



**DRAFT Standards of Practice for
Pharmacists and Pharmacy
Technicians**

June 10, 2026



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.

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

Commented [A1]: Administrative change

DRAFT



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.

These standards set out the expectations for pharmacists and pharmacy technicians. Regulated members are expected to comply with the letter and the intent of the remaining pieces of the legislative framework.

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 *Health Professions Act*, the *Health Information Act*, [the Alberta Human Rights Act](#), and the directions provided through regulations, standards of practice, the college's Code of Ethics, relevant guidelines, and acceptable conduct.¹

Commented [A2]: RPNA

The 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.

Role of the pharmacy team

Pharmacists and pharmacy technicians (regulated members) form professional relationships with patients and collaborate with their caregivers and other [regulated](#) 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.

Commented [A3]: Administrative change

In their practice, pharmacists promote health and prevent and treat 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 [careservices](#) 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 members of the public have in pharmacy.

Commented [A4]: Administrative change

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 they 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-centred care

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

Commented [A5]: RPNA

- meaningfully involve patients in decision-making processes related to their care,
- genuinely care for the well-being of each patient and act in the patient's 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 ~~discrimination~~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 ~~their patients' individual circumstances, preferences, communication needs, and health goals~~ 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 the accessibility and quality of patient care.

Commented [A6]: RPNA

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 ~~and quality~~ of pharmacy care across Alberta, ~~and helps to ensure patients receive quality pharmacy care~~ regardless of where ~~patients~~they receive professional services.

Commented [A7]: Administrative change

Animal health

Animals are a small but distinct group of patients and regulated members must understand their responsibilities and limitations when serving these patients. Regulated members form a professional relationship with the patient's agent for the animal.

In general, all standards are to be applied equally to all patients, whether animal or human, but it is important to recognize that pharmacists are not animal health experts. Throughout the standards, animal-specific concepts and limitations on the practice of regulated members are described where applicable.

Structure of the standards

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 within the domain. 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.

Commented [A8]: Administrative change

The standards within the domain of person-centred care are 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 ~~performed by that a~~ regulated members ~~performs~~.

Commented [A9]: Administrative change

Descriptive standards use the language of “must” and “may.” To achieve the outcome standards, it is mandatory for regulated members to comply with each descriptive standard that uses the word “must.” Descriptive standards that use “may,” indicate standards that are not required but that can be used to meet an outcome standard if relevant and appropriate.

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*, the Pharmacy and Drug Regulation, or the Immunization 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, courtesy, or student pharmacist must comply with all standards applicable to the practice of a clinical pharmacist.
4. Where a provisional pharmacy technician 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. **Accessibility** means the ease with which a patient can obtain needed care (including advice and support) from a regulated member within a time frame appropriate to the urgency of the problem.²
2. **Animal** means any animal other than a human being.
3. **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.
4. **Additional prescribing authorization** means authorization to prescribe under the Health Professions Restricted Activity Regulation.
5. **Blood product** means a product, commercially available or provided from an accredited laboratory, that is derived from blood.
6. **Circle of care** means the group of regulated health professionals, patient caregivers, and other individuals identified by a patient who work in collaboration with the patient and who are responsible for elements of providing or supporting the patient's care.
7. **Close call** 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.
8. **Collaborative relationship** means a relationship between the regulated member and individuals within a patient's circle of care that promotes shared decision making with the primary aim of optimizing patient health outcomes.
9. **Continuous quality improvement** means a structured process used within a pharmacy, which allows for the ongoing review and improvement of all aspects of the delivery of care, in order to ensure patient safety and satisfaction. It is reactive when quality concerns arise, but also proactive in assessing risk and taking action before harm can occur.
10. **Critical step** means a step in a process that must be reviewed during the process as it cannot be confirmed during a final check. These steps vary by task but may include performing calculations, verifying the selection of drugs or ingredients, verifying quantities of ingredients, or verifying technique.
11. ~~**Cultural sensitivity** means the continual recognition that culture plays a significant role in determining a person's view of their care.³~~
12. ~~**Culturally safe** means a physically, socially, emotionally, and spiritually safe environment, without challenge, ignorance, or denial of an individual's identity where patients feel secure, supported, and free to draw strength from their identity, culture, and community.⁴~~
- 13-11. **Deprescribing** means the planned process of reducing or stopping drugs that may no longer be of benefit or may be causing harm.⁵

