

DATE

PHYSICIAN'S NAME
CLINIC NAME
STREET ADDRESS
CITY PROV POSTAL CODE

PHARMACIST'S NAME
PHARMACIST'S ORGANIZATION
STREET ADDRESS
CITY PROV POSTAL CODE

Dear _____

Subject: Collaborative Practice Environment Agreement

Ensuring safe, high quality care for our patients is something both physicians and pharmacists share and are committed to delivering. To that end, I have enclosed a **Collaborative Practice Environment Agreement**. This document specifies the clinical treatment areas that I am comfortable with in our current collaborative working relationship. It also indicates scenarios where I am less comfortable. My sharing and formalizing this agreement with you is consistent with expectations pertaining to the Saskatchewan College of Pharmacy Professionals (SCPP) Bylaws on Level 1 Prescribing and the treatment of minor ailments, and the essentiality of collaborative care environments.

As you may be aware, there have been several discussions over the past number of years between the Saskatchewan Medical Association (SMA) and SCPP regarding pharmacists' scope of practice, particularly with respect to the 'minor ailments' program, and the necessity of tangible, effective pharmacy to physician communication. Recently, the SMA has corresponded with the SCPP with respect to this issue. Both groups agree that collaborative care, as referenced in the SCPP Bylaws, is the best approach to deliver collegial, safe and sustainable patient care management. This agreement template has been shared with the SCPP, and they agree that a transparent and sincere collaborative working relationship is a shared goal.

Please read the attached document and, if you have no additional questions, initial it and return to me. If you do have any questions, please contact me so we can discuss this further. Dialogue between us is essential to ensuring a strong inter-professional, working relationship.

Sincerely,

PHYSICIAN'S NAME

Encl: Collaborative Practice Environment Agreement