Alberta College of Pharmacy

# DRAFT Standards of Practice for Pharmacists and Pharmacy Technicians

**Approved for consultation - April 27, 2023**

# Acknowledgements

The Alberta College of Pharmacy (ACP) acknowledges that these standards govern pharmacists and pharmacy technicians who practise on Treaty 6, Treaty 7, and Treaty 8 territory—the traditional lands of First Nations people—and six Métis regions. The roots of many modern medications come from the Indigenous peoples' traditional use of plants from these lands.

ACP acknowledges the work of the National Association of Pharmacy Regulatory Authorities (NAPRA) with respect to the development of model standards of practice.

# Introduction

The Alberta College of Pharmacy (ACP) governs pharmacists, pharmacy technicians, and licensed pharmacies in Alberta to serve, support, and protect the public's health and well-being. As part of fulfilling this responsibility, ACP establishes standards of practice that set expectations for the performance, professionalism, and ethics of pharmacists and pharmacy technicians practising in Alberta.

## Legislative framework

The legislative framework that governs regulated members is comprised of several distinct pieces that work together to support and outline the related practices of pharmacists and pharmacy technicians and the environments in which they practise. The legislative framework establishes expectations that all regulated members must adhere to, regardless of where they practise.

The *Health Professions Act* is the foundational piece of legislation that enables pharmacist and pharmacy technician practices in Alberta. The Act establishes the role of each profession and authorizes the development of regulations and standards that set out the responsibilities and accountabilities of regulated members performing their roles. Each profession is, as part of its practice, authorized to perform certain professional services, including restricted activities authorized through regulation. In every circumstance, a regulated member's authority to engage in the practice of their profession must be interpreted and applied in the context of the roles established by the Act, and the directions provided through regulations, standards of practice, the ACP's Code of Ethics, relevant guidelines, and acceptable conduct[1].

The ACP Code of Ethics reflects the ethical commitment of pharmacists and pharmacy technicians to patients, society, and the pharmacy professions. The Code of Ethics provides regulated members with guiding principles for professional behaviour, attitudes, and actions, and is foundational to the practice of pharmacy and these standards.

Regulated members are also expected to comply with the letter and the intent of the remaining pieces of the legislative framework, including the *Pharmacy and Drug Act*, the *Health Information Act* and relevant federal legislation and regulation.

## Role of the pharmacy team

Pharmacists and pharmacy technicians (regulated members) form professional relationships with patients, and collaborate with their caregivers and other health professionals to provide safe, appropriate, and effective pharmacy care that benefits the health of Albertans. These standards differentiate between the clinical role of pharmacists and the technical role of pharmacy technicians when providing professional services. Pharmacists use their clinical expertise to provide care that promotes health, as well as prevents and treats diseases, dysfunction, and disorders through proper drug therapy and non-drug decisions. Pharmacy technicians promote safe and effective drug distribution and provide the technical aspects of pharmacy services to support patient care. Together, pharmacists and pharmacy technicians work in a partnership to provide care to patients. Even when regulated members do not provide direct care to patients, their practice can have an impact on the safe and effective care that patients receive, and on the confidence of members of the public in pharmacy.

[1] Regulated members must be aware of and comply with all standards of practice and guidelines approved by Council. These standards and guidelines are available on the ACP website.

While compliance with the standards is mandatory, regulated members may engage in different practices depending on the needs of the community the serve, their own competencies, their practice environment, the nature of their practice, and the role authorized for their profession.

The role of unregulated employees in the pharmacy is limited to providing support to regulated members and customer service where appropriate. Unregulated employees do not form professional relationships with patients. If a regulated member assigns a task to an unregulated employee, the regulated member remains responsible to ensure the task is performed safely and appropriately. Any task that requires the training or skills of a regulated member, or requires a professional relationship with a patient, must not be assigned to unregulated employees.

## Person-centredness

Paramount in achieving positive health outcomes for patients is the provision of professional services using a person-centred approach that recognizes the patient as a partner in their care. Regulated members demonstrate person-centred care when they

- genuinely care for the well-being of each patient and act in their best interests;
- develop positive and trusting relationships with every patient;
- work with each patient to support their care and advocate on their behalf;
- respect the privacy and autonomy of every patient;
- respect the dignity and rights of every patient without prejudice; and
- have strong communication skills and are active listeners.

These standards are written with a person-centred focus that requires regulated members to acknowledge and respect the culture, race, religion, gender identity, age, disability, and diversity of their patients, and to consider how these individual factors interact with the health system to impact patient care.

The standards are written to provide regulated members and the public with a mutual understanding of the expectations of the care a regulated member will provide to patients. Having this common understanding helps to harmonize the standard of pharmacy care across Alberta and ensures patients receive quality pharmacy care regardless of where they receive professional services.

# Structure of the standards

This version of the Standards of Practice for Pharmacists and Pharmacy Technicians includes modifications to improve readability and useability. Many existing standards have been grouped into domains of pharmacy practice, while new standards have been added to ensure the standards remain relevant and applicable to the evolving practice roles of pharmacists and pharmacy technicians.

There are eight separate domains that represent facets of pharmacy practice (see Figure 1 below). Each domain has a statement that summarizes and contextualizes the standards of the domain. The domain of person-centred care is foundational to every aspect of pharmacy practice. Similarly, the domain of professionalism and leadership is fundamental to all other domains as it is an intrinsic part of all activities that a regulated member performs.

Each domain is divided into topics. Each topic has an outcome standard which describes the expected patient outcome that must be achieved for the standard to be met. The achievement of each outcome standard is detailed further through the inclusion of descriptive standards that provide the regulated member specific details of the activities needed to achieve the required outcome.

## Figure 1: The eight domains of pharmacy practice

# Interpretation and application of the standards

Throughout the standards

1. Unless a more specific definition is provided, the terms used in these standards have the same meaning as in the *Health Professions Act*, the Health Professions Restricted Activity Regulation, the Pharmacists and Pharmacy Technicians Profession Regulation, the *Pharmacy and Drug Act*, or the Pharmacy and Drug Regulation.
2. Unless mentioned specifically, all provisions in these standards that apply to Schedule 1 drugs also apply to blood products.
3. Where a provisional pharmacist, courtesy pharmacist, or student pharmacist engages in the practice of pharmacists, that provisional pharmacist, courtesy pharmacist, or student pharmacist must comply with all standards applicable to the practice of a clinical pharmacist.
4. Where a provisional or courtesy pharmacy technician engages in the practice of pharmacy technicians, that provisional or courtesy pharmacy technician must comply with all standards applicable to the practice of a pharmacy technician.
5. All standards applicable to the relationship between a pharmacist or pharmacy technician and a patient apply to the pharmacist or pharmacy technician and the patient's agent.
6. When a patient is an animal, all duties under these standards that contemplate communication from a patient, or that require communication with a patient, must be read as requiring communication from or with the patient's agent.
7. When a patient is an animal, all duties under these standards that contemplate when an animal may enter the food chain must be read to include an animal or any animal products that may enter the food chain for human consumption.

# Definitions

Throughout the standards

1. **Animal** means any animal other than a human being.
2. **Authorization to administer drugs by injection** means authorization to administer anything by an invasive procedure on a body tissue below the dermis or the mucous membrane for the purpose of administering subcutaneous or intramuscular injections under the Health Professions Restricted Activity Regulation.
3. **Additional prescribing authorization** means authorization to prescribe under the Health Professions Restricted Activity Regulation.
4. **Blood product** means a commercially available product derived from blood.
5. **Circle of care** means the group of regulated health professionals, patient caregivers, and other individuals identified by the patient who work in collaboration with a patient and are responsible for elements of the patient's care. The circle of care does not include unregulated employees working in the pharmacy.
6. **Collaborative relationship** means a relationship between the regulated member and individuals within the patient's circle of care that promotes shared decision making with the primary aim of optimizing patient health outcomes.
7. **Deprescribing** means the planned process of reducing or stopping drugs that may no longer be of benefit or may be causing harm[2].
8. **Diversity** means the variety of unique dimensions, qualities, and characteristics we all possess including race, ethnicity, age, gender, sexual orientation, religious beliefs, economic status, physical abilities, life experiences, and other perspectives[3].
9. **Drug product** means
    a) a Schedule 1 drug,
    b) a Schedule 2 drug,
    c) a blood product, or
    d) a Schedule 3 drug that is provided under a prescription.
10. **Equity** means the treatment of people in a manner that recognizes and accommodates their differences to remove barriers to care and ensure that every individual is provided with what they need to thrive.
11. **Emergency** means a circumstance where a patient urgently requires a professional service that includes a restricted activity for the purposes of preventing imminent mortality or morbidity.
12. **Evidence-based information** means information that is based on research from credible and reliable sources that is applicable to the particular problem or situation being considered.
13. **Evidence-informed** means the ongoing process that incorporates best available evidence from research findings, clinical expertise, patient preferences, values, and circumstances to inform decisions that are made about a patient.
14. **Harm reduction** means those policies, programs, and practices that aim primarily to reduce the adverse health, social, or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption[4].
15. **Healthcare facility** means
    a) a hospital as defined in the *Hospitals Act*,
    b) a nursing home as defined in the *Nursing Homes Act* <will update>,
    c) a correctional institution as defined in the *Corrections Act*, or

[2] Definition adapted from *Deprescribing: managing medications to reduce polypharmacy*, Institute for Safe Medication Practices Canada (ISMP), 2020.
[3] Definition adapted from *Glossary of Terms - A reference tool*, Canadian Centre for Diversity and Inclusion, January 2022.
[4] Alberta Health Services Psychoactive Substance Use Policy Frequently Asked Questions (FAQ).

d) a facility as defined in the *Mental Health Act*.

16. **Healthcare products, aids, or devices** means
    a) devices as defined in the *Food and Drugs Act* (Canada);
    b) natural health products as defined in the Natural Health Products Regulations (Canada); and
    c) products, aids, and devices that promote health and treat diseases, dysfunctions, and disorders.
17. **Herd** means a group or population of animals that cohabitate and feed together in the same environment and includes flocks, schools, and hives.
18. **Inclusion** means the creation of environments in which every individual's worth is recognized and dignified and every individual feels they are safe, they belong, their voices are encouraged, and their contributions are valued.
19. **Inducement** means
    a) a reward;
    b) a gift, including a gift of cash;
    c) a prize;
    d) a coupon; or
    e) points or other mechanisms in incentive or loyalty programs that can be redeemed for rewards, gifts, cash, prizes, or other goods or services.
20. **Just culture** means the environment of a practice site in which consideration is given to wider systemic issues when a practice incident occurs that enables professionals and those operating in the system to learn without fear of retribution.
21. **Medically important antimicrobial** means an antimicrobial drug or class of drugs used in human medicine that can also be used in animals[5].
22. **Near miss** means an event that could have resulted in unwanted consequences but did not because, either by chance or through timely intervention, the event did not reach a patient.
23. **Patient** means any human or animal to whom a regulated member provides a professional service.
24. **Patient's agent** means
    a) in the case of a human who is the patient, a family member, caregiver, or another individual who has a close personal relationship with the patient; or
    b) in the case of an animal who is the patient, an owner, an agent or unregulated employee of an owner, or caregiver of the animal or herd.
25. **Pharmacist** means a clinical pharmacist, a provisional pharmacist, a courtesy pharmacist, or a student pharmacist, unless the context states otherwise.
26. **Pharmacy technician** means a pharmacy technician, courtesy pharmacy technician, or a provisional pharmacy technician, unless the context states otherwise.
27. **Practice incident** means any preventable event that may cause or lead to inappropriate drug use or patient harm that has reached a patient. Practice incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use.
28. **Practice of pharmacists** means the practice defined by section 3(1) of Schedule 19 to the *Health Professions Act* and carried out in accordance with the direction of Council, including any college standards, guidelines, policies, and the Code of Ethics.
29. **Practice of pharmacy technicians** means the practice defined by section 3(2) of Schedule 19 to the *Health Professions Act* and carried out in accordance with the direction of Council, including any college standards, guidelines, policies, and the Code of Ethics.

