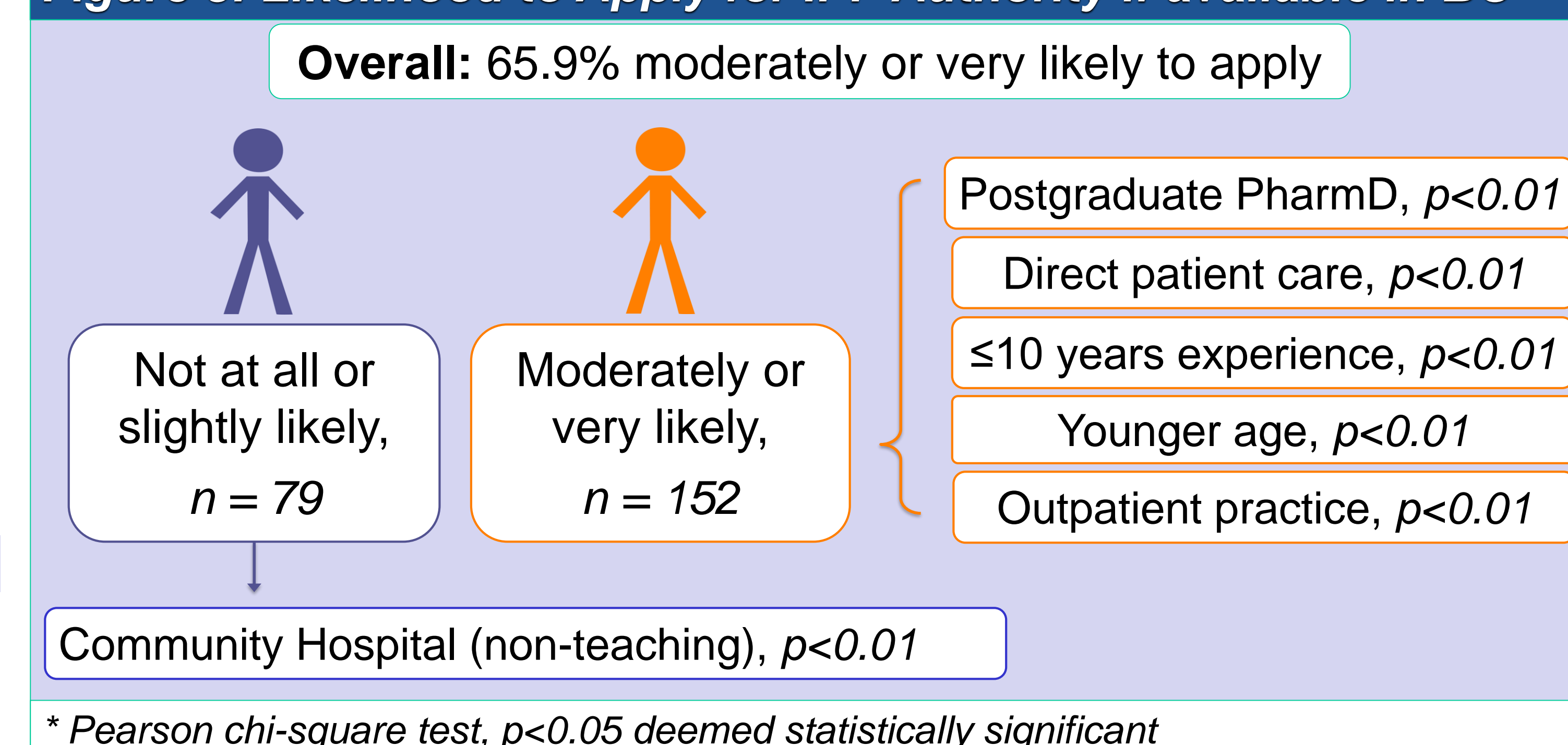


Figure 3: Likelihood to Apply for IPP Authority if available in BC\*



## Limitations

- Potential for unknown biases due to relatively low (39%) response rate

## Conclusions

- No barriers to applying for IPP or incorporating IPP in practice found
- Health authority pharmacists believe:
  - IPP is important, relevant, and may enhance job satisfaction
  - They have the expertise to prescribe
  - IPP would be helpful for medication reconciliation, dose adjustment, deprescribing, medication renewal, and collaborative prescribing
- Factors associated with increased likelihood to apply for IPP include younger age, ≤10 years experience, direct patient care, outpatient practice, and postgraduate PharmD

