



Position Statement on Pharmacist Scope of Practice

Approved by the ACP Board of Regents on June 8, 2021

Position 1: ACP supports physician-led physician-pharmacist collaborative practice agreements that reflect ACP's principles supporting dynamic clinical care teams and ensure that team members act in the patient's best interests. Potential benefits of collaborative practice agreements include improved treatment and management of chronic diseases such as diabetes and medication adherence.

- a. Collaborative practice agreements should clearly assign responsibilities to clinical pharmacists for specific dimensions of care commensurate with their training and skills to most effectively serve the needs of the patient.**
- b. Expanded roles for pharmacists should be based on what is in the patient's best interest and not solely on cost savings.**
- c. The responsible physician and pharmacist should be compensated for their time spent on collaborative services.**
- d. Only the physician shall and must diagnose the patient's condition prior to any referral.**

Position 2: ACP opposes independent pharmacist prescriptive privileges and initiation of drug therapy outside of a collective practice agreement, physician standing order or supervision, or similar arrangement.

Position 3: ACP supports the use of state-licensed pharmacists as sources of immunization information, hosts of immunization sites, and immunizers for adult patients, as appropriate and allowed by state law providing they coordinate, communicate, and collaborate with the patient's primary care team to ensure patient safety and continuity of care. Pharmacists that deliver immunization services must:

- a. Meet training and safety requirements.**
- b. Provide the appropriate immunization paperwork or other documentation to the patient.**

- c. Refer the patient to their primary care team for any necessary counseling and follow-up care, particularly for patients with complex chronic care management needs.
- d. Have a structured referral system to primary care settings and encourage patients they immunize to establish a longitudinal relationship with a primary care team if the patient does not have such an existing relationship.
- e. Record immunization administration data within the patient's medical record (if available) and promptly report to the state's immunization information system or other designated CDC system.

During emergency mass vaccination efforts, such as a global pandemic where a national public health emergency has been declared, the federal government may temporarily circumvent state scope of practice laws to allow state-licensed pharmacists and state or board of pharmacy-authorized pharmacy interns under their supervision, to administer vaccinations providing they follow the recommendations stated above, are appropriately trained, and follow safety protocols. It is crucial that pharmacists and primary care teams cooperate and collaborate to educate patients about vaccines, address vaccine hesitancy, ensure patients do not forego medically necessary care, and ensure vaccines are distributed equitably, especially to communities of color and medically underserved areas.

Position 4: ACP resolves to work with pharmacists in designing therapeutic substitution policies that ensure the highest level of patient care and safety.