[5] A comprehensive list of medically important antimicrobials appears on List A, the document entitled List of Certain Antimicrobial Active Pharmaceutical Ingredients, which is published by the Government of Canada on its website, as amended from time to time.

30. **Practice site** means a pharmacy licensed by the college, an institution pharmacy, or another place that a regulated member has identified to the college as their location of practice and from where the regulated member provides professional services.
31. **Prescriber** means
    a) with respect to a prescription for a human, a regulated health professional who is authorized to prescribe Schedule 1 drugs under the *Health Professions Act* or similar legislation that governs a regulated health professional in another province or territory; or
    b) with respect to a prescription for an animal,
        i. a veterinarian who is authorized to prescribe drugs to animals under the *Veterinary Profession Act* or similar legislation that governs the veterinary profession in another province or territory, and
        ii. a pharmacist who adapts a prescription from a veterinarian under clause A for the purpose of providing continuity of care.
32. **Prescribing at initial access** means prescribing a drug under the Health Professions Restricted Activity Regulation when a patient does not have a current prescription for the drug.
33. **Prescribing to manage ongoing therapy** means prescribing a drug under the Health Professions Restricted Activity Regulation when a patient has a current prescription for the drug.
34. **Professional service** means a service that comes within the practice of pharmacists or the practice of pharmacy technicians.
35. **Professional relationship** means a relationship formed before providing a professional service to a patient between the regulated member and the patient that
    a) is collaborative;
    b) facilitates trust;
    c) is intended to optimize the patient's health or drug therapy;
    d) is formed in accordance with principle 2 of the Code of Ethics; and
    e) with respect to a patient who is a human, is formed with the patient; and
    f) with respect to a patient that is an animal, is formed with the patient's agent.
36. **Public health** means the organized local and global efforts to prevent death, disease, and injury, and promote the health of populations rather than the health care of individuals. It looks beyond healthcare services to the aspects of society, environment, culture, economy, and community that shape the health status of populations.
37. **Regulated health professional** means
    a) in the case of humans, a member of a profession governed by the *Health Professions Act* or similar legislation that governs a health profession in another province or territory; and
    b) in the case of animals, a veterinarian or veterinary technologist who practises under the terms of the *Veterinary Profession Act*.
38. **Regulated member** means a pharmacist or pharmacy technician.
39. **Residue** has the same meaning as in the *Animal Health Act*[6].
40. **Restricted activity** means an activity named as a restricted activity <update> *Act*[7].
41. **Stigma** means negative attitudes and beliefs about a group of people due to their circumstances in life and includes discrimination, prejudice, judging, labelling, isolating, and stereotyping.

[6] "Residue" means medicine, chemicals, or deleterious substances or their metabolized products remaining in animals, animal products, animal by-products, or animal tissues.

[7] The concept of "restricted activities" only applies to human beings.

42. **Trauma-informed care** means a strengths-based approach to health care that builds on an understanding that an individual's past and current experiences of trauma can affect their experiences within the medical system, education system, and other systems[8].
43. **Unregulated employee** means an unregulated individual engaged to provide services as a paid or unpaid employee, consultant, contractor, or volunteer that assists regulated members.
44. **Withdrawal time** has the same meaning as in the *Animal Health Act*[9].



[8] Definition adapted from *Orange Shirt Day – Learning about trauma-informed care*, Northern Health, Indigenous Health.

[9] "Withdrawal time" means the amount of time required after the last medicine treatment given to an animal
(a) as stated on the label of the medicine if the medicine is being used as described on the label, or
(b) as directed by the prescribing registered veterinarian if the medicine is being used and administered in an extra-label manner to achieve the maximum residue limits as set out in the *Food and Drug Act* (Canada).

# Domain 1 – Person-centred care

*Person-centred care recognizes that each patient is an individual with their own values, needs, and concerns. It optimizes the delivery of health care by having regulated members collaborate with patients to understand what is important to them. Regulated members may then adapt the care they provide to meet each patient's health needs and goals.*

*Fundamental to person-centred care is a respect for a patient's autonomy and a recognition of the diversity of the patient and how systemic inequities can impact the patient's health needs, expectations, and goals.*

*Regulated members are expected to examine their own personal values and biases and take action to ensure that care is provided in an equitable and inclusive manner.*

*Regulated members demonstrate "person-centredness" by considering the impact that their decisions and actions have on people.*

## Professional relationships with patients

1.1 A regulated member treats patients as partners in their care.

1.1.1 A regulated member must

a) establish a professional relationship with each patient to whom the regulated member provides professional services;
b) engage with a patient to mutually identify the patient's health needs, goals, and expectations and ensure patient input is sought, valued, and included in the decision to provide professional services;
c) collect the demographic and health information required to provide professional services to a patient; and
d) communicate directly with the patient unless otherwise contemplated by these standards.

1.1.2 A regulated member must not

a) assign the formation of a professional relationship to another regulated member who is not directly involved with or authorized to perform the professional service being provided; or
b) assign the formation of a professional relationship to an unregulated employee.

1.1.3 If asked, a regulated member must consider whether it is in the best interest of a patient to communicate with the patient's agent and, in doing so, assess

a) the expressed wishes of the patient,
b) whether the patient's health creates a barrier to communication,
c) whether the patient is capable of providing informed consent for the regulated member to communicate with the patient's agent[10], and
d) whether the patient is located in the area where the service is being provided or can be contacted by telephone or other technology that allows for communication with the patient[11].

[10] See Appendix A for information on how to determine capacity to provide consent.

[11] Additional direction on when it is appropriate to provide virtual care can be found in the Standards of Practice for Virtual Care.

1.1.4 Despite Standard 1.1.3, nothing in these standards relieves a regulated member from the duty to see a patient in person where specifically required elsewhere in these standards or in other college standards.

## Equity, diversity, and inclusion

1.2 A regulated member recognizes and values the diversity of patients.

1.2.1 A regulated member must

a) support the principles of equity in the delivery of professional services;
b) provide care that respects and aligns with a patient's ability, values, beliefs, customs, and culture;
c) respect the dignity and rights of every individual without prejudice;
d) respect the voices of those with lived and living experience of discrimination, oppression, and inequity;
e) understand and acknowledge the role of conscious and unconscious biases in historical and current injustices in the delivery of healthcare services;
f) actively identify how their own privileges, biases, cultural values, behaviours, and position of power impact the way they deliver patient care;
g) acknowledge that health inequity exists; and
h) provide fair treatment, equitable opportunities, and access to resources for all patients.

## Cultural sensitivity

1.3 A regulated member demonstrates cultural sensitivity.

1.3.1 A regulated member must

a) create a safe environment for a patient to share patient-specific circumstances, including culture, values, beliefs, language barriers, literacy issues, or disabilities that may impact the patient's health needs and care delivery;
b) recognize and value the role that a patient's culture plays in their health needs, goals, and expectations;
c) consider how a patient's culture will impact the delivery of care to the patient; and
d) take appropriate action when they observe others acting in a discriminatory manner by
    i. helping colleagues to identify and eliminate unconscious biases; microaggressions; and discriminatory attitudes, language, or behaviour;
    ii. supporting patients, colleagues, and others who experience or report acts of discrimination; and
    iii. reporting acts of discrimination to leadership or the relevant health regulatory college.

## Indigenous patients and culture

1.4 A regulated member creates a culturally safe environment for Indigenous patients.

1.4.1 A regulated member must

a) acknowledge, seek to understand, recognize, and respect
    i. the distinct health perspectives of Indigenous peoples and consider these when providing care to Indigenous peoples;
    ii. that colonialism affects how Indigenous peoples view, access, and interact with the healthcare system; and
    iii. the impact of Indigenous-specific racism in Canada and the role of health professionals in working toward true reconciliation and reparation for Indigenous peoples; and

b) practise in a manner that
   i. identifies and seeks to eliminate systemic bias and the personal biases the regulated member may hold with respect to Indigenous peoples;
   ii. acknowledges how the regulated member's privileges, biases, values, belief structures, behaviours, and position of power may impact the professional relationship with Indigenous peoples; and
   iii. recognizes the value of Indigenous healing practices and incorporates them in the care delivered to Indigenous peoples when requested.

## Stigma minimization

1.5 A regulated member avoids language and actions that stigmatize patients.

1.5.1 A regulated member must

a) practise in a way that minimizes stigma or perceptions of stigma that can lead to feelings such as shame, guilt, and mistrust by a patient; and
b) be aware that their language and actions may create a perception of stigma that may lead to reduced engagement, premature discontinuation of treatment, and poor health outcomes.

## Trauma-informed care

1.6 A regulated member ensures that patients feel safe and are not re-traumatized by the pharmacy care provided.

1.6.1 A regulated member must

a) practise in a manner that acknowledges and considers the impact of trauma on a patient; and
b) recognize the potential for trauma to impact a patient's health needs, goals, and expectations, and adapt their approach to be thoughtful and respectful of this.

## Harm reduction

1.7 A regulated member reduces the adverse health, social, and economic consequences of patient behaviour associated with harm.

1.7.1 A regulated member must

a) adopt harm reduction principles into their practice;
b) ensure access to care is not contingent on abstinence or a reduction in substance use; and
c) accept, without applying moral judgements, that a patient who participates in behaviours that may cause themselves harm needs to be treated with the same level of respect as any other patient.

## Confidentiality and privacy of patients and their health information

1.8 A regulated member ensures patient privacy and confidentiality of patient health information.

1.8.1 A regulated member must

a) ensure health information is appropriately collected, stored, used, and disclosed in compliance with privacy legislation;
b) provide patient care in a setting appropriate for the service provided that maintains adequate verbal and visual privacy;
c) affirm a patient's comfort with the level of privacy provided throughout the interaction and adjust the setting accordingly if required; and
d) maintain security and confidentiality of all patient records during their creation, storage, transmission, and disposal.

## Informed consent when providing professional services to patients

1.9 A regulated member obtains informed consent from patients to provide professional services[12].

1.9.1 A regulated member must

a) obtain informed consent from a patient prior to providing pharmacy services;
b) when obtaining informed consent, create a safe environment for a patient to ask questions, answer questions when asked, and respect the rights of the patient to ask questions;
c) respect a patient's decision to refuse professional services;
d) respect a patient's decision to seek alternative care;
e) ensure a patient providing informed consent
    i. is aware of their right to withdraw consent at any time;
    ii. is free of undue influence, duress, or coercion when providing consent;
    iii. is provided information including
        A. recommended pharmacy services,
        B. the nature of the pharmacy service,
        C. anticipated benefits of the pharmacy service,
        D. risks associated with the pharmacy service,
        E. alternative treatment options and their benefits and risks, and
        F. potential consequences of refusing the pharmacy service; and
    iv. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences of making or failing to make a decision;
f) determine if a patient under the age of 18 years is a mature minor[13] with the capacity to give informed consent and ensure they obtain informed consent from
    i. the patient if they are deemed a mature minor, or
    ii. an authorized individual when the patient is a minor and not deemed a mature minor; and
g) obtain informed consent from an authorized individual when a patient is incompetent, incapacitated, or otherwise unable to provide consent.

## Continuity of care for patients

1.10 A regulated member ensures continuity of care for patients.

1.10.1 A regulated member must

a) honour a patient's request to transfer care to another regulated health professional;
b) transfer care to another regulated member of a patient's choice as soon as reasonably possible and within a timeframe that minimizes disruption to care, after receiving a request from the patient, or on behalf of a patient from another regulated member;
c) ensure that any prescriptions requested for transfer can legally be transferred[14];
d) facilitate access to appropriate alternatives when the regulated member is unable to provide professional services, including in circumstances of conscientious objection, when products are out of stock or not stocked, or when the required services are not available; and

[12] See Appendix A for a detailed description of informed consent.
[13] See Appendix A for a description of the concepts of mature minors.
[14] The *Controlled Drugs and Substances* Act does not authorize pharmacy technicians to transfer controlled substances.

e) ensure the regulated member's conscientious objections do not impede the right of patients to receive unbiased and evidence-based information, including where to access legally permissible and available health services.

