

Emerging Roles of Pharmacists as Independent Prescribers in Nigeria: Lessons from Europe and the Americas

Prof. Lere Baale

Country Director, Business School Netherlands, 8 Adekunle Fajuyi Way, Ikeja GRA, Lagos. Nigeria

Corresponding Author Address:

Tel: +2348034020294;

Email: lere.baale@bsn-mba.net;

lere.baale@gmail.com

Below is a comprehensive paper arguing the urgent need to expand pharmacists' prescribing roles in Nigeria. The paper reviews the global evolution of pharmacist prescribing—with illustrative examples from Europe and the Americas—and discusses how these models, along with their documented benefits, can inform policy and practice in Nigeria.

Abstract

With Nigeria's increasing burden of chronic diseases, limited access to primary care physicians, and rising healthcare costs, there is an urgent need to explore innovative models that can improve healthcare access and quality. Expanding the role of pharmacists to include independent prescribing authority is one such strategy. We will review international experiences—mainly from Europe and the Americas—in which pharmacists have successfully integrated independent prescribing roles into patient care. The evidence indicates that pharmacist-independent prescribing enhances accessibility, reduces physician workload, improves medication management, and improves health outcomes. Drawing on these examples, we argue that Nigeria should consider emerging pharmacist prescribing roles as a key component in strengthening its healthcare delivery system.

1. Introduction

Nigeria faces multiple challenges in its healthcare system, including physician shortages in urban and rural areas,

increasing prevalence of non-communicable diseases, and barriers to timely care. In response, many high-income countries have expanded the scope of practice for pharmacists by granting them independent prescriptive authority. Such reforms have improved care quality, reduced waiting times, and generated cost savings. Let us examine the global evolution of pharmacist independent prescribing—with examples from Europe and the Americas—and outline the potential benefits and rationale for adopting similar models in Nigeria¹.

2. Background: The Evolution of Pharmacist Independent Prescribing

2.1 Global Perspectives

Historically, pharmacists have been limited to dispensing medications and providing drug-related counselling. However, evolving healthcare needs have led to the expansion of their professional responsibilities. In the United Kingdom, pharmacist-independent prescribing (PIP) was introduced in 2006, allowing pharmacists with advanced training to independently prescribe medications within their clinical competence². Similarly, in Canada, provinces such as Alberta and Ontario have granted pharmacists varying degrees of independent and collaborative prescribing authority, contributing to enhance chronic disease management and improved patient access³.

2.2 European and American Models

In Europe, countries such as the UK and the Netherlands

have adopted distinct prescribing models:

- **United Kingdom:** Pharmacists are now recognised as independent prescribers who can initiate and adjust therapies with other healthcare professionals. This shift is supported by postgraduate training and regulatory frameworks that ensure patient safety².
- **Netherlands:** Although pharmacists in the Netherlands do not have full independent prescribing rights, studies indicate that they play a significant role in collaborative prescribing models—working closely with general practitioners to optimise medication therapy in primary care⁴.

In the Americas, the evolution is similarly progressive:

- **Canada:** Pharmacists in provinces like Alberta can independently prescribe for various conditions, including chronic diseases and minor ailments. These reforms have increased patient access and reduced the burden on primary care physicians³.
- **United States:** While prescriptive authority for pharmacists is regulated at the state level, several states have recently expanded pharmacist roles. For example, during the COVID-19 pandemic, pharmacists were authorised to independently prescribe medications such as Paxlovid and naloxone. States like Idaho and Colorado have further demonstrated that pharmacists can safely and effectively manage minor conditions and emergencies³.

3. The Need for Pharmacist Independent Prescribing in Nigeria

3.1 Addressing Physician Shortages and Healthcare Accessibility

Insufficient primary care physicians, particularly in rural and underserved urban areas, challenge Nigeria's healthcare system. Pharmacies are more numerous and accessible than physician offices, and the public trusts Nigerian pharmacists. Granting pharmacists independent prescribing rights could relieve the burden on physicians,

allowing patients to receive timely care for minor ailments and chronic disease management at their local pharmacy.

3.2 Improving Medication Management and Patient Outcomes

Pharmacists possess specialised knowledge in pharmacotherapy, including drug interactions, side effects, and optimal dosing strategies. International studies have demonstrated that pharmacist-led prescribing can improve medication adherence and reduce adverse drug events. For Nigerian patients—many who manage multiple chronic conditions—enhanced pharmacist involvement in medication management can improve health outcomes and reduce hospital readmissions.

3.3 Economic Benefits

Empirical evidence from Europe and the Americas shows that pharmacist-independent prescribing can be cost-effective. By reducing unnecessary visits to physicians and emergency departments, pharmacists can independently prescribe to lower healthcare costs. In Nigeria, where healthcare expenditure is a critical concern, enabling pharmacists to prescribe could provide a more efficient use of limited resources.

3.4 Enhancing Professional Development and Collaboration

Expanding independent prescribing roles would raise pharmacists' profiles and promote interprofessional collaboration. As seen in the United Kingdom and Canada, collaborative models improve communication between pharmacists and physicians, leading to a more integrated and patient-centred approach to care. In Nigeria, strengthening such collaborations could help bridge gaps in the continuum of care.

