# COLLABORATIVE PRACTICE ENVIRONMENT AGREEMENT

## between Saskatchewan physician and Saskatchewan pharmacist

The purpose of this document is to establish a Collaborative Practice Environment Agreement between a Saskatchewan physician and a Saskatchewan pharmacist to facilitate collaborative and safe prescribing for Saskatchewan patients.

As per The Regulatory Bylaws of the Saskatchewan College of Pharmacy Professionals , a Pharmacist requires Level 1 Prescribing Authority to prescribe drugs in the circumstances enumerated in section 3 of Part K, and this ability to prescribe is derived from the existence of a Collaborative Practice Environment.

For the purpose of this document, a Collaborative Practice Environment means:

"[A]n agreement between one or more licensed pharmacists and one or more practitioners in a Collaborative Practice Environment that outlines the competency-based functions performed by each health care provider and acknowledges shared risk and responsibilities for patient outcomes."

A Collaborative Practice Environment exists when both physician and pharmacist are in agreement that such a relationship exists and is in the best interest of their mutual patients.

A Collaborative Practice Environment does not exist with respect to an individual patient in any circumstance where:

*"…a practitioner has communicated to the licensed pharmacist, either orally or in writing that:*

*(i) no Collaborative Practice Environment exists between the practitioner and the licensed pharmacist, in respect to a particular patient or generally in respect to a class of patients of the practitioner to which the individual patient belongs; or*

*(ii) the licensed pharmacist is not to exercise Level I Prescribing Authority in respect to an individual patient or a class of patients of the practitioner to which the individual patients belongs."*

*This document serves to notify a particular Pharmacist that a Collaborative Practice Environment no longer exists with respect to a particular patient or class of patients and that the Physician would like to re-establish a Collaborative Practice Environment with respect to certain prescribing behavior.

Date: ______________________

Dear pharmacy colleague,

I have concerns about our Collaborative Practice Environment Agreement with respect to the following patient or group of patients and I would like to have a conversation with you about how to move forward in a collaborative fashion. I am comfortable with your prescribing authority for my patients in a number of circumstances, but not in others. I have indicated (attachment) where I feel that I am comfortable with Level 1 Pharmacy Prescribing authority for my patient(s). Please review this document and contact me for further discussion if needed.

**This is an agreement between:**

______________________________________

(Physician name)

and

______________________________________

(Pharmacist name)

Which serves to limit the Level I Prescribing Abilities of the Pharmacist with respect to a particular patient:

______________________________________

(Patient name)

______________________________________

(or class of patients)

*Please see list of prescribing activities in attachment.

**Contact information:**

Name: ______________________________________

Telephone: __________________________________

Email: ______________________________________

## Pharmacist Prescribing Activities Permitted Under this Agreement:

| Activity | | Yes | | No |
|---|---|---|---|---|
| 1. Continue Existing Prescription | ☐ | Yes | ☐ | No |
| 2. Remedy Insufficient Information | ☐ | Yes | ☐ | No |
| 3. Increase Suitability of Drug Prescribed | ☐ | Yes | ☐ | No |
| 4. Drug Reconciliation | ☐ | Yes | ☐ | No |
| 5. Minor Ailments and Self-Care Prescribing: | | | | |
| • Acne, Mild | ☐ | Yes | ☐ | No |
| • Allergic Rhinitis | ☐ | Yes | ☐ | No |
| • Atopic Dermatitis | ☐ | Yes | ☐ | No |
| • Cold Sore | ☐ | Yes | ☐ | No |
| • Conjunctivitis: Bacterial, Viral and Allergic | ☐ | Yes | ☐ | No |
| • Diaper Dermatitis, Candidal | ☐ | Yes | ☐ | No |
| • Dysmenorrhea | ☐ | Yes | ☐ | No |
| • Emergency Contraception | ☐ | Yes | ☐ | No |
| • Erectile Dysfunction | ☐ | Yes | ☐ | No |
| • Gastroesophageal Reflux Disease (GERD) | ☐ | Yes | ☐ | No |
| • Headache | ☐ | Yes | ☐ | No |
| • Hemorrhoids | ☐ | Yes | ☐ | No |
| • Hormonal Contraceptives | ☐ | Yes | ☐ | No |
| • Influenza | ☐ | Yes | ☐ | No |
| • Insect Bites | ☐ | Yes | ☐ | No |
| • Musculoskeletal Strains and Sprains | ☐ | Yes | ☐ | No |
| • Obesity | ☐ | Yes | ☐ | No |
| • Onychomycosis | ☐ | Yes | ☐ | No |
| • Oral Aphthous Ulcer Oral Thrush | ☐ | Yes | ☐ | No |
| • Shingles | ☐ | Yes | ☐ | No |
| • Superficial Bacterial Skin Infections: Impetigo and Folliculitis | ☐ | Yes | ☐ | No |
| • Tinea Corporis Infection | ☐ | Yes | ☐ | No |
| • Tinea Cruris Skin Infection | ☐ | Yes | ☐ | No |
| • Tinea Pedis Infection | ☐ | Yes | ☐ | No |
| • Urinary Tract Infection (Cystitis) – acute, uncomplicated | ☐ | Yes | ☐ | No |

**This collaborative practice agreement will be in force from:**

______________________________ **to** _________________________________.