APPENDIX 2  Themes derived from free-text comments of pharmacists, nonpharmacist health care providers and the public on physical assessment in pharmacy practice

| Theme | Number of Comments and Example Quotes* | Total Number of Comments |
|-------|----------------------------------------|--------------------------|
|       | Pharmacists (N commenting on benefits = 62) (N commenting on disadvantages = 60) | Non-Pharmacist Health care Provider (N commenting on benefits = 93) (N commenting on disadvantages = 99) | Public (N commenting on benefits = 53) (N commenting on disadvantages = 51) |
| Improve monitoring of medication efficacy and/or safety for early intervention | 16  
“We could catch problems before they are more serious” | 35  
“Early detection of possible problem that should be directed for assessment and treatment by a medical physician” | 8  
“Quicker awareness of medication complications/reactions – reduced error.” | 59 |
| Patient convenience for triaging/managing common ambulatory conditions | 16  
“It would be more convenient to the patients since they don’t need to book long appointments for just minor concerns” | 17  
“Able to direct patient to be seen by other health care practitioners more appropriately” | 14  
“Prevents the number of trips between doctor and pharmacist. Less wait times at the doctor” | 47 |
| **Increase access to health care services for the public** | 12 | 15 | 15 | 42 |
|-----------------------------------------------------------|----|----|----|----|
| “In rural or remote setting, this may allow for a physical assessment of patients who may otherwise not have access to health care providers.” |    | “Quick access especially after hours” | “In rural, sometimes patients cannot get to see a doctor for minor ailments” |    |

| **Strengthens the ability to provide and communicate recommendations** | 16 | 11 | 9 | 36 |
|---------------------------------------------------------------------------|----|----|---|----|
| “Having the skills to physically assess patients allows us to do our job better and we can be more precise with our counseling and patient advice.” | “They can more accurately make recommendations to patients regarding medications or remedies to ailments.” | “Better (and correctly) assess their patient’s deeper understanding of a condition” |    |
| “Better recommendations for patients (able to tailor therapeutic options for patients – actual determination of certain symptoms vs. word of mouth from patient)” |    |    |    |    |

| **Reduce burden on health care system** | 4 | 14 | 16 | 34 |
|-----------------------------------------|---|----|----|----|
| “Will optimize efficiency in the health care system” | “Can assist patients on site and potentially prevent an in” | “This would decrease the amount of visits to the” |    |
| Potential for new opportunities for pharmacists | 8 | “It would set pharmacists up for further expanded scope prescribing” | 0 | N/A | 12 | “Expand the public’s view of the scope of a pharmacist and help to encourage a holistic view of health care professionals” |
| Increasing patient confidence | 2 | “Getting “second” opinions quicker” | 0 | N/A | 6 | “Quality control and safeguard against medical errors. Power imbalance between patient and doctor, patients need more protection against poor quality medical care or” |
problems in getting access to proper medical care.”
“Give patient a second or third opinion on a matter (better than Dr. Google)”

| Potential disadvantages in regards to pharmacists performing physical assessment | Adequate training required | Increased workload for pharmacists | Concerns with infrastructure including lack of remuneration, |
|---|---|---|---|
| Adequate training required | 17 | 29 | 14 |
| “We need to maximize their training and expertise” | “I feel there is a potential for life-threatening misdiagnosis and I feel that some of the assessments would require more in depth instruction and a practicum under appropriate supervision for the student to develop the required expertise.” | “The training is not like doctors or NPs. Their involvement can only be superficial” |
| “Not all pharmacists will feel knowledgeable enough to perform some of these tasks” | | | |
| Increased workload for pharmacists | 23 | 8 | 21 |
| “In a community setting, pharmacists do not have the time that such monitoring would require” | “Time consuming. Pharmacists are already very busy” | “Waiting in even longer lines at pharmacies” |
| Concerns with infrastructure including lack of remuneration, | 23 | 14 | 12 |
| “It will be resisted by the corporate” | “Privacy is already an issue in” | “Might not be compensated” |
| lack of time, and physical layout of pharmacy | side of retail pharmacy as it does not offer any kind of income for the time spent providing this service | community pharmacies (people nearby can often hear and see interchanges easily).” | for the additional services performed” “Lack of privacy or private counseling rooms” |
|---------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| “All pharmacies engaging in this practice would be required to build exam rooms and get required equipment. These services would have to be scheduled or properly managed from a workflow perspective. Would need to ensure public health payment mechanisms are in place before implementation.” |                                                                                                                                                                                                 |                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| Distraction from traditional pharmacist roles | 9 “Doing these physical assessments would take time away from our more specialized role in medication management” | 13 “Dilution of their important role in identifying and managing drug-related problems” | 14 “Pharmacists should concentrate on doing their own job well. They should not dilute their unique expertise by taking on other responsibilities. They should not become substitutes for                                                                                                                                                                                                 |
|                                                                                           |                                                                                                                                                                                                 |                                                                                                                                                                                                 |                                                                                                                                                                                                 |
| Potential for errors in performance and interpretation of physical assessment | 9 | "Without lab tests, things could be missed" | 17 | "Misdiagnosis, unnecessary treatment, missed diagnosis, inappropriate reassurance. Examination is one part of clinical assessment" | 13 | "Errors in assessments, leading to errors in prescribing medication and/or treatment, leading to adverse symptoms that may take weeks/months to reverse if they can even be reversed" |
|---------------|---|---------------------------------|----|--------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|
| Infrequent use of these skills to maintain competency | 5 | "Some of these skills require frequent use to maintain competency levels – it may take too much time for limited added value" | 14 | "These skills take practice to become proficient in. Will they use enough to gain skill and accuracy?" | 2 | "Low variety, low exposure to acute and chronic symptoms of diverse nature in medicine" |
| Redundancy of services | 5 | "These skills are already duplicated by other medical professions that have the ability to prescribe and order various imaging and lab tests which allows them to have the full picture. Being able | 10 | "Due to many staff performing physical assessments, there is duplication of service. Pharmacists are not regularly on site, do not know residents well and | 6 | "There are other health care providers that conduct these roles in a more controlled environment (doctors, nurse practitioners, |
|               |    |                                  |    |                                                  |    |                                                                                                                                 |