1.10.2 A regulated member must not

a) unduly disrupt the professional services provided to a patient;
b) unduly pressure a patient to continue to receive professional services at their current practice site; or
c) request the transfer of any prescriptions that
   i. a patient did not request to be transferred, or
   ii. are not required to be transferred in order to perform the professional services that a patient specified in their transfer request.

1.10.3

A pharmacy technician responding to a request under standard 1.10.1, must consult with the pharmacist prior to facilitating the transfer of care requested by a patient.

## Terminating a professional relationship

1.11 A regulated member ensures that patient care is uninterrupted after deciding to terminate their professional relationship with patients.

1.11.1 A regulated member must

a) ensure that, if they terminate a relationship with a patient, they
   i. do so in accordance with the Code of Ethics;
   ii. have reasonable grounds for ceasing to provide care to the patient and document those reasons on the patient record;
   iii. ensure continuity of care by providing relevant health information and transferring services to another pharmacist; and
   iv. give advance notice of their intention to terminate care, and provide a timeline that is commensurate with the continuing care needs of the patient, unless that patient
      A. threatens the safety of the regulated member, pharmacy staff, or other patients;
      B. fails to respect professional boundaries;
      C. will be cared for by another pharmacist in the same practice location; or
      D. the pharmacist is leaving practice because of personal illness or other urgent circumstances.

# Domain 2 – Professionalism and leadership

*Professionalism is demonstrated by regulated members through altruism and ethical conduct to promote the health of individuals and their communities across the continuum of care.*

*Patients feel genuinely cared for and members of the public and colleagues have confidence, respect, and trust when a regulated member demonstrates leadership through professionalism in practice.*

*All regulated members demonstrate leadership through their practice and through opportunities to mentor colleagues, co-workers, and students.*

*These standards ensure that regulated members on a provisional register, students, and unregulated employees are appropriately supervised and do not provide professional services that are inappropriate.*

## Leadership and culture of accountability

2.1 A regulated member provides patients an inclusive, culturally safe environment in which they receive quality care.

2.1.1 A regulated member must

a) work collaboratively as part of a team;
b) lead by example and support colleagues;
c) use the full abilities of team members with consideration of each individual's capacity, competence, willingness, reliability, and integrity;
d) hold themselves and other regulated members on the pharmacy team accountable to their professional responsibilities;
e) accept responsibility for the quality of care and the services provided by those under their supervision; and
f) contribute to and support opportunities for improvement for themselves and their colleagues.

## Professional work environment

2.2 A regulated member contributes to an environment that prioritizes patient needs, patient safety, and quality care.

2.2.1 A regulated member must

a) maintain a professional demeanour;
b) contribute to a safe and inclusive environment;
c) be readily identifiable as a pharmacy professional to the public, other regulated health professionals, and other workers;
d) contribute to the creation of an inclusive, culturally safe environment for patients and colleagues;
e) inform the pharmacy licensee or proprietor if the regulated member has insufficient staff levels or inadequate resources to provide safe, effective patient care;
f) identify issues at the practice site and advocate for a workflow that contributes to the safe provision of pharmacy services; and
g) advocate for access to adequate resources that enable regulated members to provide safe pharmacy services.

2.2.2 A regulated member must not

a) practise under conditions imposed by a proprietor, another regulated member, or any other individual or organization that
   i. compromise the regulated member's professional independence, judgement, or integrity; or
   ii. provide insufficient staff levels or inadequate resources to provide safe, effective patient care; or
b) impose conditions on another regulated health professional that compromise the other regulated health professional's independence, judgement, or integrity.

## Providing direction to a pharmacy technician

2.3 A pharmacist ensures appropriate pharmacy care is received by patients by responsibly providing direction to pharmacy technicians[15].

2.3.1 A pharmacist providing direction to a pharmacy technician must

a) be engaged in the practice of pharmacists at the same practice site as the pharmacy technician, unless otherwise authorized by the registrar in writing;
b) ensure there is a system in place at the practice site that complies with the regulations, standards of practice, and, in a licensed pharmacy, the Standards for the Operation of Licensed Pharmacies, including ensuring that a clinical pharmacist or a courtesy pharmacist
   i. consults with and provides guidance or assistance to the pharmacy technician if required, and
   ii. provides an opportunity for collaboration with the pharmacy technician; and
c) in the case of a courtesy pharmacist, not provide direction to a pharmacy technician unless the courtesy pharmacist has been authorized in writing by the registrar to do so and the authorization has been indicated in the courtesy pharmacist register.

## Providing supervision to a provisional pharmacist, a student pharmacist, or a provisional pharmacy technician

2.4 A regulated member ensures quality patient care through appropriate supervision.

2.4.1 A regulated member providing supervision must

a) remain responsible for the delivery of all components of any professional service that requires the professional skills and training of the supervising pharmacist or the pharmacy technician,
b) ensure anyone they supervise in the practices of pharmacists or pharmacy technicians acts within the limits established by the legislative framework, and
c) be satisfied that the individuals being supervised by the regulated member will perform professional services safely and effectively.

2.4.2 When providing supervision under Standard 2.4.1, a regulated member must

a) be authorized to perform and supervise the professional services being supervised;
b) be satisfied that the individual being supervised is authorized to perform the professional services;

[15] As required by Schedule 19 of the *Health Professions Act.*

c) provide the level of supervision the regulated member considers appropriate to ensure the safe and effective performance of the professional service; and
d) be readily available for consultation by the individual being supervised and, if advisable, for providing assistance to the individual.

2.4.3 A pharmacist must ensure that any student pharmacist or provisional pharmacist they supervise

is supervised in accordance with the rules of the Structured Practical Training program.

2.4.4 A clinical pharmacist, courtesy pharmacist, or pharmacy technician must ensure that a student enrolled in a pharmacy technician program approved by Council, supervised by the regulated member

is supervised in accordance with the rules of the Structured Practical Training program.

## Providing supervision to an unregulated employee

2.5 A regulated member ensures quality patient care through the appropriate supervision of unregulated employees.

2.5.1 A regulated member who supervises an unregulated employee must ensure that the unregulated employee does not provide a professional service that requires the training and skills of a regulated member.

2.5.2 Despite Standard 2.5.1, an unregulated employee is permitted to perform the components of the professional service described in Standard 2.5.3 with the consent of a regulated member if

a) the component of the restricted activity performed occurs under the supervision of the regulated member,
b) the regulated member determines and communicates appropriate required checkpoints by a regulated member within the assigned process to the unregulated employee, and
c) the regulated member checks the work of the unregulated employee at each identified required checkpoint within the assigned activity before the unsupervised employee is permitted to proceed further.

2.5.3 A regulated member must

a) when supervising an unregulated employee engaged in selling a drug or providing a drug for sale, ensure an unregulated employee does not engage in any component of restricted activities other than assisting the regulated member by
   i. performing inventory management tasks,
   ii. gathering demographic information,
   iii. selecting a drug from stock,
   iv. counting a drug,
   v. packaging a drug, or
   vi. entering information into the patient record for review by a regulated member; and

b) when supervising an unregulated employee engaged in compounding a drug
   i. ensure the unregulated employee has completed a training program and skills assessment as required by the Standards for pharmacy compounding of non-sterile preparations;
   ii. ensure the unregulated employee does not engage in any component of non-sterile compounding other than assisting the pharmacist or the pharmacy technician by

A. selecting a drug from stock,
B. measuring the quantities of the drugs to be compounded,
C. physically mixing the drugs, or
D. entering information into the information management system about the act of compounding; and

iii. consider each component of non-sterile compounding described in 2.5.3 (b)(ii) to be an appropriate required checkpoint and check the work of the unregulated employee at each step before proceeding.

2.5.4 A regulated member must not assign the preparation of sterile compounds to unregulated employees.

## Conflicts of interest

2.6 A regulated member acts in the best interests of patients by avoiding or managing conflicts of interest.

2.6.1 A regulated member must

a) consider and minimize any potential conflict of interest when engaging with a patient in a non-clinical context including personal, social, financial, or business relationships[16];
b) resolve any real, potential, or perceived conflict of interest in a manner that is in the best interests of a patient, regardless of whether the patient has consented to the conflict of interest;
c) make full, frank, and timely disclosure of any real, potential, or perceived conflict of interest to a patient; and
d) document the details of any disclosure made under 2.6.1(c) to a patient in the patient's record.

2.6.2 A regulated member must not

a) provide a professional service to themselves, a family member of the regulated member, or anyone else with whom the regulated member has a close, personal relationship, except for
   i. a professional service provided in an emergency, or
   ii. a professional service provided when another regulated member is not readily available to provide the professional service; or
b) accept gifts or other benefits from or enter into any association with a patient, regulated health professional, or any other individual or organization that could have the effect of compromising the regulated member's professional independence, judgement, or integrity.

2.6.3 When prescribing a drug at initial access, a pharmacist must advise a patient that the patient may choose to have the prescription dispensed by another pharmacist.

## Compliance with the law

2.7 A regulated member ensures patients and the public receive the full protection of the law.

2.7.1 A regulated member must

a) comply with the letter and spirit of the law that governs their practice, including any standards, guidelines, policies of Council, and the Code of Ethics;
b) be aware of changes in the law that govern their practices and adjust their practices to ensure compliance with the changes;

[16] More information on the appropriateness of personal relationships between regulated members and patients may be found in the Standards of Practice - Sexual abuse and sexual misconduct.

c) comply with applicable public health orders;
d) comply with the rules and requirements of any provincial programs they participate in, as long as these rules and requirements do not conflict with these standards or the broader legislative framework governing pharmacy practice;
e) when providing professional services into another jurisdiction, comply with the standards and legislative requirements of that jurisdiction, as well as these standards and the overall legislative framework of Alberta;
f) notify the college or another applicable regulatory college if they have reasonable grounds to believe a regulated member of the college or another regulated health professional
    i. presently has a physical, cognitive, mental, or emotional condition that may impair their ability to provide professional services;
    ii. is charged with or convicted of a criminal offence;
    iii. is demonstrating a repeated inability to provide a patient with what is reasonably considered competent care;
    iv. is demonstrating an unwillingness or inability to address behaviour that interferes with patient care or negatively impacts the ability of other regulated members, learners, or healthcare workers to provide patient care; or
    v. is behaving in a manner outside of providing patient care that could reasonably be considered unprofessional conduct under the *Health Professions Act*; and
g) if they have reasonable grounds to believe a regulated member of the college or another regulated health professional has performed or procured female genital mutilation, report that conduct to the complaints director of the college or to the regulatory college applicable to the accused regulated health professional.

2.7.2 A regulated member must not perform, procure, or have any role in the procurement or performance of the practice of female genital mutilation[17].

2.7.3 A regulated member may, subject to the directions of Council, sell epinephrine auto-injectors to an individual authorized by a school board[18] to purchase epinephrine auto-injectors to be maintained in a school under the *Protection of Students with Life Threatening Allergies Act*, despite the requirements in these standards respecting identification, assessment, communication, documentation, and record keeping on a patient-specific basis.

## Inducements

2.8 A regulated member must not influence patient behaviour or decisions by offering or providing inducements.

2.8.1 A regulated member must not offer or provide or be party to the offering or provision of, an inducement to a patient where an inducement is offered or provided on the condition that the patient obtains
    a) a drug product, or
    b) a professional service
from the regulated member or licensed pharmacy.

