

August 7, 2008

SCOPE OF PRACTICE FOR PHARMACISTS WITH DIRECT PATIENT CARE

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the process for issuing a scope of practice for VHA pharmacists with direct patient care responsibility.

2. BACKGROUND: All prescriptive authority included in the scope of practice for VHA pharmacists with direct patient care responsibility must be in accordance with current VHA policy.

3. POLICY: It is VHA policy to provide a scope of practice for each VHA pharmacist with direct patient care responsibility.

4. ACTION: The facility Director, or designee, is responsible for ensuring:

a. Written policies are established to address all aspects of the scope of practice issue for each VHA pharmacist with direct patient care responsibility.

b. A scope of practice is prepared for each VHA pharmacist with direct patient care responsibility, and it is approved by the Chief of Staff, or appropriate facility based authorizing body (i.e., Clinical Executive Board). This scope of practice must include the individual's prescriptive authority, as well as a description of routine and non-routine professional duties to be performed and the general areas of responsibility. Pharmacists requesting a Scope of Practice must be credentialed in VetPro. *NOTE: Examples of functions authorized by this scope of practice are in Attachment A.*

c. The recommended scope of practice has the concurrence of the physician with the patient care responsibility for the service in which the pharmacist functions.

(1) This scope of practice must include the education, training, and experience requirements needed to perform the functions identified.

(2) This scope of practice must include the required skills and knowledge that the pharmacist must possess in order to perform the requested functions identified.

(3) The scope of practice statements, individual pharmacist proficiency, and peer review results must be reviewed annually by the supervising provider.

d. The relevant credentials of each pharmacist is verified by the pharmacist's supervisor and filed in a legitimate Privacy Act System of Records, such as "Health Care Provider Records (77VA11)."

THIS VHA DIRECTIVE WILL EXPIRE AUGUST 31, 2013

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e. Each pharmacist with a scope of practice participates in a peer review program. At minimum, the peer review program needs to include the following elements:

(1) Definition of practice area(s) to be reviewed (i.e., pharmacokinetics, medication management, adverse drug reaction assessment, medication ordering per protocol).

(2) Timeframes of when reviews will occur (i.e., annually, semiannually, quarterly for new hires).

(3) Sample size for review.

(4) Focus on patient outcomes.

(5) Rotation of reviews to eliminate sources of personal bias (i.e., whenever possible, the same two people should not consistently be reviewing each other).

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: Office of Patient Care Services (119), is responsible for the content of this Directive. Questions may be referred to (202) 461-7396.

7. RESCISSIONS: VHA Directive 96-034 is rescinded. This VHA Directive will expire August 31, 2013.

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Attachment

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ATTACHMENT A

EXAMPLES OF FUNCTIONS AUTHORIZED BY A SCOPE OF PRACTICE

All VHA pharmacists with direct patient care are registered pharmacists and therefore, can perform all duties that are considered routine of a staff pharmacist. In addition, pharmacists with direct patient care carry out functions independently in their advanced practice role, such as:

1. Conducting comprehensive appraisals of patients' health status by taking health and drug histories. Relevant findings must be documented in the patient's medical record.
2. Evaluating drug therapy through direct patient care involvement, with clinical assessment and objective findings relating to patient's responses to drug therapy and communicating and documenting those findings and recommendations to appropriate individuals and in appropriate records (i.e., patient's medical record).
3. Developing and documenting therapeutic plans utilizing the most effective, least toxic, and most economical medication treatments.
4. Providing patient and health care professional education.
5. Ordering, performing, reviewing, and analyzing appropriate laboratory tests and other diagnostic studies necessary to monitor and support the patient's drug therapy. Individuals performing analytical procedures must undergo semi-annual competency assessments.
6. Prescribing medications, devices, and supplies to include: initiation, continuation, discontinuation, monitoring and altering therapy, based upon established formulary or protocols.
7. Conducting and coordinating research drug investigations and research under Food and Drug Administration (FDA) guidelines, the Office of Research Oversight (ORO) and regulations and the approval of appropriate local officials.
8. Performing the physical measurements necessary to ensure the patients appropriate clinical responses to drug therapy.
9. Assisting in the management of medical emergencies, adverse drug reactions, and acute and chronic disease states.
10. Administering medications, according to pre-established protocol, when requested by physicians.
11. Identifying and taking specific corrective action for drug-induced problems according to protocol.
12. Ordering consults (i.e., dietician, social work), as appropriate, to maximize positive drug therapy outcomes.