



College of Pharmacists of Manitoba

200 Tache Avenue, Winnipeg, Manitoba R2H 1A7

Phone (204) 233-1411 | Fax: (204) 237-3468

E-mail: info@cphm.ca | Website: www.cphm.ca

Letter from Prescriber or Medical Director

Name of Prescriber or Medical Director: _____

Position: _____ Date: _____

Extended Practice Pharmacist: _____

Extended Practice Pharmacist Practice Site(s): _____

This serves as an overall review of the practice and performance of the Extended Practice Pharmacist (EPPh). In assessing the EPPh's performance, please consult other resources if needed, such as a colleague of the EPPh or the EPPh themselves, to aid you in providing a thorough and fair evaluation. Following the review, fill in and sign the completion statement on the last page. Please share and discuss your evaluation with the EPPh.

Please use the following rating scale to guide you in evaluating the Extended Practice Pharmacist, where applicable:

RATING SCALE		
1	Unsatisfactory	EPPh does not meet expectations and does not have the competence, knowledge, and skill to demonstrate/complete the task.
2	Needs Improvement	EPPh has the competence, knowledge and skill, but lacks consistency in demonstrating/completing the task.
3	Satisfactory	EPPh has the competence, knowledge and skill, and is consistent in demonstrating/completing the task.
4	Exemplary	EPPh exceeds expectations and has exemplary competence, knowledge and skill and is consistent in demonstrating/completing the task.
N/A	Not Applicable	Item does not apply.

Please note: If “Unsatisfactory”, “Needs Improvement”, or “Not Applicable” is indicated for a particular section, please provide justification in the “Comments” area (attach more pages if needed).



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Please confirm the following about the Extended Practice Pharmacist (EPPh) practice site:	Yes / No
The Extended Practice Pharmacist practices in a collaborative practice with either: <ul style="list-style-type: none"> a) A physician or registered nurse (extended practice), or b) With a registered nurse who is not a registered nurse (extended practice), if the extended practice advisory committee recommended the collaborative practice and its setting, and was approved by the minister. 	Yes / No
The EPPh has engaged in the practice of pharmacy in their area of speciality for at least 600 hours in the prior three-year period.	Yes / No

Please rate the Extended Practice Pharmacist's (EPPh) performance in the following areas:	Rating
Applies legal requirements to practice, including occupational health and safety legislation, privacy legislation, federal and provincial legislation and all other related by-laws and standards.	1 2 3 4 N/A
Recognizes the scope of practice and individual competence limitations within the current practice setting and seeks guidance as necessary.	1 2 3 4 N/A
Assesses the patient's health and drug-related needs to improve the patient's health goals and optimize therapeutic outcomes by:	
a) Identifying and acting on actual and/or potential drug therapy problems	1 2 3 4 N/A
b) Developing therapeutic plans by incorporating best available treatment strategies using an evidence-informed approach	1 2 3 4 N/A
c) Involving the patient in the decision-making process	1 2 3 4 N/A
d) Participating in shared decision making with other health professionals in the collaborative team	1 2 3 4 N/A
e) Communicating relevant health information to other health professionals involved in the care of the patient	1 2 3 4 N/A
Practices and prescribes drugs relevant to the area of practice and patient population in accordance with best practices and/or most current evidence.	1 2 3 4 N/A



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Are you aware of any issues or concerns with performance of the EPPh that have not been identified in the areas above?

Prescriber/Medical Director Comments:

Extended Practice Pharmacist Comments:

STATEMENT OF COMPLETION

In my professional opinion, _____,

Name of Extended Practice Pharmacist

IS / IS NOT (circle one) fit to continue practicing as an Extended Practice Pharmacist competently, safely, and ethically.

Signature of Prescriber/Medical Director: _____

This document was adapted from:

1. Additional Prescribing Authorization Assessor Handbook. Alberta College of Pharmacists. 2013.
2. Documentation Guidelines. Ontario College of Pharmacists. 2012.
3. Documentation of Pharmacists' Activities in the Health Record: Guidelines. Canadian Society of Hospital Pharmacists. 2013.
4. The Integrating Family Medicine and Pharmacy to Advance Primary Care Therapeutics (IMPACT). Clinical Documentation Guidelines. 2006.