

# Social Prescribing Education and Training in Pharmacy to Advance Holistic Patient Care

## An Environmental Scan

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### Abstract

Pharmacists are increasingly recognized for their role in providing holistic, patient-centred care that extends beyond dispensing medications.

This project scanned the Canadian pharmacy education landscape to explore the integration of social prescribing (SP) into pharmacist training. We conducted interviews with different interest-holders and a desk review to identify current practices, gaps, and opportunities.

The findings reveal inconsistent inclusion of social determinants of health (SDOH) and SP concepts in pharmacy programs, despite pharmacists' strategic positioning to address patient social needs.

Recommendations include updating competencies, faculty training, and interprofessional collaboration to embed SP into education and practice.

### Introduction

Pharmacists represent the third-largest healthcare profession and serve as medication experts integrated across primary and secondary care. Beyond dispensing, they play crucial roles in illness prevention, supporting non-medical interventions, and promoting self-care.

In community settings, pharmacies often act as accessible health hubs for diverse populations, including in underserved or rural areas. Pharmacists' frequent patient interactions position them to identify unmet social needs and refer individuals to community services, thereby enhancing holistic patient care.

Social prescribing is a model that enables health care providers and social service professionals to connect individuals with non-clinical supports and community resources that address individual and community needs based on the social determinants of health. It is a person-centred approach that fosters self-determination by supporting individuals to create their own pathways to holistic well-being.

However, the pharmacist's role in addressing SDOH through social prescribing has not been well defined to date. While many pharmacists informally assist patients with social or lifestyle needs, a formalized approach to social prescribing in pharmacy is still emerging. National pharmacy education frameworks (e.g., AFPC outcomes and CCAPP standards) increasingly emphasize the pharmacist's duty as a health advocate and the importance of culturally safe, equitable care.

This evolving mandate sets the stage for integrating SP into pharmacy curricula, ensuring future pharmacists are equipped to incorporate social referrals into their practice.

### Methods and Materials

#### Interest-Holder Interviews

We conducted semi-structured interviews with key informants (8 participants, including pharmacy educators, practitioners, and organizational leaders) between Nov 27, 2024, and Feb 4, 2025. Interview guides explored the current state of pharmacy education, the roles of pharmacists in social prescribing, and ideas for integrating social prescribing concepts into training and practice.

Discussions probed participants' perspectives on how and where SP is (or isn't) being taught, perceived barriers to integration, and potential strategies to strengthen pharmacists' capacity for SP.

#### Desk Review

A comprehensive desk review examined Canadian pharmacy curricula, accreditation standards, and relevant literature. We analyzed national educational outcomes (e.g., AFPC 2017) and accreditation criteria (CCAPP 2023) for competencies related to SDOH and community health. We also reviewed publicly available PharmD program materials to map where SDOH or SP content appears (e.g., courses in ethics, communication, public health, experiential learning).

Additionally, recent studies and reports on pharmacists' involvement in social prescribing were reviewed to contextualize educational gaps. This mixed-methods approach provided both qualitative insights from interest-holders and a landscape view of current educational practices.