4. Lessons from International Experiences

4.1 United Kingdom

The UK's model of pharmacist-independent prescribing has been well documented. Pharmacists undergo rigorous postgraduate training to obtain independent prescribing rights, which enables them to manage patient care autonomously within their clinical competence. Studies indicate that this model enhances patient satisfaction and reduces the workload on general practitioners². The UK experience underscores the importance of comprehensive training, clear regulatory frameworks, and ongoing professional development.

4.2 Canada

In Canada, particularly in provinces like Alberta, pharmacist prescribing is integrated into primary care through independent and collaborative models. Pharmacists in Alberta can adjust prescriptions, order laboratory tests, and manage chronic conditions independently. These reforms have improved patient access and reduced healthcare costs, serving as a model for how pharmacist prescribing can function effectively in a diverse healthcare landscape³.

4.3 United States

The United States has seen a state-by-state expansion of pharmacist prescribing rights. During the COVID-19 pandemic, many states authorised pharmacists to prescribe emergency treatments, highlighting their critical role in healthcare delivery. States such as Idaho and Colorado have since broadened pharmacists' prescribing authority for minor ailments, demonstrating that with appropriate training and regulatory oversight, pharmacists can safely contribute to patient care³.

5. Policy Implications and Recommendations for Nigeria

Based on international experiences, several policy recommendations emerge for Nigeria:

- **Legislative Reform:**
Nigerian lawmakers should amend existing pharmaceutical practice laws to include explicit provisions for pharmacist prescribing. The legal framework must ensure that pharmacists are empowered to prescribe for minor ailments and chronic disease management while maintaining patient safety.
- **Training and Certification:**
Establish postgraduate training programs in clinical pharmacy and prescribing for Nigerian pharmacists. These programs should be modelled on successful international curricula and include practical, hands-on training with interdisciplinary collaboration.
- **Collaborative Practice Agreements:**
Nigeria should adopt a collaborative model in the initial phases to ensure

patient safety and build trust between healthcare professionals. Formal agreements between pharmacists and physicians will allow pharmacists to prescribe within defined protocols while benefiting from physician oversight.

- **Integration with Electronic Health Records (EHR):**

Pharmacists should have access to shared patient data through integrated EHR systems. This access will enhance clinical decision-making and ensure continuity of care.

- **Reimbursement Models:**

Introduce a sustainable reimbursement system for pharmacist prescribing services. Adequate financial incentives will encourage pharmacists to adopt these expanded roles without compromising their core responsibilities.

- **Public Awareness and Professional Advocacy:**

Professional bodies should educate the public and healthcare stakeholders about the benefits of pharmacist prescribing. Highlighting international successes and demonstrating potential improvements in access and outcomes will help build support for the reform.

6. Discussion

Expanding the role of pharmacists as prescribers in Nigeria offers a promising strategy to address several systemic challenges. International evidence suggests that when pharmacists can prescribe independently or collaboratively, healthcare systems benefit from improved medication management, reduced physician workload, enhanced patient access, and overall cost savings. However, successful implementation depends on establishing rigorous training standards, creating robust legal frameworks, and ensuring seamless interprofessional collaboration. Nigeria's unique healthcare landscape, marked by uneven distribution of physicians and high public trust in pharmacists, creates an ideal environment for piloting such reforms.

7. Conclusion

Additional evidence and data from studies in the United Kingdom, Canada, and the United States further substantiate the need for expanded pharmacist roles in prescribing. Future work should focus on pilot programs in Nigeria, robust training programs, and integrated healthcare systems to fully leverage pharmacists' expertise for improved patient care.

This comprehensive review underscores that by embracing the emerging role of pharmacists as prescribers, Nigeria can build a more resilient, accessible, and cost-effective healthcare system, taking inspiration from international successes while tailoring reforms to local needs.

The emerging role of pharmacists as prescribers represents an innovative solution to Nigeria's pressing healthcare challenges. Drawing on successful models from Europe and the Americas, Nigerian policymakers have the opportunity to transform the pharmaceutical care landscape by empowering pharmacists to prescribe medications. Such reforms will likely increase access to care, improve patient outcomes, reduce healthcare costs, and foster greater collaboration among health professionals. With the proper regulatory support, training, and integration into the national healthcare system, pharmacist prescribing can become a cornerstone of a more accessible and efficient healthcare delivery system in Nigeria.

References

1. Payne, H. (2022, September 27). *How do pharmacists in other countries prescribe?* Medical Republic.
2. Wikipedia. (2024). *Prescribing pharmacist*. Retrieved from https://en.wikipedia.org/wiki/Prescribing_pharmacist
3. Singer JA, Joslin CM (2020). *Let Pharmacists Prescribe*. Cato Institute. <https://www.cato.org/briefing-paper/let-pharmacists-prescribe>
4. Kempen TGH, Benaissa Y, Molema H, Valk LE, Hazen ACM, Heringa M, Kwint HF, Zwart DLM, Kälvemark Sporrang S, Stewart D, van Dijk L. (2024) Pharmacists' current and potential prescribing roles in primary care in the Netherlands: a case study. *Journal of Interprofessional Care*, 38(5):787-798. doi: 10.1080/13561820.2024.2374017