2.8.2 The following are not prohibited under Standard 2.8.1
    a) the provision of a drug product, professional service, or healthcare product, aid, or device to a patient by a regulated member or licensed pharmacy where in the professional opinion of the regulated member

[17] Female genital mutilation is defined in the *Health Professions Act*.
[18] As defined within the *Protection of Students with LifeThreatening Allergies Act* (2019).

i. it is required for compassionate reasons based on the circumstances of the patient, and
ii. it will support the health care of the patient; and

b) the provision of a drug product, professional service, or healthcare product, aid, or device to augment drug therapy or augment a professional service provided by a regulated member.

2.8.3 Nothing in Standard 2.8.1 is intended to limit a regulated member from taking any steps required or necessary to comply with the law that governs the practice of pharmacy referred to in Standard 2.7.

# Domain 3 – Communication and collaboration

*Effective communication creates a shared understanding through the flow of information among regulated members, patients, and individuals within a patient's circle of care. Effective communication is clear, professional, and respectful, and facilitates the establishment of trusting relationships.*

*Collaboration relies on effective communication and occurs when a regulated member works in partnership with patients and individuals within a patient's circle of care to cooperatively meet patient needs.*

## Effective communication with patients

3.1 A regulated member communicates with patients in a manner that empowers patients and allows the regulated member to gather information required to assess patients in accordance with Domain 7.

3.1.1 A regulated member must

a) introduce themselves to a patient, including name, title, and role;
b) engage with a patient to create opportunities for the patient to collaborate in their care;
c) use a patient's preferred name and pronouns when communicating with them or about them to others;
d) recognize and take steps to mitigate the inherent power imbalance between the regulated member and a patient;
e) determine the best method to ensure patient understanding using verbal, non-verbal, and written communication as required;
f) assess a patient's level of comprehension and endeavour to respond to a patient at the appropriate level using plain language; and
g) confirm that a patient understands the information provided.

## Empowering patients through effective communication

3.2 A regulated member ensures patients understand their drug therapy or health condition.

3.2.1 A regulated member must

a) ensure appropriate clinical information is provided to a patient about their drug therapy whenever drugs are prescribed, or Schedule 2 drugs are sold;
b) provide technical instruction on a healthcare products, aids, or devices when requested; and
c) answer patient questions about Schedule 3 drugs, healthcare products, aids, or devices that do not require therapeutic knowledge, clinical analysis, or assessment.

3.2.2 A regulated member must not replace verbal communication with a patient by solely providing written materials to the patient.

3.2.3 A regulated member may

a) provide written information to a patient to complement verbal communication and enhance understanding if
   i. written materials provided to the patient specifically address the patient and the patient's needs,
   ii. the patient has a disability such as a hearing impairment, or
   iii. written materials are provided in the native language of the patient when English is not the preferred language of the patient.

3.2.4 A pharmacist must verbally communicate with a patient when
- a) the patient requests drug information or information about a health condition;
- b) in the pharmacist's professional opinion, verbal communication is required to
  - i. assess the appropriateness of the patient's current or new drug therapy;
  - ii. provide the patient with information about the professional service they are providing;
  - iii. provide the patient with sufficient information about the patient's drug therapy or health condition; or
  - iv. avoid, resolve, or monitor a drug therapy problem;
- c) a Schedule 1 drug is prescribed by the pharmacist for the patient;
- d) a drug is required to be administered by injection;
- e) a Schedule 1 drug is dispensed to the patient;
- f) a Schedule 2 drug is sold to the patient for the first time; or
- g) the sale of a Schedule 2 product is for an animal.

3.2.5 A pharmacist must provide the following information when verbal communication is required by Standard 3.2.4(c-g):
- a) common and important adverse effects that may apply to a patient and recommendations to minimize the risk associated with them;
- b) signs and symptoms that indicate a therapeutic response, a therapeutic failure, or an adverse reaction;
- c) cautions regarding activities, food, or other drugs that
  - i. may affect the therapeutic effect of the drug, or
  - ii. pose a risk to a patient in conjunction with the drug;
- d) monitoring parameters including when it may be necessary to seek additional care or advice; and
- e) when applicable
  - i. procedures to be followed for the proper administration or use of the drug; and
  - ii. instructions for proper drug storage, handling, and disposal.

3.2.6 Despite Standard 3.2.4, a pharmacist is not required to verbally communicate with a patient if
- a) the patient is located in a healthcare facility,
- b) the pharmacist communicates with another regulated health professional who is acting within the practice of their profession and who is responsible for providing drug therapy to the patient, and
- c) the pharmacist determines verbal communication is not required.

## Collaboration with individuals within patients' circles of care

3.3 A regulated member works collaboratively with patients, pharmacy colleagues, other health professionals, and other individuals within patients' circles of care.

3.3.1 A regulated member must
- a) establish and maintain rapport, respect, and trust with colleagues and individuals within a patient's circle of care, respecting individual, professional, and cultural differences;
- b) support a team-based delivery of care that ensures continuity of care for a patient;
- c) fulfill obligations to colleagues in a timely manner;
- d) leverage the expertise and availability of other regulated members and other regulated health professionals;

e) communicate relevant health information to other regulated members, other regulated health professionals, members of the public, and other stakeholders clearly and objectively; and
f) identify and resolve any interprofessional concerns or conflicts with pharmacy colleagues, other regulated health professionals, and other individuals within a patient's circle of care that arise and could potentially affect patient care.

3.3.2 A pharmacist must
a) develop a collaborative relationship with other regulated health professionals when they need to obtain diagnostic and other health information that is relevant to the care of a patient and to determine mutual goals of therapy;
b) coordinate care provided with care a patient is receiving from other regulated health professionals;
c) communicate required information to the regulated health professionals whose care of a patient may be affected by the pharmacist's decisions; and
d) when adapting, prescribing in emergency, prescribing at initial access, or managing ongoing therapy of a Schedule 1 drug, communicate the following information as soon as reasonably possible with any regulated health professionals whose care of a patient may be affected by their prescribing decision:
i. the type and amount of the drug prescribed,
ii. the rationale for prescribing the drug,
iii. the date the drug was prescribed,
iv. any non-pharmaceutical recommendations associated with the prescription,
v. the monitoring plan for the patient, and
vi. any instructions given to the patient.

3.3.3 A pharmacist is not required to communicate with regulated health professionals whose care of a patient may be affected by the pharmacist's prescribing decision if the prescribing decision is
a) for the substitution of a different manufacturer for a prescribed drug, unless the prescriber has directed that there be no substitutions on the original prescription; or
b) for the substitution of one dosage form for another dosage form, unless the dosage form change requires a change in regimen or dose.

## Collecting patient feedback and managing patient concerns

3.4 A regulated member listens, acknowledges, and responds to patient feedback and concerns.

3.4.1 A regulated member must
a) create an environment where a patient feels empowered to provide feedback and express concerns to pharmacy team members;
b) consider patient feedback to determine which elements of the delivery of care meet a patient's needs and expectations, and which elements may require improvement; and
c) when resolving patient concerns
i. treat a patient with respect and courtesy;
ii. maintain consistent communication with a patient;
iii. use appropriate, plain language;
iv. clarify the nature of a patient concern and act in a timely manner to prevent or manage it;
v. review concerns in an objective, equitable, and unbiased manner;
vi. apply the principles of just culture;

vii. identify situations where a negotiated outcome is required;
viii. work collaboratively with a patient to identify and agree upon a preferred resolution;
ix. evaluate the success of the concern resolution actions taken by the regulated member to ensure the concern has been successfully resolved or if additional measures are required; and
x. reflect on factors that contributed to the concern and identify possible practice changes that could avoid future conflict.

# Domain 4 – Knowledge, skills, and judgement

*Maintaining competence is a professional responsibility of regulated members. In order to provide safe, appropriate, and effective care, every regulated member needs to ensure that they have the knowledge, skills, and judgement required to provide professional services to patients.*

*Using their knowledge and skills, regulated members use their professional judgement and collaborate with patients to assess patient needs. Regulated members critically evaluate information to make evidence-informed decisions. Regulated members use their professional judgement to manage the complex relationship of patient choice, evidence-based information, best practices, and the boundaries of their own practice to find optimum care solutions for each patient.*

*Regulated members must be dedicated to active learning and continually reflect on their practice, the population, the community they serve, and the changing nature of health care.*

## Developing and maintaining professional competence

4.1 A regulated member ensures they are competent to provide professional services to patients.

4.1.1 A regulated member must

a) comply with the requirements of the Standards of Practice for Continuing Competence; and

b) actively and continually develop their knowledge, skills, and professional judgement.

## Evidence-informed practice

4.2 A regulated member ensures patient care decisions are evidence informed.

4.2.1 A regulated member must

a) make care decisions based on an evidence-informed process that includes

i. evidence-based information;

ii. professional judgement; and

iii. patient choices, values, and circumstances;

b) critically evaluate information to determine its validity, importance, and relevance; and

c) apply evidence-based information to each patient's unique needs and goals.

## Professional practice and restricted activities

4.3 A regulated member understands the boundaries of the professional services they provide to patients.

4.3.1 A regulated member must

a) only provide professional services to a patient who can be appropriately treated within the practice of the regulated member's profession and in accordance with the legislative framework;

b) only engage in restricted activities that the regulated member is authorized and competent to perform and that apply to the regulated member's practice and the professional service being provided; and

c) only provide a professional service after they have
   i. identified the knowledge and skills required to provide the professional service,
   ii. self-evaluated their own professional competence, and
   iii. critically reflected on competence required and risks involved with the professional service and determined whether they are able to safely and effectively provide the professional service to a patient.

4.3.2 A regulated member must not hold themselves out as a regulated member when providing services that do not fall within the practice of their profession, including services that fall under the Personal Services Regulation or that are not provided as a health service to a patient.

4.3.3 A pharmacist must
   a) use professional judgement and refer a patient to another qualified regulated health professional when appropriate, including when
      i. the pharmacist does not have the training, experience, or skills necessary to address the patient's needs;
      ii. the condition of the patient cannot be effectively treated within the practice of pharmacists; or
      iii. the patient's condition has not adequately or appropriately responded to drug therapy or other therapy within the practice of pharmacists; and
   b) for animals, only engage in professional services that the pharmacist is competent to perform, that apply to the pharmacist's practice, and are limited to
      i. the activities of compounding, dispensing, and selling drugs for animals; and
      ii. the prescribing of drugs for the purpose of renewing a prescription to dispense a Schedule 1 drug or Schedule 2 drug to ensure continuity of care.

4.3.4 A pharmacy technician must
   a) be satisfied that a patient has been assessed by a pharmacist prior to providing restricted activities to the patient;
   b) use professional judgement and refer a patient to a pharmacist when appropriate, including when
      i. the pharmacy technician suspects or identifies an actual or potential drug therapy problem,
      ii. alerts are generated by the pharmacy software system during entry or processing of a prescription that require therapeutic knowledge or clinical assessment,
      iii. the patient requests to speak with the pharmacist, or
      iv. advice to the patient requires clinical assessment and therapeutic knowledge; and
   c) for animals, only engage in the activities of compounding, dispensing, and selling drugs that the pharmacy technician is competent to perform and that apply to the pharmacy technician's practice.

4.3.5 A pharmacist must not, when providing care to an animal, provide the animal a service that requires an assessment by a veterinarian, including
   a) selling a Schedule 2 drug without a prescription, or
   b) recommending a Schedule 3 or non-scheduled drug without an assessment by a veterinarian.

## Knowledge and skills to manage emergency situations

4.4 A regulated member ensures patients receive appropriate care in an emergency by maintaining the knowledge and skills and exercising the judgement required to manage emergency situations.

4.4.1 A pharmacist who is authorized to administer drugs by injection must maintain current certificates in cardiopulmonary resuscitation (CPR) and first aid at a level determined by Council.