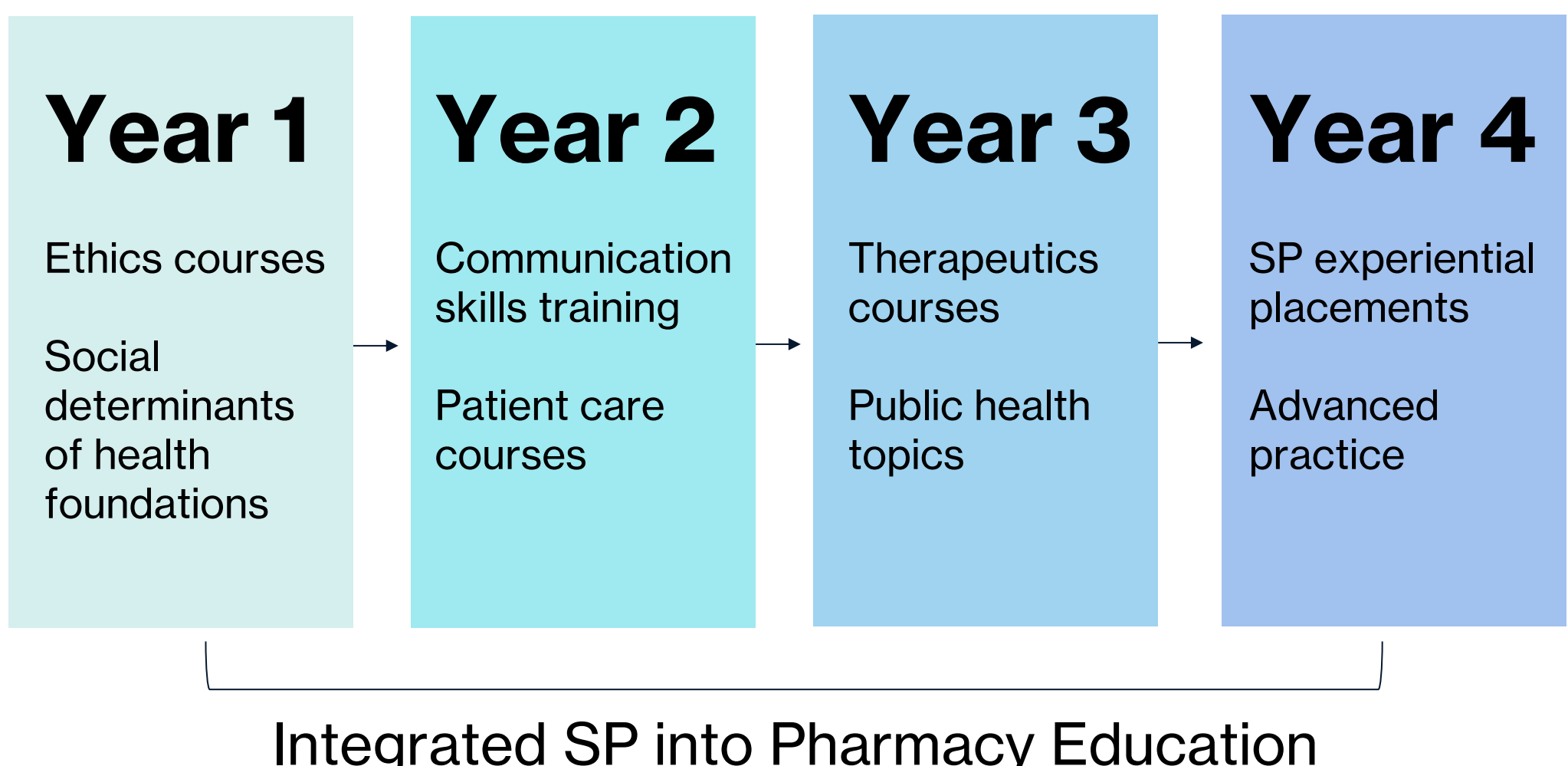


Figure 1. Proposed Curriculum Integration of Social Prescribing in Pharmacy Curricula

### Thematic Findings

#### Curricular Gaps

Pharmacy programs vary in their coverage of SDOH topics, but the explicit teaching of social prescribing as a structured practice is rare. Few curricula train students how to formally refer patients to non-clinical community resources, and SP-specific language and competencies are largely absent. Students may encounter patients' social needs during placements, yet they often lack guidance on addressing these through referral pathways.

#### Pharmacist Role & Training Needs

Interest-holders affirmed that pharmacists, as accessible healthcare touchpoints, frequently see patients with unmet social needs. Many pharmacists already provide informal support (e.g. sharing information on local services), but there is a need for formal training and protocols to empower pharmacists to engage in social prescribing confidently and consistently

#### Educational Barriers

Common barriers include limited faculty knowledge or comfort with teaching SP concepts, tightly packed curricula leaving little room for additional topics, and a historically low prioritization of social care and systemic health topics in pharmacy education. Without increasing faculty capacity and allotting curriculum time for SP and SDOH, these topics risk being overlooked despite their importance to patient care.

#### Systemic & Policy Barriers

Outside academia, the lack of formal workflows and incentives for social prescribing hinders pharmacist involvement. There is currently no dedicated reimbursement model for pharmacist-led social prescribing referrals, which can discourage practice adoption. Moreover, pharmacy regulatory and competency frameworks do not yet explicitly include social prescribing skills or expectations, limiting top-down support for nationwide implementation.

#### Faculty Development and Champions

A recurring theme was the need to invest in pharmacy faculty development. Many instructors may be unfamiliar with social prescribing or how to teach it. Training programs for faculty and identifying "SP champions" at each school could help drive curriculum changes. Enthusiastic faculty champions can advocate for SP integration, mentor peers, and sustain momentum.