| Reduced patient care or public confusion or inconveniencing the patient | 4 | 7 | 10 | 21 |
| --- | --- | --- | --- | --- |
| “Potential to make patients uncomfortable” | “Disadvantage may involve confusing the patient with too many cooks in the kitchen” | “Too many opinions given to the patient may ultimately confuse and frustrate them” | “Cannot diagnose, therefore they need to refer all of their findings to a physician who would have to assess again. Possible waste of their time?” | “I think it’s important to the public to be well educated in this shifting role of the pharmacist so they can be informed vs. being reactionary with telling people ‘this is what pharmacists can do’. ” |

| Liability | 14 | 6 | 0 | 20 |
| --- | --- | --- | --- | --- |
| “Providing further medical services opens you up to” | “Will require a complete restructuring of the education for” | N/A | 0 | 20 |
greater liability issues”
these students and huge money spent to build the professional college/regulatory body to be able to monitor and address issues as part of a mandate to protect the public”

| Conflicts with other health care providers | 6 | 13 |
|-------------------------------------------|---|----|
| “Overlap with other professions may create turf wars in some scenarios” | “Patients potentially not seeing their primary care provider for the issue, or conflicting information between pharmacist and primary care provider. Good communication would be a necessity.” | “I truly do not see a benefit. I think at first glance we think “more providers means more access, "however it's not the quantity of providers, it's the quality. I believe adding more people doing the same thing is not what our system needs. Instead, |
| Out of scope | 5 | 7 | 2 | 14 |
|--------------|---|---|---|----|
| “Diffusion of responsibility/scope of expertise. As medication experts and experts in management of self-limited conditions, I wouldn’t want our focus to move too far away from expertise in medication management. Other disciplines with knowledge of medications can sometimes feel they “know enough” with pharmacist collaboration. I wouldn’t want disciplines to become too broadly focused and lose out on multidisciplinary collaboration.” | “This changes the entire scope of practice and entry level competencies for this profession.” | “Goes beyond their scope” | |
| Documentation and | 3 | 4 | 1 | 8 |
| Communication of findings | “Consistency in maintaining patient records across health care disciplines (communication).” | “Assessments being done in isolation. A potential lack of continuity in patient care. Missed opportunity by the primary care provider to see the patient and follow-up on other health care concerns. Challenges in documentation and gaps in the client record if information isn’t shared between care providers, including pharmacists.” | “What do we do with the results? Not very useful. I wouldn’t know what to do with info that their bowel sounds are loud.” |
| --- | --- | --- | --- |
| Conflict of interest | 0 | 4 | 1 |
| N/A | “Particularly in the community, there is heightened risk of conflict of interest. For example, a pharmacist identifies that a patient has a potential strep throat, performs the assessment, recommends the antibiotics and then sells the antibiotics. One can only imagine how this could be” | “Higher prescribing fees to cover increased costs” | 5 |
exploited by corporate chains who are seeking to maximize profit.

*Note: Respondents may provide more than one comment

Leong C, Soufi L. Physical assessment in pharmacy practice: perspectives from pharmacists, nonpharmacist health care providers and the public. *Can Pharm J (Ott)* 2021;154. DOI: 10.1177/17151635211004975.