# Domain 5 – Public health and health stewardship

*The health of the community is supported and promoted, and disease is better managed and prevented, when regulated members support public health.*

*Health stewardship is the careful and responsible management of the well-being of the population. In a pharmacy context, regulated members accomplish this*

- *by practising in ways that minimize the potential negative societal and environmental impacts of their actions and care decisions,*
- *by seeking to balance optimal patient outcomes with protecting patients and the community from potential harm, and*
- *through education, health promotion and prevention, harm reduction, appropriate prescribing, and working closely with prescribers.*

## Public health

5.1 A regulated member contributes to the health and safety of the community.

5.1.1 A regulated member must

a) support public health and safety measures;
b) promote healthy individuals, communities, and environments including the prevention and management of diseases and other health conditions at a population level;
c) recognize and consider the effects of the social determinants of health on public and community health and safety; and
d) when appropriate
   i. provide consistent, evidence-informed advice about the potential benefits and risks of preventative health activities including harm reduction measures;
   ii. inform and advise a patient about relevant and evidence-based resources relating to health and safety;
   iii. engage in public and community health initiatives, especially those targeted at reducing health inequities; and
   iv. identify health promotion services and refer a patient to these services.

## Health stewardship

5.2 A regulated member provides patients appropriate, effective care and minimizes the negative societal and environmental impacts of their actions.

5.2.1 A regulated member must

a) use health resources responsibly and appropriately;
b) minimize the wastage of drugs;
c) minimize the environmental impacts of the improper disposal of unused drugs, expired drugs, and needles or other sharps used in the administration of drugs by educating a patient on proper drug and sharp disposal; and
d) consider the societal or environmental impacts of drugs or treatments as a part of patient assessment when collaboratively providing care to a patient.

# Domain 6 – Continuous quality improvement and quality assurance

*Continuous quality improvement and quality assurance enables the safe delivery of patient care which enhances patient trust in pharmacy practice. Continuous quality improvement and quality assurance depend on pharmacy practice environments where a just culture exists to enable learning through the reporting of practice incidents and near misses.*

*Continuous quality improvement identifies risks from pharmacy practice and operational activities and helps to mitigate them before practice incidents occur.*

*As a component of continuous quality assurance, there are processes for reporting practice incidents and near misses. When a practice incident or near miss is reported, it is investigated to determine root causes and any corrective action required.*

*Action plans are implemented to ensure corrective action and to prevent reoccurrences.*

## Patient safety and just culture

6.1 A regulated member ensures patient safety by contributing to a just culture at their practice site.

6.1.1 A regulated member must participate in and comply with the systems, policies, and procedures for continuous quality improvement and quality assurance established at their practice site, including a review

a) of practice site systems, policies, and procedures as part of an initial orientation when the regulated member first practises at their practice site; and

b) each time the systems, policies, and procedures are updated.

## Prevention of practice incidents and near misses

6.2 A regulated member mitigates risk to patients by developing, maintaining, and supporting continuous quality improvement and quality assurance systems, policies, and procedures.

6.2.1 A regulated member must

a) participate in a practice site quality assurance program;

b) satisfy themselves that their practice is supported by clear and comprehensive written policies that meet the requirements under these standards before providing professional services;

c) evaluate, contribute to, and comply with policies and procedures at their practice site; and

d) review policies and procedures at their practice site upon commencing practise and whenever changes are made.

## Managing practice incidents and near misses

6.3 A regulated member provides prompt and appropriate care to patients who have experienced or may be affected by a practice incident.

6.3.1 A regulated member must, when they become aware of a practice incident or near miss, document relevant details of the practice incident or near miss for review, investigation, and discussion with team members at the practice site.

6.3.2 A pharmacist must, when they become aware of a practice incident

a) disclose the incident to a patient and any health professionals or relevant individuals involved in the patient's circle of care,
b) take action as required and provide a patient with appropriate recommendations to manage the incident,
c) complete timely follow-up with a patient or other health professionals providing care to the patient to monitor the effects of the incident on the patient's health and well-being, and
d) document the incident and follow-up plan in the patient record.

## Investigating practice incidents and near misses

6.4 A regulated member identifies the cause of practice incidents and near misses in order to minimize the risk of future occurrences.

6.4.1 A regulated member must

a) participate in the investigation of practice incidents and near misses and perform an appropriate analysis according to the practice site's policies to determine root causes and contributing factors;
b) when possible, include a patient and individuals within the patient's circle of care in the investigation of practice incidents and near misses and the implementation of any subsequent updates to policies and procedures;
c) participate in reviewing and updating the practice site's policies and procedures in response to the practice site's drug incident root-cause analyses, safety self-assessments, and summary reports and analyses;
d) implement practice and operational improvements established as a result of the practice incident and near miss investigations; and
e) participate in team meetings to discuss quarterly practice incident summary reports and to analyze the effectiveness of the policy and procedural changes implemented in response.

## Product integrity and safety

6.5 A regulated member provides patients effective and safe treatments by ensuring product integrity is maintained for drugs and devices.

6.5.1 A regulated member must

a) ensure drugs are stored in accordance with legislative, manufacturer, and, if applicable, public program requirements;
b) have written policies to manage situations where drugs or devices have been exposed to conditions that are outside manufacturer specifications; and
c) dispose of drugs, clinical waste, and sharps in a manner that
   i. ensures the safety of employees at the practice site and of the public, and
   ii. is in accordance with federal and provincial legislation.

6.5.2 A regulated member must not accept for reuse, or reuse, a healthcare product, aid, or device that has been dispensed or sold, unless

a) the drug was dispensed for a patient by an institution pharmacy if the regulated member is satisfied that the drug distribution system is adequate to ensure the integrity of the drug and the safety of any patient who may receive the drug;
b) the drug, healthcare product, aid, or device was dispensed by a community pharmacy and will be reused only for the patient for whom it was originally dispensed; or
c) the drug or healthcare product, aid, or device is

i. in a tamper-evident package and was provided to a healthcare facility and maintained under the control of a regulated health professional at all times while in that facility; and
ii. the pharmacist or pharmacy technician is confident that the drug or healthcare product has not been tampered with and has been stored in a manner that would not adversely affect its stability or integrity.

# Domain 7 - Patient assessment and providing care

*Regulated members collaborate with patients to determine the patients' unique needs, goals, and preferences related to health and well-being. This provides a foundation to assess and determine appropriate professional services for patients.*

*Patient care includes the ongoing assessment, planning, and monitoring of a patient's care throughout their professional relationship with a regulated member.*

*All care provided must be appropriate, effective, safe, and meet the needs of patients. Patients' ongoing care must be supported through the documentation of all care activities including all decisions and actions.*

## Providing patient care

7.1 A regulated member meets patient health needs and goals by providing ongoing assessment, planning, and monitoring.

7.1.1 A pharmacist must

a) determine the reason a patient is seeking care, the patient's expectations, and the patient's health goals;
b) gather appropriate information about a patient and their presenting illness or reason for seeking care to inform the development of the care of the patient;
c) use an evidence-informed process to evaluate information gathered, formulate treatment options for care, and make recommendations and decisions;
d) establish monitoring parameters for care and determine the follow-up required; and
e) document the details of care to enable collaboration and continuity of care

each time the pharmacist provides a restricted activity or professional service to a patient.

7.1.2 A pharmacist may

a) delay the assessment of a patient only if the pharmacist is satisfied that
   i. drugs are dispensed in frequent, limited quantities only to assist the patient to self-administer or to comply with distribution processes in institutions; or
   ii. drugs will only be administered by another regulated health professional and the delay will not negatively impact the patient; and
b) only delay an assessment under Standard 7.1.2 (a) if an assessment occurs
   i. each time a new prescription is received,
   ii. each time changes are made to the treatment regimen, or
   iii. at least every 90 days.

## Determine why patients are seeking care

7.2 A pharmacist interacts with a patient to identify the patient's desired health goals, to develop a plan that includes appropriate treatment, or to refer to another health provider or service.

7.2.1 A pharmacist must enter into a conversation with the patient or individuals within their circle of care to determine the reason for which the patient is seeking healthcare services.

## Gather appropriate information for care

7.3 A regulated member informs the development of patients' care by gathering all appropriate information pertaining to each patient's healthcare history and current signs, symptoms, and stated health concerns[19].

7.3.1 A regulated member must confirm and document a patient's health and healthcare history to support decisions made by the regulated member, the patient, and other health professionals involved when appropriate, including

a) a history of the current or ongoing medical concern including any current signs and symptoms the patient is experiencing;
b) a best possible medication history, including
   i. any scheduled or unscheduled drugs currently used by the patient and their indications,
   ii. immunizations,
   iii. cannabis for medical purposes, and
   iv. natural health products;
c) a medical history including
   i. comorbidities;
   ii. health devices currently used;
   iii. relevant laboratory or point-of-care test results;
   iv. pregnancy status;
   v. relevant family history; and
   vi. social history including use of recreational drugs, tobacco, or alcohol; and
d) a review of any relevant information available in the patient's health records including the Alberta Electronic Health Record.

7.3.2 A pharmacist must

a) seek out and critically appraise clinical, evidence-based information, including guidelines or protocols, relevant to a patient's needs;
b) seek out and critically appraise information on treatments or care options proposed by a patient, including alternative medicine practices and Indigenous traditional wellness and healing; and
c) review any relevant laboratory results, point-of-care test results, or other relevant clinical assessments in a patient's record.

7.3.3 A pharmacist may

a) complete a physical examination if required, and
b) order lab tests or order or conduct point-of-care tests in accordance with the Standards of Practice Laboratory and Point-of-Care Testing if the required information is not available.

## Evaluate information collected and identify care options

7.4 A regulated member meets patients' health needs and goals by developing a plan for patient care.

7.4.1 A pharmacist must

a) review, analyze, and critically evaluate all health information gathered about a patient;
b) determine appropriate potential treatment options and assess if these options
   i. are indicated for a patient's symptoms or health condition;
   ii. are likely to be effective for the indication as prescribed or recommended;
   iii. are safe for a patient and the potential for adverse effects or interactions with other drugs, diseases, or treatments are identified;

[19] More detail on what is considered appropriate information can be found in Appendix B.

iv. are something a patient is willing and able to adhere to; and
v. align with a patient's preferences, cultural values, customs, and beliefs;

c) consider whether a patient has a drug therapy problem or is likely to have a drug therapy problem[20];
d) when, having identified drug therapy problems
   i. prioritize drug therapy problems appropriately,
   ii. consider evidence-based options to resolve drug therapy problems, and
   iii. determine an appropriate response to any drug therapy problems or potential drug therapy problems identified[21];
e) consider appropriate treatment options that include
   i. dispensing a prescription written by another prescriber;
   ii. prescribing by adapting a prescription written by another prescriber;
   iii. prescribing for emergency purposes;
   iv. if the pharmacist has additional prescribing authority
      A. prescribing at initial access,
      B. managing ongoing care, or
      C. deprescribing a drug;
   v. administering a drug or vaccine by injection if the pharmacist has authorization to administer drugs by injection;
   vi. selling a Schedule 2 product;
   vii. recommending a non-prescription drug;
   viii. recommending non-pharmacological therapy;
   ix. referring a patient to another healthcare provider; or
   x. recommending no treatment and monitoring the condition if none is indicated; and
f) for a patient that is an animal, in addition to the factors under subsections a) through e), where applicable, the relevant factors to consider include
   i. if the treatment is for an individual animal or a herd of animals and, if for a herd, the total number of animals treated;
   ii. whether the dosage form of a drug provided is appropriate for use in the animal;
   iii. if a prescription for an animal contains a medically important antimicrobial;
   iv. if there are any other barriers to care that are brought to the pharmacist's attention by the patient's agent; and
   v. whether the animal may enter the food chain and, if so, when the animal will enter the food chain for human consumption.

## Evidence-informed decisions

7.5 A pharmacist ensures patients receive appropriate care that aligns with the patients' desired health outcomes by making evidence-informed decisions.