#### Interprofessional Collaboration

Participants emphasized that when pharmacists work in coordination with social workers, primary care providers, and community organizations, they can significantly enhance the effectiveness of SP referrals. Fostering interprofessional education (IPE) opportunities during pharmacy training was deemed crucial, enabling future pharmacists to develop the skills and networks necessary for collaboration across health and social sectors.

### Strategic Recommendations

#### Embed SP in National Standards

Advocate for the inclusion of SP competencies in AFPC and NAPRA frameworks to standardize skills in addressing SDOH and referring to community services. Ensure every PharmD program integrates SP-aligned learning objectives across courses and rotations.

#### Integrate SP Across Curriculum & Practice

Introduce SP early through existing courses (e.g., ethics, communication, public health), as illustrated in Figure 1, using blended clinical-social case studies. Create dedicated SP modules and expand experiential learning through SP-focused placements in pharmacies and primary care.

#### Build Faculty Capacity & Leadership

Implement faculty development for SP through workshops and "train-the-trainer" programs. Empower institutional champions to lead integration, mentor peers, and drive sustainability across programs.

#### Develop a National Toolkit

Create and distribute a standardized SP education toolkit with referral templates, case studies, resource guides, and digital simulation tools. Equip students to navigate SP workflows in labs and real-world settings.

#### Strengthen Interprofessional & Community Partnerships

Foster interprofessional education by linking pharmacy students with peers in medicine, public health, and social work. Collaborate with community organizations and patient advocates through co-curricular activities and placements.

#### Evaluate, Iterate, Sustain

Create feedback loops to assess student competencies, patient outcomes, and the feasibility of SP activities. Use data to refine curricula and build the case for policy changes, including pharmacist reimbursement for SP services. Figure 2 outlines a proposed timeline for implementation.

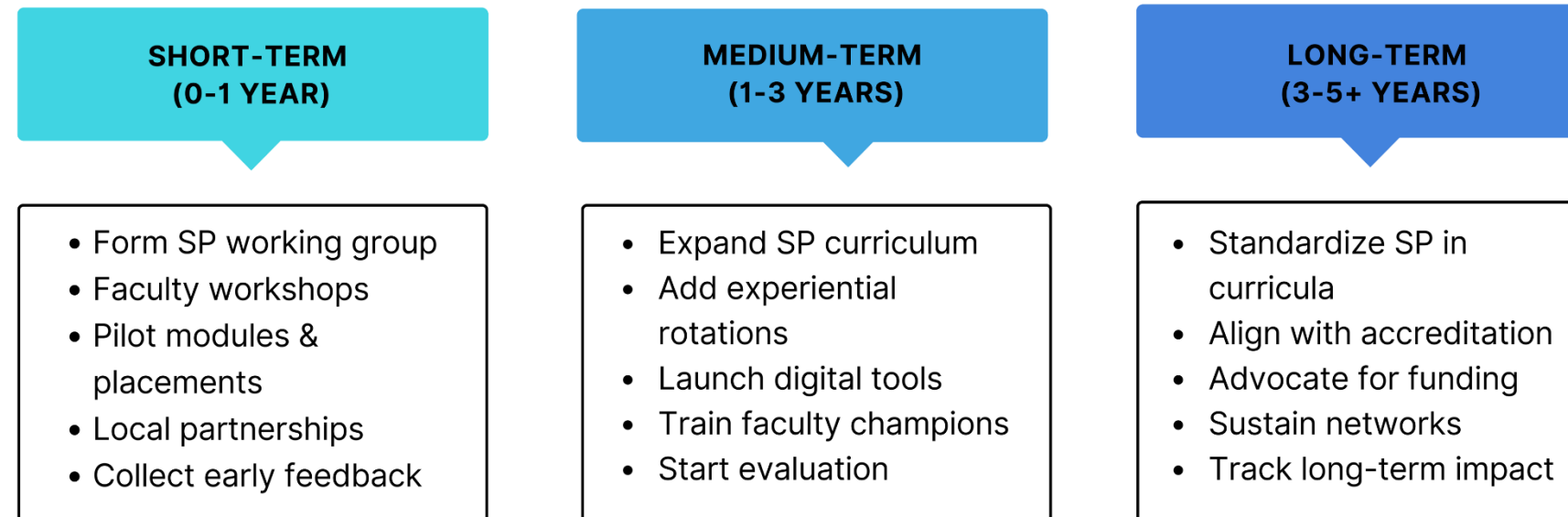


Figure 2. Proposed Implementation Timeline

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