Commented [A10]: RPNA

Commented [A11]: RPNA

² Definition adapted from Christine Beaulieu, Marie-Dominique Beaulieu, Fatima Bouharaoui, Frederick Burge, David Gass, Jeannie L. Haggerty, Jean-Frédéric Lévesque, Raynald Pineault, and Darcy A. Santor. "Accessibility from the Patient Perspective: Comparison of Primary Healthcare Evaluation Instruments." *Healthcare Policy*, 7 (Special issue) (2011): 94–107.

³ Definition adapted from Alberta Health Services. *What is Cultural Sensitivity?* June 2020.

⁴ Definition adapted from Government of British Columbia. *In Plain Sight: Addressing Indigenous-specific racism and Discrimination in BC Health Care Summary Report*. November 2020.

⁵ Definition adapted from Institute for Safe Medication Practices Canada (ISMP). *Deprescribing: managing medications to reduce polypharmacy*. 2018.

~~14. **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.⁶~~

Commented [A12]: RPNA

~~15-12. **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.~~

~~16. **Equity** means the practice of ensuring fair, inclusive, and respectful treatment of all people, with consideration of individual and group diversities.⁷~~

Commented [A13]: RPNA

~~17-13. **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.~~

~~18-14. **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.~~

~~19-15. **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.~~

Commented [A14]: RPNA

~~20-16. **Female genital mutilation** has the same meaning as in the *Health Professions Act*.~~

~~21-17. **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.⁸~~

~~22-18. **Healthcare facility** means~~

- ~~a) a hospital as defined in the *Hospitals Act*,~~
- ~~b) a type A continuing care home as defined in the Continuing Care Regulation,~~
- ~~c) a correctional institution as defined in the *Corrections Act*, or~~
- ~~d) a facility as defined in the *Mental Health Act*.~~

~~23-19. **Healthcare products, aids, or devices** means~~

- ~~a) devices as defined in the *Food and Drugs Act*;~~
- ~~b) natural health products as defined in the Natural Health Products Regulations; or~~
- ~~c) products, aids, and devices that promote health and treat diseases, dysfunctions, or disorders.~~

~~24-20. **Herd** means a group or population of animals that cohabitate and feed together in the same environment and includes flocks, schools, and hives.~~

~~25. **Inclusion** means the creation of an environment that embraces, respects, accepts, and values diversity.⁹~~

Commented [A15]: RPNA

~~26-21. **Independent double check** means a regulated member double checks the critical steps completed by another individual at the practice site. In the case of an unregulated employee, a double check is mandatory at each critical step.~~

~~27-22. **Inducement** means~~

- ~~a) a reward;~~
- ~~b) a gift, including a gift of cash;~~
- ~~c) a prize;~~
- ~~d) a coupon; or~~

⁶ Definition adapted from Canadian Centre for Diversity and Inclusion. [Glossary of IDEA terms: A reference tool for inclusion, diversity, and accessibility terminology](#). May 2023.

⁷ Definition adapted from Health Science Information Consortium of Toronto. [Equity, Diversity & Inclusion](#).

⁸ Definition adapted from Alberta Health Services. [Psychoactive Substance Use Policy Frequently Asked Questions \(FAQ\)](#). December 2020.

⁹ Definition adapted from Canadian Centre for Diversity and Inclusion. [Glossary of IDEA terms: A reference tool for inclusion, diversity, and accessibility terminology](#). May 2023.



- e) points or other mechanisms in incentive or loyalty programs that can be redeemed for rewards, gifts, cash, prizes, or other goods or services.

28-23. Informed consent means a regulated member's duty to provide a patient with enough information for the patient to make a voluntary informed decision about their care.¹⁰

29-24. Just culture means an atmosphere of trust in which healthcare workers are supported and treated fairly when something goes wrong with patient care. Just culture is important to patient safety as it creates an environment in which people (healthcare workers and patients) feel safe to report errors and concerns about things that could lead to patient adverse events.¹¹

30-25. Medically important antimicrobial means an antimicrobial drug or class of drugs used in human medicine that can also be used in animals.¹²

34-26. Patient means any human or animal to whom a regulated member provides a professional service.