7.5.1 A regulated member must respect a patient's health goals, taking into consideration
   a) their knowledge of their health condition;
   b) any relevant cultural values, customs, and beliefs; and
   c) their preferred course of treatment when providing patient care.

7.5.2 A pharmacist must
   a) when making clinical decisions

[20] More detail on what a drug therapy problem is can be found in Appendix C.
[21] More detail on resolving drug therapy problems can be found in Appendix C.

i. assess and reconcile all available patient information to form a professional judgement, including when there is divergent, conflicting, or insufficient information;
ii. consult evidence-based resources and professional guidelines and protocols that are relevant to a patient to formulate person-centred solutions; and
iii. determine which healthcare providers and individuals within the patient's circle of care to consult and collaborate with when making a clinical decision; and

b) only prescribe, dispense, sell, or recommend drugs for a patient that are
i. used for indications approved by Health Canada;
ii. considered a best practice or accepted clinical practice in evidence-based, peer-reviewed clinical literature; or
iii. part of an approved research protocol.

## Prescribing drugs

7.6 A pharmacist who prescribes drugs to patients does so in a manner that meets the requirements of the legislative framework.

7.6.1 A pharmacist must reduce any prescriptions they write to a clear, concise, and easy-to-read format that includes all information required in a complete prescription as outlined in Appendix D.

7.6.2 A pharmacist may

a) prescribe a Schedule 1 drug by adapting a prescription from another prescriber by
i. altering the dosage, formulation, or regimen;
ii. substituting another drug that is expected to have a similar therapeutic effect; or
iii. renewing a prescription to ensure continuity of care;

b) prescribe a Schedule 1 drug at initial access or to manage ongoing therapy, or deprescribe a Schedule 1 drug if
i. the pharmacist has been granted additional prescribing authorization;
ii. the pharmacist prescribes or deprescribes based on
A. the pharmacist's own assessment of a patient; or
B. the pharmacist, when working within a team of regulated health professionals, collaboratively makes a team-based assessment of a patient; and
iii. the pharmacist
A. has seen the patient in person at the time of prescribing or deprescribing;
B. has seen the patient in person in the past and has a current professional relationship over a period of time; or
C. is collaborating within a team of regulated health professionals who, acting within the practice of their profession, see the patient in person

and in the case of a previously diagnosed condition, they endeavour to develop a collaborative relationship with other regulated health professionals involved in the care of the patient; or

c) when the pharmacist has not been granted additional prescribing authorization, prescribe a Schedule 1 drug in an emergency when
i. there is an immediate need for drug therapy,

ii. it is not reasonably possible for the patient to see a prescriber to obtain a prescription,
iii. the pharmacist is able to see the patient in person,
iv. the patient is not inappropriately seeking drug therapy from the pharmacist in circumstances where that therapy has been refused by another prescriber,
v. the pharmacist complies with any directions of Council in relation to prescribing in an emergency, and
vi. only a limited and interim supply of a drug is prescribed for the patient so that the patient's health or life is not at risk.

7.6.3 A pharmacist must not
a) unless the pharmacist has been granted additional prescribing authorization, alter a dose for a refilled prescription; or
b) when a patient is an animal
i. prescribe a Schedule 1 drug or Schedule 2 drug by adapting a prescription from another prescriber, except for the purposes of renewal for continuity of care;
ii. prescribe a drug that is a medically important antimicrobial by adapting a prescription from another prescriber, for the purposes of renewal for continuity of care;
iii. prescribe a Schedule 1 drug or Schedule 2 drug in an emergency; or
iv. prescribe a Schedule 1 drug or Schedule 2 drug at initial access or prescribing to manage ongoing therapy.

## Drug administration

7.7 A regulated member administers drugs in a manner that safeguards patients from harm, promotes optimal health outcomes, and meets the patients' unique needs, goals, and preferences.

7.7.1 A regulated member must ensure a patient is comfortable in the environment where a drug is being administered and that the environment is clean, safe, and appropriately private.

7.7.2 A pharmacist must
a) ensure a patient is administered a drug or vaccine in a manner that is appropriate and is consistent with the patient's health goals and the prescriber's direction;
b) when administering drugs by injection, ensure
i. drugs are only administered if the pharmacist is authorized by the college to administer drugs by injection;
ii. the injection occurs in a private area that meets the cultural and social needs of the patient;
iii. the pharmacist has all the required training specific to the age of the patient, route of administration, and the drug being administered by injection;
iv. the pharmacist is trained and competent to manage adverse reactions and emergencies, including anaphylaxis, resulting from administration by injection, and has ready access to drugs and healthcare products, aids, devices, and protocols used to treat reactions to injectable drugs and vaccines;
v. routine precautions for infection control are implemented; and
vi. the drug or vaccine to be administered:
A. has been prepared for administration using aseptic technique,
B. is stable, and

C. has been stored and labelled appropriately prior to and following reconstitution or mixing; and

c) following the administration of a drug by injection
   i. ensure a patient is directly monitored for adverse reactions for a sufficient period of time after the injection is administered, based on the drug administered and the patient's health circumstances;
   ii. respond appropriately to adverse reactions if they arise;
   iii. ensure devices, equipment, and any remaining drug or vaccine is disposed of safely and appropriately; and
   iv. provide relevant information to other regulated health professionals and provincial health agencies as appropriate.

7.7.3 A pharmacist must not
   a) administer an injection for
      i. aesthetic purposes,
      ii. a drug or vaccine to a child younger than two years of age, or
      iii. a drug or vaccine to a patient that is an animal.
   b) insert or remove instruments, devices, or fingers beyond the anal verge or beyond the labia majora, except if
      i. it is for the purposes of administering a drug;
      ii. it is an emergency;
      iii. a patient is not able to take the drug orally or the drug requires intra-anal or intra-vaginal administration to achieve the intended therapeutic effect;
      iv. another appropriately authorized regulated health professional is not readily available to insert or remove instruments, devices, or fingers beyond the anal verge or beyond the labia major for the purpose of the administration of the drug; and
      v. care is transferred as soon as reasonably possible to a physician or nurse practitioner; or
   c) insert or remove instruments, devices or fingers beyond the anal verge or beyond the labia majora of an animal.

## Support patients in making care decisions and implementing care

7.8 A regulated member empowers patients as partners in their care when developing and implementing care decisions.

7.8.1 A regulated member must
   a) respond to a patient's questions, concerns, and choices appropriately and respectfully; and
   b) collaborate with individuals within the patient's circle of care about the patient's care choices where applicable.

7.8.2 A pharmacist must
   a) provide a patient with sufficient information to participate in the decision-making process in a manner appropriate to the patient's level of knowledge including information about
      i. expected benefits;
      ii. effectiveness, side effects, and toxicity; and
      iii. potential drug and disease interactions; and
   b) discuss options with a patient, make recommendations, and mutually select the most appropriate treatment options as considered in Standard 7.4.1(e).

## Monitor and follow up

7.9 A regulated member evaluates patient care through monitoring and follow-up.

7.9.1 A pharmacist must

a) develop a monitoring and follow-up plan to support a patient's care, including
   i. confirmation that the patient's goals are being met,
   ii. parameters that monitor the effectiveness and safety of the treatment,
   iii. a review of patient adherence to therapy,
   iv. the rationale for the monitoring parameters,
   v. appropriate time intervals for follow-up,
   vi. expected outcomes for follow-up, and
   vii. a determination of who will conduct the follow-up;
b) assess monitoring parameters created as a part of care
   i. whenever a prescription is refilled or renewed,
   ii. at the follow-up intervals determined by the pharmacist providing care, and
   iii. at subsequent patient encounters;
c) modify or suggest changes to a patient's care when changes are indicated based on the patient's monitoring results, response to therapy, and overall health goals;
d) inform other regulated health professionals as required by Standard 3.3.2(c) and 3.3.2(d); and
e) refer a patient to other regulated health professionals as required.

7.9.2 A pharmacy technician must review a patient's health record at each encounter for information about ongoing monitoring parameters, signs of non-adherence, therapeutic duplications, and any concerns about the use of a drug to inform the pharmacist's assessment.

## Documentation of patient record

7.10 A regulated member supports patient care, creates professional accountability, enables collaboration with other healthcare providers, and ensures continuity of care by documenting the details of patient care.

7.10.1 A regulated member must

a) ensure that documentation
   i. occurs in a timely and effective manner that allows communication of patient care among regulated members accessing the patient record;
   ii. uses recognized formats that are easily understood, retrievable, and sharable by pharmacy colleagues; and
   iii. contains all information required by Appendix E;
b) ensure that documentation made as required by Standard 7.10.1(a) includes
   i. the name of the regulated member involved and their role;
   ii. the nature of the care provided;
   iii. the evidence-informed rationale for any decisions or recommendations made;
   iv. the time, date, and, when applicable, the location that care occurred; and
   v. whether care occurred in person or virtually;
c) ensure that documentation that has been amended contains
   i. the original entry,
   ii. the identity of the regulated member who made the amendment, and
   iii. the date of the amendment; and
d) document all required information in a manner applicable to their practice site including
   i. a record for a community pharmacy as required by the Standards for the Operation of Licensed Pharmacies;

ii. a shared medical record in an institution pharmacy or environment with other health professionals that meets the requirements of these standards and the Standards for the Operation of Licensed Pharmacies; or

iii. a record for a practice site outside of an institution pharmacy or an environment with a shared patient record that meets the requirements of these standards and the Standards for the Operation of Licensed Pharmacies.

7.10.2 A pharmacist must

a) document, in the patient record, any notifications or communications about the patient sent to or received by other regulated health professionals and individuals within the patient's circle of care; and

b) when adapting prescriptions, document a clear reference on the new prescription to the original prescription.

# Domain 8 - Drug distribution and compounding

*Drug distribution includes the technical functions of dispensing, selling, and compounding drugs. The accuracy and safety of drug distribution supports the achievement of patients' health goals.*

## Determining authenticity, completeness, and currency of prescriptions prior to dispensing

8.1 A regulated member ensures patient safety by confirming every prescription is authentic, complete, and current before dispensing prescriptions to patients.

8.1.1 A regulated member must

a) determine the authenticity of a prescription by taking reasonable steps to meet the requirements for authenticity required by Appendix D,
b) determine the completeness of a prescription by ensuring that the prescription meets the requirements of Appendix D,
c) create a written record for verbal prescriptions received from prescribers that contains all the information required by Appendix D and sign the verbal prescription record, and
d) document any changes made to a prescription as a result of an authorization received from the original prescriber and sign the change on the original prescription.

8.1.2 A regulated member must not

a) dispense a prescription for the first time that was issued more than one year before the date the drug is dispensed; or
b) refill a prescription for
   i. a benzodiazepine or other targeted substance, as defined in the Benzodiazepine and Other Targeted Substances Regulations, for a period of greater than 12 months after the prescription was first written; or
   ii. a Schedule 1 drug for a period greater than 18 months after the prescription was first filled[22].

## Dispensing procedures

8.2 A regulated member provides patients the correct drug using appropriate dispensing procedures.

8.2.1 A regulated member must

a) dispense drugs using a procedure that
   i. is hygienic,
   ii. maintains the stability of the drug,
   iii. uses the proper diluents and mixing procedures where applicable,
   iv. prevents cross contamination, and
   v. complies with any requirements applicable to the specific drug; and
b) when more than one regulated member is involved in the dispensing process,
   i. work collaboratively to ensure the role and responsibility of each regulated member involved in the process of dispensing the drug is clear and is performed properly; and
   ii. ensure that the dispensing activities are recorded in a clear audit trail that identifies

[22] Except as noted in 8.1.2(b)(i), Schedule 1 drugs includes all drugs listed in the Scheduled Drug Regulations.

A. the names of all individuals who were involved in the processing of a prescription and dispensing of the drug, and
B. the task completed by each individual involved.

