

Pharmacists’ advanced practice and independent prescribing in Family Medicine Groups: perceptions of professionals and patients’ experience

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Context

- Interprofessional Family Medicine Groups (FMGs) provide primary care in Quebec (Canada)
- Pharmacists can adjust and initiate medications for some health conditions
- Pharmacists’ independent prescribing privileges can be further expanded in FMGs through collective practice agreements (CPA)
- Patients’ appreciation of primary care pharmacists’ independent prescribing is not well documented; some data exist for physicians’ appreciation, but none for community pharmacists (CPs)

Aims

- Describe FMG pharmacists’ (FMGPs) advanced clinical practice and explore its appreciation by patients, FMGs’ healthcare providers (HCPs), and CPs
- Evaluate patients’ experience with FMGPs’ independent prescribing

Method

Design
Mixed-methods sequential explanatory model used to explore FMGPs’ role, trustworthiness, accessibility, perceived benefits, and satisfaction with pharmacists’ interventions

Measuring tools
Semi-structured interviews and focus groups co-facilitated by a patient partner and a pharmacist

Population

- Clinics:** 3 FMGs and 3 academic FMGs (FMG-U) with a CPA in place since at least June 2022 and enhanced pharmaceutical care services (≥1 FTE*)
- Participants:** Volunteers from the quantitative phase (survey) including patients (individual interviews, 06/2023-09/2023) and HCPs/CPs (focus groups, 07/2023-06/2024)

Inclusion criteria

- Patients:** Patients who had recently received a prescription from a FMGP
- CPs:** pharmacists who had recently dispensed an FMGP prescription
- FMG HCPs:** Physicians, nurse practitioners (NPs), and registered nurses (RNs), who had worked at the clinic for ≥6 months before CPA implementation

Analysis

- Interviews and focus groups** were conducted in French, audio-recorded, transcribed and imported into QDA Miner® (version 2023) software
- Inductive thematic analysis** based on the Donabedian's model evaluating quality of healthcare systems through three interconnected levels: *structure, process and outcomes*

Table 1. Demographic characteristics of participating FMG clinics and focus group and interview participants						
	FMG-U1	FMG-U2	FMG-U3	FMG-4	FMG-5	FMG-6
Demographic data of FMG						
Location:	U	U	U	R	R	U
Urban (U) or Rural (R)						
Years since pharmacists joined the team	22	11	11	7	7	7
Number of pharmacists in the FMG ^a	4	3	2	2	1	4
Total time spent by pharmacy team at the FMG (hours per week)	40	60	40	40	37.5	45
Time since implementation of CPA (months)	16	25	24	12	11	25
Administrative level size of the FMG clinic ³	5	4	3	3	4	11
Number of FMG sites	1	1	1	5	1	1
Number of physicians*	23	25	20	18	10	42
Number of RNs ^b	6	4	4	5	3	7
Number of NPs ^c	4	2	1	6	1	4
Demographic data of participants						
Patients						
Gender						
Male	1	3	0	0	1	1
Female	4	2	0	1	1	2
FMG Healthcare Providers (HCP)						
Profession						
Physicians	4	2	4	1	3	1
RN ^b	2	1	0	2	2	0
NP ^c	1	0	0	0	0	2
Gender						
Male	2	1	1	0	0	0
Female	5	2	3	3	5	4
Community Pharmacists						
Gender						
Male	0	0	1	0	0	1
Female	3	1	0	2	2	0
Employment						
Owner	0	0	1	2	1	0
Employee	3	1	0	0	1	1

^a Family Medicine Group (FMG)
^b Registered nurses (RN)
^c Specialized nurse practitioners (NP)
(3) Number of patients registered by size level: 3 (12,000 to 14,999 patients); 4 (15,000 to 17,999); 5 (18,000 to 20,999); 11 (36,000 to 38,999)
(*) Excluding family medicine residents

Results

Main findings

- Patients’ follow-up occurred mostly through phone calls and sometimes in person
- Appointments with FMG pharmacists mostly scheduled, but patients could contact them for urgent medication needs
- FMG pharmacists practicing with a CPA contributed to a more holistic care approach and improved continuity of care by playing a key liaison role between CPs and FMG collaborators.
- FMG HCPs and patients praised FMG pharmacists’ competency and professionalism

Views specific to subgroups

FMG pharmacists’ advanced practice and collaboration	
Patients	
Follow-up: timely + individualized + accessible language + shared decision-making = feel supported and engaged	
Communication between their FMG pharmacists and their CPs reassures them	
Trust: yes, but for certain patients took some time to develop full trust	
Facilitators: dedicated time, access to medical file, private environment enables deeper involvement in medication management by FMG pharmacists vs CPs	
Impact: easier access when medication issues, could ease pressure on the healthcare system by reducing the number of physician appointments	
FMG healthcare providers	
Collaboration: complementary expertise + support in medication management = fosters effective collaboration	
Competency: advanced competencies and broad medication knowledge	
Impact for HPCs: For RNs, FMG pharmacists were helpful when a needed medication change was outside their scope of practice	
Impact for patients: better access to care and continuity, medication review and assessment by FMG pharmacists contributes to better patient care	
Challenges: Roles and responsibilities may sometimes require clarification, especially between FMG pharmacists and RNs both involved in medication adjustment	
Community pharmacists	
Communication: shared similar communication styles and objectives creates a sense of solidarity and facilitates communication	
Communication: occurs mainly through phone calls, and at times, fax or text messages	
Liaison: FMG pharmacists can play liaison role for CP with FMG physicians in complex or urgent situations	
Quality: Close patient follow-up provided by FMG pharmacists and quality of their interventions	
Challenges: possible duplication of pharmaceutical care, value being informed by prescribers on prescription when patients are followed by FMG pharmacists	
Independent prescribing by FMG pharmacists	
Patients	
Trust FMG pharmacists’ interventions and independent medication prescriptions	
Allows faster medication adjustment	
FMG Healthcare providers	
Significant time-saver and efficient, since adjustments can be made without physician’s approval	
Physicians appreciate being informed of changes made to pharmacotherapy to remain aware of the patient’s situation	
Community pharmacists	
Prescriptions issued by FMG pharmacists are clear, with adequate details and rarely need additional precisions.	

Conclusions

- Independent prescribing by FMG pharmacists enabled by a CPA is a powerful tool to support their advanced clinical practice
- A new game-changer legislation greatly expanding all pharmacists' prescribing authority in Quebec province will come into force in December 2026
- In this evolving legislative context, collaboration between pharmacists across practice settings, as well as between FMG pharmacists and other FMG HCPs is likely to become even more critical
- Understanding perceptions of different stakeholders will be central to ensuring effective and safe integration of new prescribing activities within primary care teams