32-27. Patient's agent means a person who acts for or on behalf of a patient and

- a) in the case of a human who is the patient, a family member, caregiver, public guardian, or another individual whom the regulated member is reasonably satisfied has the authorization of the patient to engage with the pharmacy team; or
- b) in the case of an animal ~~that~~who is the patient, an owner, an agent or an employee of an owner, or caregiver of the animal or herd.¹³

Commented [A16]: Administrative change

33-28. Person centred means care approaches and practices that see a patient as a whole, ~~with many levels considering their individual circumstances, preferences, communication health needs, and health goals, of needs and goals, with these needs coming from their own personal social determinants of health.~~

Commented [A17]: RPNA

34-29. Pharmacist means a clinical pharmacist, a provisional pharmacist, a courtesy pharmacist, or a student pharmacist, unless the context states otherwise.

35-30. Pharmacy team means the regulated members practising in the licensed pharmacy, other regulated health professionals practising collaboratively with the regulated members, and unregulated employees who provide support. Pharmacy team members work cohesively within the licensed pharmacy under the oversight of the ~~pharmacy~~ licensee.

Commented [A18]: Administrative change

36-31. Pharmacy technician means a pharmacy technician, provisional pharmacy technician, or courtesy pharmacy technician, unless the context states otherwise.

37-32. Practice incident means an event that may lead to inappropriate drug use or patient harm that has reached a patient. Practice incidents may be related to professional practice, drugs, procedures, and systems, and include assessment, prescribing, order communication, product labelling/packaging/nomenclature, compounding, repackaging, dispensing, distribution, administration, education, monitoring, and use.

Commented [A19]: Administrative change

38-33. 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 standards, guidelines, policies, and the Code of Ethics.

39-34. 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 standards, guidelines, policies, and the Code of Ethics.

40-35. 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.

¹⁰ Definition adapted from Canadian Medical Protective Association. [Informed consent](#). November 2022.

¹¹ Definition adapted from Health Quality Council of Alberta. [About Just Culture](#).

¹² A comprehensive list of medically important antimicrobials is published and periodically amended by the Government of Canada via [List A: List of certain antimicrobial active pharmaceutical ingredients](#).

¹³ A patient's agent is not otherwise an authorized decision maker under other legislation unless clearly specified.



41-36. 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 part a) of this definition for the purpose of providing continuity of care.

42-37. 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.

43-38. 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.

44-39. Professional service means a service that is within the practice of pharmacists or the practice of pharmacy technicians.

45-40. 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;
- 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.

46-41. 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.~~

47-42. Regulated health professional means

- a) in the case of humans, a member of a profession practising under
 - i. the *Health Professions Act*, or
 - ii. similar legislation that governs a health profession in another province or territory; or
- b) in the case of animals, a member of a profession practising under
 - i. the *Veterinary Profession Act*,
 - ii. the *Health Professions Act*, or
 - iii. similar legislation that governs a profession in another province or territory.

48-43. Regulated member means a pharmacist or pharmacy technician.

49-44. Repackaging means subdividing or breaking up a manufacturer's original package of a drug for the purpose of dividing and assembling the drug in larger or smaller quantities for redistribution or sale.

50-45. Residue has the same meaning as in the *Animal Health Act*.

51-46. Restricted activity means an activity named as a restricted activity in the *Health Professions Act*.¹⁴

52-47. Safety culture means the underlying beliefs and values of an organization as they relate to safety as a priority.¹⁵

Commented [A20]: RPNA

¹⁴ The concept of "restricted activities" only applies to human beings.

¹⁵ Definition adapted from Institute for Safe Medication Practices Canada. [Definitions of Terms](#).

53. ~~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.

Commented [A21]: RPNA

54-48. ~~Trauma-informed care~~ means a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both ~~regulated members~~ providers and ~~patients~~ survivors; and creates opportunities for ~~patients~~ survivors to rebuild a sense of control and empowerment.¹⁶

Commented [A22]: RPNA

55-49. ~~Unregulated employee~~ means an individual engaged to provide services as a paid or unpaid employee, consultant, contractor, or volunteer who assists regulated members, and is not themselves a regulated member.