## Packaging prescriptions

8.3 A regulated member packages every prescription dispensed to patients in a manner that assures product integrity and safeguards children and other vulnerable populations from accidental exposure or ingestion.

8.3.1 A regulated member must

a) package drugs appropriately, having regard for the nature of the drug, including sensitivity to light and temperature;
b) assess a patient's circumstances, consider the risk level of the drug, and always provide the drug in a child-resistant packaging unless the regulated member is satisfied that child-resistant packaging is not appropriate because
   i. the prescriber or patient directs otherwise,
   ii. child-resistant packaging is not suitable because of the form of the drug,
   iii. the regulated member is unable to obtain a child-resistant package for the drug because a supply of those packages is not reasonably available, or
   iv. the drug is not being dispensed directly to the patient and will be administered by another health professional; and
c) when child-resistant packaging is not provided
   i. provide adequate counselling regarding the potential dangers and toxicity to children and the public from inadvertent ingestion of doses intended for a patient, and
   ii. document the patient's acknowledgment of the use of the non-child resistant packaging.

## Labelling prescriptions

8.4 A regulated member supports patient understanding of their drugs by labelling every prescription dispensed to patients in a manner that is accurate, complete, and clear.

8.4.1 A regulated member must

a) label containers in which drugs are dispensed correctly with a label that is legible and includes the following information:
   i. the preferred name of a patient for whom the drug is dispensed;
   ii. the name, address, and telephone number of the pharmacy from which the drug is dispensed;
   iii. the name of the prescriber of the drug;
   iv. a description of the drug by
      A. generic name, strength, and the identity of the manufacturer for single entity drugs;
      B. generic name, strength, and the identity of the manufacturer for combination drugs, where possible, or the brand name and strength;
      C. name of compounded drugs or ingredients and strength; or
      D. in the case of a blood product, the name of the blood product;
   v. instructions for the use of the drug;
   vi. a unique prescription number;
   vii. the date the drug was dispensed;
   viii. the quantity of the drug dispensed;

ix. the number of refills remaining if applicable; and
x. the withdrawal time if the prescription is for an animal that may enter the food chain;

b) when it is not practical to affix the prescription label to the drug package, ensure that
i. the prescription label is affixed to the outer container; and
ii. another label is attached to the drug package containing, at a minimum, the patient's preferred name, the name of the drug, and the drug strength;

c) when it is not practical to place complete directions for use on the prescription label, ensure that complete written directions are provided to a patient on an instruction sheet accompanying the drug; and

d) when dispensing a drug for an animal or herd, ensure the label
i. states "for veterinary use only";
ii. includes a means to identify the specific animal or herd for which the drug is dispensed;
iii. includes the species of the animal or herd;
iv. includes withdrawal time, in the case of an animal or herd that may enter the food chain; and
v. in the case of a prescription for medicated feed, include
A. feeding instructions;
B. a warning statement respecting the withdrawal period to be observed following the use of the medicated feed; and
C. where applicable, cautions with respect to animal health or to the handling or storage of the medicated feed.

8.4.2 A regulated member may

a) deviate from Standard 8.4.1 when dispensing drugs from an institution pharmacy to a patient within a healthcare facility if the policies and procedures of the healthcare facility regarding labelling are adhered to;

b) if a drug is dispensed as a part of an approved research protocol, label the drug container in a manner appropriate to the investigation as long as the information on the label ensures that the contents can be readily identified in an emergency; and

c) use a form of label that provides additional information or forms of information to facilitate understanding by addressing a patient's specific needs including
i. labelling provided in a patient's native language, or
ii. accommodation for a patient with visual impairment.

## Final check before release of drug

8.5 A regulated member ensures dispensed prescriptions accurately reflect the prescriber's intentions.

8.5.1 A regulated member must

a) perform a final check in order to ensure that each step in the dispensing process has been completed properly by verifying that
i. the drug dosage form, strength, manufacturer, and quantity dispensed are correct according to the prescription;
ii. the prescription label is accurate and complete according to the prescription and contains the information required under Standard 8.5, Appendix D, and federal and provincial legislation; and
iii. appropriate auxiliary instruction labels are affixed; and

b) whenever possible, avoid performing a final check if they were the regulated member who entered the prescription into the dispensing software system or selected the drug from stock.

## Release of dispensed drugs and sale of Schedule 2 drugs

8.6 A regulated member checks that patients have been assessed by a pharmacist and that patients receive the correct drug each time a Schedule 1 or Schedule 2 drug is released.

8.6.1 A regulated member must, before releasing a dispensed drug or selling a Schedule 2 drug,

a) ensure confirmation occurs of the

i. identity of a patient, or in the case of animals that live in a herd, the identity of the herd; and

ii. name, strength, and dosage form of drug being dispensed or sold; and

b) ensure a pharmacist has

i. assessed the patient, and

ii. except in institutional pharmacy practices, provided the patient information as required to ensure that the patient understands the use of the drug dispensed or sold.

8.6.2 A pharmacist must not sell a Schedule 2 drug for use in an animal without a prescription.

8.6.3 A pharmacy technician must,

if the patient is an animal, refer the patient's agent to the pharmacist so that the pharmacist can ensure that there is a prescription for the drug as required or that the pharmacist has prescribed the drug for the purpose of renewing a prescription in accordance with Standard 7.6.2(b).

## Sale of Schedule 3 drugs and healthcare products, aids, and devices from a licensed pharmacy

8.7 A regulated member ensures that patients who purchase Schedule 3 drugs and healthcare products, aids, and devices from a licensed pharmacy have the opportunity to ask questions or request assistance.

8.7.1 A regulated member must take reasonable steps to verbally communicate or provide information to a patient who

a) requests a healthcare product, aid, or device;

b) requests assistance in making a choice about a healthcare product, aid, or device; or

c) appears to be having difficulty in making a choice about a healthcare product, aid, or device..

8.7.2 A pharmacist must take reasonable steps to verbally communicate or provide information to a patient who

a) requests a Schedule 3 drug;

b) requests assistance in making a choice about a Schedule 3 drug;

c) appears to be having difficulty in making a choice about a Schedule 3 drug;

d) is observed to be making purchases of a Schedule 3 drug or a healthcare product, aid, or device in a quantity or at a frequency that is therapeutically inappropriate;

e) the pharmacist recognizes as someone who may face a risk from the selection or use of a Schedule 3 drug;

f) the pharmacist recognizes as someone purchasing Schedule 3 products for use in an animal;

g) is identified by a pharmacy technician as someone
   i. who requires assistance or may face a risk from the selection of use of a Schedule 3 drug or healthcare product, aid, or device;
   ii. with questions that require therapeutic knowledge or patient assessment about a Schedule 3 drug or healthcare product, aid, or device or
   iii. purchasing Schedule 3 products for use in an animal.

8.7.3 A pharmacist must not recommend a Schedule 3 or non-scheduled drug for use in an animal without an assessment by a veterinarian.

8.7.4 A pharmacy technician must refer to the pharmacist any patient
   a) the pharmacy technician recognizes as someone who requires assistance with or may face a risk from the selection or use of a Schedule 3 drug or healthcare product, aid, or device;
   b) with questions that require therapeutic knowledge or assessment about a Schedule 3 drug or healthcare product, aid, or device; or
   c) who indicates they are purchasing the Schedule 3 drug for an animal.

## Documentation of dispensing records

8.8 A regulated member ensures patient care is informed by documenting complete and accurate dispensing information.

8.8.1 A regulated member must ensure
   a) a transaction record is created each time a Schedule 1 drug is dispensed, including
      i. the preferred name of the patient for whom the drug was dispensed, or in the case of a herd of animals, a unique identifier or the location of the herd;
      ii. the name of the prescriber of the drug;
      iii. the date the drug was dispensed;
      iv. the name, strength, and dosage form of the drug dispensed;
      v. the drug identification number (DIN) of the drug dispensed;
      vi. the quantity of drug dispensed;
      vii. route of administration and directions for use; and
      viii. a unique prescription and transaction number;
   b) an appropriate entry is made in the patient record every time
      i. a Schedule 1 drug is dispensed, or
      ii. a Schedule 2 drug is sold; and
   c) that each time a Schedule 1 drug is dispensed or a Schedule 2 drug is sold, records are uploaded to the electronic health record as soon as reasonably possible.

## Compounding

8.9 A regulated member provides compounded preparations that are appropriate, safe, and of high quality for patients.

8.9.1 A regulated member must
   a) adhere to the standards of practice for compounding when compounding drugs to meet a patient's unique drug therapy needs, and
   b) adhere to other recognized industry standards or guidelines when required information is not available in the college standards.

8.9.2 A pharmacist must when compounding for an animal, determine
   a) whether an appropriate equivalent product, intended either for human or animal use, is commercially available;

b) whether the formulation to be used is safe and appropriate for use in the animal species; and
c) whether the dosage form is appropriate for use in the animal.

## Sterile compounding

8.10 A regulated member prepares sterile compounds in a manner that ensures the safety of patients receiving the drug and the regulated members involved in the preparation process.

8.10.1 A regulated member must

a) prepare non-hazardous sterile compounds in accordance with the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations; and
b) prepare hazardous sterile compounds in accordance with the NAPRA Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations, with the following exceptions:
    i. an N95 or N100 NIOSH approved mask is not required when compounding hazardous products in a biological safety cabinet or compounding aseptic containment isolator, and
    ii. regulated members compounding hazardous products are not required to wear clean room scrubs.

## Compounding for animals that may enter the food chain

8.11 A regulated member protects the safety of the public by ensuring that prescription compounds provided for animals that may enter the food chain do not pose a risk to humans.

8.11.1 A regulated member must ensure

a) a drug or substance banned by Health Canada is not used in a compounded product for animals that may enter the food chain, and
b) any product that is an antimicrobial and is not a Health Canada approved product for use in animals that may enter the food chain is not used in compounding.

8.11.2 A pharmacist must, when compounding drugs for use in animals that may enter the food chain, ensure

a) all ingredients in the compounds are safe for use in the animals and for subsequent human consumption of the animals, and
b) an empirical drug withdrawal time is determined collaboratively with the prescribing veterinarian if the compound contains an active pharmaceutical ingredient that leaves a drug residue.

## Repackaging

8.12 A regulated member protects patient safety by repackaging drugs appropriately.

8.12.1 A regulated member must

a) ensure that, in respect to repackaging a drug, there is sufficient documentation to provide a clear audit trail of the repackaging process that identifies
    i. drug information from the original container including
        A. Drug Identification Number (DIN) or Natural Product Number (NPN),
        B. lot number, and
        C. expiry date; and
    ii. all individuals involved in the repackaging and verification process and the role of each individual;

b) ensure that each repackaged drug has a label affixed to the package that meets the requirements of a prescription label required under Standard 8.4.1 or that explicitly identifies
    i. a description of the drug by
        A. generic name, strength, and the identity of the manufacturer for a single-entity drug; or
        B. generic name, strength, and the identity of the manufacturer for a combination drug, where possible, or the brand name and strength;
    ii. the size of the package or quantity;
    iii. a lot number that links to the audit trail described in Standard 8.12.1(a); and
    iv. an expiry date for the drug;
c) ensure that any individually packaged drugs are
    i. individually labelled with the name of the drug or compound, lot number, and expiry date; and
    ii. put in a larger container that bears a prescription label;
d) ensure any repackaged drugs provided for sale to a patient include a direction statement on the label that says “Take or use [insert the manufacturer’s suggested doses or use] or as directed by the prescriber”;
e) perform a final check of all repackaged drugs or healthcare products to ensure
    i. the drug or healthcare product, dosage form, strength, manufacturer, and quantity packaged is correct;
    ii. the information on the label is accurate according to the original container, including the drug, dosage form, strength, and manufacturer;
    iii. the label includes the information required in these standards; and
    iv. the package and packaging material are appropriate to protect the drug or healthcare product from light and moisture as necessary and to minimize the potential for interaction between a drug or healthcare product and the container; and
f) whenever possible, ensure the final check on a repackaged drug is performed by a regulated member who did not create the label or select the drug from stock.

