



Appendix A

Supplemental information regarding the Pharmacist Care Clinic Pilot

Evaluation of the Pharmacist Care Clinic Pilot in
New Brunswick II

Impact on health outcomes and healthcare
resource utilization, and evaluation of client, staff,
and key stakeholder perceptions

November 2025

Criteria for Clinic Sites

1. The clinic must have a designated area in a separate space with ability to ensure privacy, such as a consultation room (services are not to be offered as part of the dispensary workflow).
2. The clinic space will be adequately equipped to perform patient assessments, including access to handwashing facilities immediately before and after a patient consultation.
3. The clinic will be staffed with dedicated pharmacists, as well as designated administrative staff to support scheduling, follow-up, data entry and data sharing.
4. Work must be supported by an electronic system where files may be uploaded and available for researchers (monitoring and auditing).
5. Assessment and treatment processes must be evidence-based.
6. The clinic space must have computer access to view laboratory results using the EHR (electronic health records).
7. Assessment, treatment, monitoring and follow-up, as well as documentation, must be in accordance with approved scope of practice and code of conduct, including required training/competencies as per the standards set out by the New Brunswick College of Pharmacists.
8. The pharmacy must agree to collaborate with UNB and the New Brunswick Institute for Research, Data and Training (NB-IRDT) and abide by data sharing agreements to ensure the delivery model is studied for feasibility and scalability, patient outcomes and monitoring of patient and pharmacist satisfaction.
9. The pharmacist will notify the patient's physician or nurse practitioner when one exists of the result of the assessment. If one does not exist, the pharmacist will provide the patient with a copy of this notification.
10. The clinic will be self-funded during the pilot phase (12 months).
11. Fees for established publicly funded minor ailments and services may be billed as per usual process.
12. The pharmacy must have a Quality Management Program that captures errors or near misses related to these new services.

Target Population

Residents of New Brunswick who have a valid Medicare card and who do not reside in a nursing home or a correctional facility, who access the clinics with any of the following:

- **Group A Strep**
 - The patient presents with symptoms consistent with a diagnosis of Group A streptococcal (GAS) pharyngitis.
 - The patient is 3 years of age or older.
- **Asthma**
 - The patient has previously been diagnosed with asthma by a physician or nurse practitioner.
 - The patient is 1 year of age or older.
- **COPD**
 - The patient has previously been diagnosed with COPD by a physician or nurse practitioner.
- **Diabetes**
 - The patient has previously been diagnosed with diabetes mellitus by a physician or nurse practitioner.
 - The patient is 18 years of age or older.
 - The patient does not have gestational diabetes.
 - The patient is not on insulin pump therapy.
- **Cardiovascular Disease (CVD)**
 - The patient has previously been diagnosed with CVD (this includes hypertension and hypercholesterolemia) by a physician or nurse practitioner.

Description of Pilot

Characteristics of the pilot being implemented include the following:

- Expanded pharmacists' scope of practice to enable initiating new therapy for chronic conditions, administering Point of Care Testing (POCT) for GAS and assessing and prescribing for GAS.
- Pharmacists can do POCT and prescribe treatment for GAS for individuals aged 3 years or older.
- Pharmacists received training for POCT for GAS.
- Pharmacists can initiate medication for individuals previously diagnosed with asthma (age 1 year or older), COPD, Diabetes (age 18 or older, not gestational, not on insulin pump therapy), and CVD.
- Clinics have set hours, and all appointments are scheduled.
- There is no set minimum number of hours that the Clinics are expected to operate.
- Pharmacists in community care settings are not currently able to order lab tests for the clients they see; however, they can access results through Electronic Health Records, with client consent; pharmacists in the Pilot Clinics are expected to refer the client to a primary care provider (family physician, walk in clinic, etc.) if recent lab tests are not available.
- Each Clinic has an administrative staff person.
- The pharmacist will notify the client's physician or nurse practitioner when one exists of the result of the assessment completed by the pharmacist; if the client does not have a primary care provider, the pharmacist will provide the patient with a copy of this notification.
- The clinic will be self-funded during the pilot phase (12 months).
- Clinics can also provide other services, such as vaccinations or services for minor ailments.
- Fees for established publicly funded minor ailments and services may be billed as per the usual process.
- The pharmacy must have a Quality Management Program that captures errors or near misses related to these new services.