56-50. ~~Vulnerable patient~~ means a patient who is or may be for any reason unable to take care of themselves, or unable to protect themselves against significant harm or exploitation such as a patient who is a minor, a patient with diminished mental capacity or impaired decision-making skills, an economically disadvantaged patient, a patient suffering from addiction, or a patient experiencing homelessness.

57-51. ~~Withdrawal time~~ has the same meaning as in the *Animal Health Act*.

DRAFT

¹⁶ Definition adapted from Ellen L. Bassuk, Elizabeth K. Hopper, and Jeffrey Olivet. "Shelter from the storm: Trauma-informed care in homelessness services settings." *The Open Health Services and Policy Journal*, 3 (2010): 80-100.

Domain 1 – Person-centred care

Person-centred care recognizes that each patient is an individual with their own circumstances, preferences, communication needs, and health goals values, needs, and health 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.

Commented [A23]: RPNA

Fundamental to person-centred care is ensuring patient accessibility to care. Accessibility is achieved through respect for patient autonomy and; a recognition of how the unique patient circumstances, needs and preferences of patients, and communication needs, and health goals; and an acknowledgment of how systemic inequities can impact a patient patient's health needs, expectations, goals, and ability to access quality care.

Commented [A24]: RPNA

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

Regulated members demonstrate person-centred care by considering the impact that their decisions and actions have on people.

Professional relationships with patients

- 1.1 A regulated member involves patients as equitable partners in their care.
- 1.1.1 A regulated member must
- establish a professional relationship with a patient before the regulated member provides professional services to the patient;
 - engage with a patient to mutually identify the patient's health needs, goals, and preferences expectations and ensure the patient's input is sought, valued, and included in the decision to provide professional services;
 - ensure collection of the demographic and health information required to provide professional services to a patient; and
 - communicate directly with a patient unless otherwise contemplated by these standards.
- 1.1.2 A regulated member must not assign the formation of professional relationship to
- assign the formation of a professional relationship to another regulated member or other regulated health professional who is part of the pharmacy team who is not directly involved with or authorized to perform the professional service being provided, or
 - 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
- the expressed wishes of the patient,
 - whether the patient's health creates a barrier to communication,
 - whether the patient is capable of providing informed consent for the regulated member to communicate with the patient's agent,¹⁷ and

Commented [A25]: RPNA

Commented [A26]: RPNA

Commented [A27]: Administrative change

¹⁷ See Appendix A for information on how to determine capacity to provide consent.



- 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.¹⁸
- 1.1.4 If, during the assessment described in Standard 1.1.3, a regulated member determines that the wellbeing or safety of a patient, and in particular, a vulnerable patient, is at risk, the regulated member must immediately report the matter to the police or another appropriate authority.
- 1.1.5 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.
- 1.1.6 A regulated member practising from an institutional pharmacy may provide professional services without forming a professional relationship with a patient if the regulated member is confident that institutional policy requires another regulated health professional to appropriately assess a patient before the regulated member provides professional services.

Equity, diversity, inclusion, and accessibility **Quality care**

- 1.2 A regulated member ~~ensures, recognizes and values the diversity of~~ patients and ~~ensures they~~ have access to quality, ~~person-centred~~ pharmacy care.
- 1.2.1 A regulated member must
 - a) provide professional services in a manner that ensures a patient has access to pharmacy care, by considering and accommodating the patient's
 - i. physical, cognitive, and sensory abilities;
 - ii. level of health literacy; and
 - iii. level of digital literacy;
 - ~~b) support the principles of equity in the delivery of professional services;~~
 - ~~e)b)~~ provide care that respects and aligns with the regulated member's understanding of a patient's ~~ability, circumstances, preferences, values, communication needs, and health goals~~ values, beliefs, customs, and culture;
 - ~~d)c)~~ respect the dignity and rights of every individual without ~~discrimination~~ prejudice;
 - ~~e)~~ respect the voices of those with lived and living experience of discrimination, oppression, and inequity;
 - ~~f)~~ understand and acknowledge the role of conscious and unconscious biases in historical and current injustices in the delivery of healthcare services;
 - ~~g)d)~~ actively identify how their own ~~perspectives and experiences~~ conscientious objections, privileges, biases, cultural values, behaviours, and position of power impact the way they deliver patient care; ~~and~~
 - ~~h)~~ acknowledge ~~experienced and perceived that barriers to care~~ barriers to care, ~~exist~~ health inequity exists; and
 - ~~i)~~ provide fair treatment, equitable opportunities, and access to resources for all patients.