# Appendix A – Informed consent

## Requirements

The following overview provides an understanding of who can provide consent. For further details and specifics beyond those provided in this appendix, refer directly to the applicable legislation.

## Consent authorities

### *Patient agents*

When providing a professional service to an adult or mature minor patient who is not present to provide consent and another individual indicates by direction or implication that they are the patient's agent, a regulated member shall take reasonable steps to confirm the identity of the individual who is acting as the patient's agent and to confirm that the individual has the patient's authorization to act on and, where applicable, make decisions on the patient's behalf.

A regulated member shall consider the nature, purpose, and process of the activity requiring consent, including the associated benefits and risks, when using professional judgement to accept consent from the patient's agent in this situation.

### *Adult patients*

A regulated member shall obtain informed and voluntary consent from adult patients prior to providing a professional service.

A regulated member can assume that an adult patient has the capacity to consent and make their own treatment decisions unless the regulated member has reason to doubt the patient's capacity. Through communicating with a patient and obtaining required information to support the service being provided, a regulated member can confirm the patient's capacity to consent to receive a professional service by determining that the patient has the ability to

a) understand information that is relevant to making a treatment decision, and
b) appreciate the reasonably foreseeable consequences of a decision.

### *Adult patients lacking capacity to consent*

For patients who lack the capacity to consent, a regulated member shall obtain informed and voluntary consent from a substitute decision maker appointed by the patient to make personal care decisions (including healthcare decisions).

In situations where a personal directive or medical consent appointment exists, a regulated member shall request a copy of it, follow the instructions and general principles regarding personal care decisions set out in the directive, and file it in the pharmacy records for the patient.

In situations where a personal directive or medical consent appointment does not exist, a regulated member shall deal with the patient's agent in accordance with applicable legislation.

### *Mature minors*

A regulated member can obtain informed and voluntary consent from a mature minor.

A mature minor is an individual under 18 years of age who is capable of understanding the nature and consequences of the professional service and has, therefore, legal capacity to consent to their treatment.

A regulated member shall rely on their own judgement to ascertain whether a minor is sufficiently mature to make treatment decisions. The following factors can assist the regulated member in assessing the maturity of a minor:

- What is the nature, purpose, and utility of the recommended medical treatment? What are the risks and benefits?
- Does the minor demonstrate the intellectual capacity and sophistication to understand the information relevant to making the decision and to appreciate the potential consequences?
- Is there reason to believe that the minor's views are stable and a true reflection of their core values and beliefs?
- What is the potential impact of the minor's lifestyle, family relationships, and broader social affiliations on their ability to exercise independent judgement?
- Are there any existing emotional or psychiatric vulnerabilities?
- Does the minor's illness or condition have an impact on their decision-making ability?
- Is there any relevant information from adults who know the minor (e.g., the patient's physician)?

In situations where a regulated member determines that a minor has the necessary maturity to make their own treatment decisions, all rights in relation to giving or withholding consent will belong to the minor. The parents or guardians will no longer have any overriding right to give or withhold consent.

### *Non-mature minors*

For non-mature minors, a regulated member shall obtain informed and voluntary consent from a parent or legal guardian acting in the minor's best interest.

# Appendix B - Appropriate information

## B1.1 Meaning of appropriate information

B1.1.1 Appropriate information when assessing a patient includes

a) patient demographic information;
b) health condition to be treated and history of the present illness or reason for seeking care;
c) symptoms or signs to be treated;
d) treatment history for the present illness or reason for seeking care including drug therapy response and adverse effects;
e) drug indication or diagnosis;
f) relevant medical history;
g) best possible medication history;
h) lifestyle information and social history, including tobacco, alcohol, or recreational drug use;
i) age;
j) pregnancy or lactation status, if applicable;
k) allergies or intolerances to drugs, excipients, or other products that may affect drug therapy;
l) other drugs being used;
m) other healthcare products, aids, and devices or other products being used that may affect the pharmacist's decision;
n) other health conditions that may affect the pharmacist's decision;
o) patient's weight or other physical characteristics;
p) identity of other regulated health professionals or caregivers who are providing care to the patient;
q) organ function that may affect therapy;
r) relevant physical assessments;
s) relevant laboratory or point-of-care test results;
t) if the patient is an animal,
    i. animal species, and
    ii. whether the animal may enter the food chain; and
u) any other information required to provide the professional service.

# Appendix C – Drug therapy problems

## C1.1 Types of drug therapy problems

C1.1.1 A drug therapy problem includes the following circumstances in relation to a patient:

a) untreated condition – requiring a drug but not receiving it;
b) drug selection – taking or receiving the wrong drug;
c) sub-therapeutic dosage – taking or receiving too little of the right drug;
d) over dosage – taking or receiving too much of the right drug;
e) non-adherence – failing to take or receive a drug or taking or receiving a drug not as prescribed;
f) adverse reaction – experiencing an undesirable effect of a drug;
g) drug interaction – experiencing a drug interaction including drug-drug, drug-food, drug-laboratory test, drug-disease, or drug-blood product; and
h) no indication – taking or receiving a drug for no medically valid indication.

## C1.2 Appropriate response to a drug therapy problem

C1.2.1 The appropriate response to a drug therapy problem may include any one or more of the following:

a) gathering additional information from a patient, the patient's health record, the patient's agent, or another regulated health professional;
b) implementing a plan to monitor the occurrence and impact of the drug therapy problem with mechanisms for intervention when required;
c) resolving or reducing the drug therapy problem to a clinically acceptable level by prescribing;
d) advising a patient or the prescriber or both about the drug therapy problem and suggesting an alternative;
e) entering into a collaborative relationship with another regulated health professional to manage a patient's drug therapy;
f) recommending a patient not use any therapy and monitoring;
g) in the case of a patient who is a human, reporting an adverse reaction to the original prescriber and to the Canadian Adverse Drug Reaction Monitoring Program; or
h) in the case of a patient who is an animal, reporting an adverse reaction to the prescribing veterinarian, and reporting an adverse reaction to
    i. a drug in an animal to Health Canada's Veterinary Drugs Directorate; or
    ii. a veterinary biologic to the Canadian Centre for Veterinary Biologics.

# Appendix D - Prescription authenticity and completeness

## D1.1 Prescription authenticity

D1.1.1 Reasonable steps include

a) identifying and authenticate the prescriber;
b) determining whether the prescriber is legally authorized to prescribe the drug for which the prescription has been given; and
c) assessing whether the prescription has been altered, forged, or stolen.

## D1.2 Prescription completeness

D1.2.1 All prescriptions include the

a) name and address of the patient, or in the case of a herd of animals, a unique identifier or the location of the herd;
b) drug name;
c) drug strength, if applicable;
d) dosage, if applicable;
e) route of administration, if applicable;
f) quantity of drug to be dispensed;
g) directions for use;
h) number of refills authorized and interval between each refill, if applicable;
i) prescriber's name and phone number;
j) authorization from the prescriber in the form of
    i. a handwritten or digitally captured prescriber's signature unique to a written prescription given to the patient or faxed to the pharmacy, or
    ii. the password protocol for a prescription transmitted via a closed electronic system that uses secure messaging ;
k) the date of the prescription;
l) the withdrawal time if the prescription is for an animal that may enter the food chain; and
m) the number of animals treated if the prescription is for a herd of animals.

## D1.3 Prescriptions for medicated feed for animals

D1.3.1 All prescriptions for medicated feed for animals include

a) the species, production type, and age or weight of the animals to be treated with the medicated feed;
b) the number of animals treated if the prescription is for a herd of animals;
c) the type and amount of medicated feed to be mixed;
d) the proper name, or the common name if there is no proper name, of the drug or each of the drugs, to be used as medicating ingredients in the preparation of the medicated feed, and the dosage levels of those medicating ingredients;
e) any special mixing instructions; and
f) labelling instructions including
    i. feeding instructions; and
    ii. a warning statement respecting the withdrawal period to be observed following the use of the medicated feed and, where applicable, cautions with respect to animal health or to the handling or storage of the medicated feed.

# Appendix E - Patient record requirements

## E1.1 Patient demographics

E1.1.1 Patient demographics documentation includes

a) a patient's preferred name, address, and telephone number;
b) a patient's preferred pronouns;
c) a patient's date of birth;
d) a patient's personal health number;
e) a patient's sex assigned at birth;
f) any known drug allergies, drug sensitivities, and other contraindications and precautions;
g) health conditions and chronic conditions;
h) weight and height, if applicable; and
i) pregnancy and lactation status, if applicable.

E1.1.2 Additional required demographics for animal patients include

a) the name or identifier for the animal or herd,
b) the species of animal,
c) the name of the patient's agent for the animal,
d) whether the animal may enter the food chain, and
e) the number of animals treated if the prescription is for a herd of animals.

## E1.2 Record of care

E1.2.1 Gathering data documentation includes

a) the patient's primary reason for seeking professional services including the indication for any prescriptions dispensed,
b) the mutually determined goal(s) of therapy, and
c) all data collected from the patient directly and from other sources including the electronic health record.

E1.2.2 Evaluating data and formulating care options documentation includes

a) drug therapy problem identified and/or interventions, monitoring plans, or actions;
b) drug therapy problem identified including whether it is actual or potential;
c) a summary of any consultations and interactions with other health professionals, if applicable;
d) all decisions and recommendations made, the resources consulted, and the rationale;
e) a record of all interactions with the patient;
f) a summary of treatment options considered;
g) a summary of any recommendations made, if applicable;
h) any additional information that is necessary for colleagues to provide care;
i) the date of the action;
j) identification of the pharmacist who made the intervention or provided the care; and
k) details of care provided to the patient.

E1.2.3 Monitoring and follow-up documentation includes

a) monitoring parameters established,
b) patient adherence to therapy,
c) the rationale for the monitoring parameters,
d) follow-up time intervals,
e) expected outcomes, and
f) regulated member responsible to conduct the follow-up.

E1.2.4 Additional documentation required information for animals includes

a) considerations or actions undertaken if the prescription was for a medically important antimicrobial,
b) the potential for the drug to leave a drug residue in an animal that may enter the food chain, and
c) the established withdrawal times in an animal that may enter the food chain.

E1.2.5 Prescriptions adapted by a pharmacist documentation includes

a) an indication that the prescription has been adapted,
b) the nature of the adaptation,
c) the rationale for the adaptation,
d) the date of the adaptation,
e) identification of the pharmacist who adapted the prescription, and
f) the date and method of notification of other regulated health professionals whose care of the patient is affected by the adaptation.

E1.2.6 Drugs deprescribed, prescribed at initial access, or prescribed to manage ongoing care documentation includes the rationale for prescribing or deprescribing as follows:

a) a summary of the pharmacist's assessment of the patient,
b) the date of the prescription,
c) identification of the pharmacist who prescribed or deprescribed, and
d) the date and method of notification of other regulated health professionals.

## E1.3 Drug profile

E1.3.1 Schedule 1 drugs dispensed documentation includes the

a) name of the patient for whom the drug was dispensed or sold;
b) name of the prescriber of the drug;
c) date the drug was dispensed or sold;
d) name, strength, and dosage form of the drug dispensed or sold;
e) DIN of the drug dispensed or sold;
f) quantity of the drug dispensed or sold;
g) route of administration and directions for use;
h) unique prescription and transaction numbers; and
i) number of refills and interval between each refill, if applicable.

E1.3.2 Schedule 2 drugs sold documentation includes the

a) name of the patient for whom the drug was dispensed or sold;
b) date the drug was sold;
c) name, strength, and dosage form of the drug sold;
d) DIN of the drug sold;
e) quantity of the drug sold;
f) unique prescription or transaction number; and
g) identification of the pharmacist who assessed appropriateness.