

**VA TENNESSEE VALLEY HEALTHCARE SYSTEM
DEPARTMENT OF PHARMACY**

APPLICATION FOR SCOPE OF PRACTICE

The clinical pharmacist with a scope of practice will work in concert with the health care team in their assigned practice area. A clinical pharmacist with a scope of practice may carry out functions in their advanced practice role, under an approved scope of practice, to include:

- (1) Executing therapeutic plans utilizing the most effective, safest, and most economical medication treatments.
- (2) Ordering, subsequent review, and action on appropriate laboratory tests and other diagnostic studies necessary to monitor, support, and modify the patient's drug therapy.
- (3) Prescribing medications, devices, and supplies to include: initiation, continuation, discontinuation, monitoring and altering therapy. (Clinical pharmacists may dispense, prescribe, and administer controlled substances only if they are authorized by their State license to do so and comply with the limitations and restrictions on that authority).
- (4) Performing the physical measurements and objective assessments necessary to ensure the patients appropriate clinical responses to drug therapy.
- (5) Ordering medications, patient care supplies, and vaccines as necessary for the provision of pharmaceutical care.
- (6) Identifying and taking specific corrective action for drug-induced problems according to protocol, procedure, guideline or standard of care.
- (7) Ordering consults (e.g., dietician, social work, specialty provider), as appropriate, to maximize positive drug therapy outcomes.
- (8) Providing clinical pharmacy expertise, comprehensive medication management and monitoring for practice-based areas to include clinics and wards in conjunction with the attending physician or team (e.g., Home-based Primary Care, Internal medicine, critical care, Community Living Centers).
- (9) Obtaining and documenting informed consent for treatments and procedures for which the clinical pharmacist is responsible. The clinical pharmacist Scope of Practice authorizes the ability to obtain informed consent for the treatment or procedure being performed including those circumstances in which the clinical pharmacist is the prescriber of a treatment that requires consent or when they are providing medication management services on behalf of the original prescriber. NOTE: The clinical pharmacist must have sufficient knowledge and training in the treatment or procedure, its indications, risk and benefits, complications, and alternative treatments, to effectively counsel the patient.

The professional practice evaluation results will be reviewed at least biannually by the PSB and Chief of Pharmacy Services and amended when necessary to reflect changes in the clinical pharmacist's duties and responsibilities and/or medical center policy.

REFERENCES:

1. VA Handbook 1108.11, Clinical Pharmacy Services. July 1, 2015.
2. Blair MM, Carmichael J, Young E, Thrasher K. Pharmacist privileging in a health system: Report of the Qualified Provider Model Ad Hoc Committee. *Am J Health-Syst Pharm.* 2007; 64:2373-2381.
3. American Society of Health –System Pharmacists. ASHP guidelines on a standardized method for pharmaceutical care. *Am J Health-Syst Pharm.* 1996; 53:1713-6.

COLLABORATION:

The clinical pharmacist with a scope of practice functions as a health care provider with a high level of autonomy and exercise independent decision making within their scope of practice. A collegial relationship with mutual consultation and referral exists with the collaborating provider(s) and the clinical pharmacist with a scope of practice. Consultation with a physician or appropriate provider is required for advanced patient care management beyond the applicant's scope of practice, when changes occur in the patient's condition, and when referrals to higher levels of care are required as outlined in medical center policy. A collaborating provider(s) is available at all times by telephone or in person for consultation.

Applicant's Name (Print)	SS
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APPLICATION FOR SCOPE OF PRACTICE

SCOPE OF PRACTICE. (Check Appropriate Boxes)

Part 1. General area of responsibility for activities to be performed under the scope of practice (must choose at least one):

- Medical Center (specify site) _____
- CBOC (Specify Site) _____
- Contract Clinic (Outpatient) Specify Site. _____
- Telemedicine within TVHS
- Other _____

Part 2. The clinical pharmacist scope of practice includes the following practice areas or diseases or conditions (must choose at least one)

- Comprehensive Disease State Management, inpatient
 - Internal Medicine
 - Specialty Care such as surgery, infectious disease, critical care, community living centers, psychiatry, hematology/oncology, etc. (define specialty): _____
 - Focused Scope for the following diseases/conditions in the inpatient setting: _____

- Comprehensive Disease State Management, outpatient
 - Primary Care
 - Specialty Care such as infectious disease, cardiology, mental health, hematology/oncology, etc. (define specialty): _____
 - Focused Scope for the following diseases/conditions in the outpatient setting: _____

I ACKNOWLEDGE THAT I HAVE BEEN FURNISHED WITH A COPY OF THE CURRENT MEDICAL STAFF BYLAWS, AND I HEREBY AGREE TO ABIDE BY THEM. I ALSO AGREE TO PROVIDE CONTINUOUS CARE TO PATIENTS ASSIGNED TO ME AND ARRANGE FOR THE TRANSFER OF CARE AS APPROPRIATE. I CERTIFY THAT I HAVE HAD APPROPRIATE EXPERIENCE AND/OR TRAINING AND I AM PHYSICALLY AND MENTALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED.

YES N

_____/_____
(Applicant's Signature) Date

_____/_____
(Type/Print Name) Date

I recommend the requested scope of practice:

Applicant's Name (Print)	SS
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