VA TENNESSEE VALLEY HEALTHCARE SYSTEM
DEPARTMENT OF PHARMACY
APPLICATION FOR SCOPE OF PRACTICE

Practitioner Name: ____________________________

Last                                        First                                  Middle

TYPE OF REQUEST, (Check Appropriate Box)

☒ Initial
☐ Biennial Renewal
☐ Change in Category of Staff Membership

CATEGORY OF STAFF MEMBERSHIP, (Check Appropriate Box)

☒ Full Time Staff               ☐ On-Station Fee Basis
☐ Part Time Staff              ☐ Off-Station Fee Basis
☐ Consultation/Attending       ☐ On-Station Contract
☐ Without Compensation (WOC)   ☐ On-Station Sharing Agreement

* This clinical pharmacist scope of practice must meet the requirements of VHA Handbook 1108.11 Clinical Pharmacy Services.

PROFESSIONAL QUALIFICATIONS: The clinical pharmacist is trained in clinical pharmacy practice and comprehensive medication management to include, but not limited to clinical pharmacokinetics, therapeutics, and clinical pharmacology. A clinical pharmacist has the unique mix of knowledge, skills, and abilities in addition to education, training and experience to function under a scope of practice. The clinical pharmacist has a current unrestricted pharmacist license and is in good standing with the pharmacist’s licensing body.

CLINICAL FUNCTIONS: The clinical pharmacist with a scope of practice is an individual in a highly specialized practice area in which there is documented evidence of knowledge, skills, and abilities based on the individual clinical pharmacist’s education, training, and experience. The scope of practice, as part of collaborative medication management, allows the clinical pharmacist to function with a high level of autonomy and independent clinical decision-making for activities included in the scope of practice and collaboratively with the health care team for the overall care of the Veteran. The clinical pharmacist is responsible and accountable for the disease states and conditions managed under the clinical pharmacist’s scope of practice.

The clinical pharmacist is responsible for evaluating medication therapy through direct patient care assessment. Through clinical assessment, the clinical pharmacist relates patient responses to medication therapy, communicates and documents those findings, makes recommendations to appropriate individuals and in appropriate records, and implements and monitors pharmacotherapeutic care plans. The clinical pharmacist with a scope of practice is responsible for the decisions made under their scope of practice. This includes the selection of the most appropriate medication for disease state management, monitoring of patient outcomes, analysis of adverse drug events and medication reconciliation. The clinical pharmacist’s non-direct patient care activities include formulary management, teaching and research (as applicable), quality assurance, medication utilization review and staff development.
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:


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.
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
VA TENNESSEE VALLEY HEALTHCARE SYSTEM
DEPARTMENT OF PHARMACY
APPLICATION FOR SCOPE OF PRACTICE

Supervising Physician ___________________________ / ___________________ Date ________________ Printed Name ________________

Alternate Supervising Physician ___________________________ / ___________________ Date ________________ Printed Name ________________

Supervising Physician’s Chief of Service ___________________________ / ___________________ Date ________________ Printed Name ________________

Chair, Pharmacy Professional Standards Board ___________________________ / ___________________ Date ________________ M. Shawn McFarland, PharmD. BCPS, BC-ADM

Service Chief Signature/Designee ___________________________ / ___________________ Date ________________ Diane D. Shackelford, PharmD., MHA

Roger C. Jones, MD, FACP ___________________________ / ___________________ Date ________________ Chairperson, Professional Standards Board

Roger C. Jones, MD, FACP ___________________________ / ___________________ Date ________________ Chief of Staff

Approve/Disapprove PSB Recommendation ___________________________ / ___________________ Date ________________

Suzanne L. Jene, MBA, VHACM ___________________________ / ___________________ Date ________________ Interim Health System Director

Effective no later than ___________________________