Commented [A28]: RPNA

Commented [A29]: RPNA

Commented [A30]: RPNA

Cultural sensitivity **Patient circumstances and needs**

- 1.3 A regulated member ~~considers patient circumstances~~ demonstrates cultural sensitivity.
- 1.3.1 A regulated member must
 - a) create a ~~welcoming~~ culturally safe environment for a patient to share ~~individual~~ patient-specific circumstances, ~~including preferences, communication needs, and~~

Commented [A31]: RPNA

Commented [A32]: RPNA

Commented [A33]: RPNA

¹⁸ Additional direction on when it is appropriate to provide virtual care can be found in the [Standards of Practice for Virtual Care](#).

- ~~health goals~~ 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;~~
- ~~e) b) consider how a patient's circumstances, preferences, communication needs, culture and health goals will impact how care needs to be delivered by the regulated member and how care may be perceived and experienced by the patient; and~~
- ~~d) c) 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;~~
 - ~~i. supporting colleagues by discussing the behaviour with the individual involved, when it is safe to do so;~~
 - 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 ~~provides~~ ~~a creates a culturally safe quality care 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; and~~
 - ~~ii. how legislation and systemic factors 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 reduces barriers to access professional services for care for seeks to eliminate systemic bias and the personal biases the regulated member may hold with respect to Indigenous patients/peoples; and~~
 - ~~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. ii. respects/recognizes the value of Indigenous patients' preferences including the use of Indigenous healing practices and seeks to understand and incorporates them in the care delivered to Indigenous peoples when requested. care delivery as requested by an Indigenous patient.~~

Commented [A34]: RPNA

Commented [A35]: RPNA

Commented [A36]: RPNA

Commented [A37]: RPNA

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

Commented [A38]: RPNA – This concept is addressed within the Code of Ethics

~~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

~~4.61.5~~ A regulated member supports patients feeling safe and not being re-traumatized by the pharmacy care provided.

~~4.6.41.5.1~~ A regulated member must

- a) practise **and communicate** 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, perceptions and experiences** and adapt their approach to be thoughtful and respectful of this.

Commented [A39]: RPNA

Harm reduction

~~4.71.6~~ A regulated member works to reduce the adverse health, social, and economic consequences of patient behaviour associated with harm.

~~4.7.41.6.1~~ 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.

Commented [A40]: RPNA

Confidentiality and privacy of patients and their health information

~~4.81.7~~ A regulated member ensures patient privacy and confidentiality of patient health information.

~~4.8.41.7.1~~ 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

~~4.91.8~~ A regulated member obtains informed consent from patients to provide professional services.¹⁹

~~4.9.41.8.1~~ A regulated member must

- a) obtain or be satisfied a patient has provided informed consent **prior to before** providing professional 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;~~

Commented [A41]: Administrative change

¹⁹ See Appendix A for a detailed description of informed consent.

- b) respect a patient's right 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 **informed** consent;
 - iii. is provided a safe environment to ask questions and receive answers to questions before providing informed consent;
 - iv. is provided information including
 - A. the recommended professional service,
 - B. the nature of the professional service,
 - C. anticipated benefits of the professional service,
 - D. risks associated with the professional service,
 - E. alternative treatment options and their benefits and risks, and
 - F. potential consequences of refusing the professional service; and
 - v. 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 minor²⁰ and ensure they obtain informed consent from
 - i. the patient if they are deemed a mature minor, or
 - ii. the patient's agent when the patient is a minor and not deemed a mature minor;
- g) obtain informed consent from an alternate decision maker when a patient is unable to provide consent;²¹ and
- h) follow organizational policies for providing professional services in emergency situations where obtaining **informed** consent from a patient or alternate decision maker is not possible and
 - i. only provide professional services that are immediately necessary, and
 - ii. respect any known wishes of the patient.²²

Continuity of care for patients

4.101.9 A regulated member ensures continuity of care for patients.

4.10.1.9.1 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 the patient from another regulated member;
- c) ensure that any prescriptions requested for transfer can legally be transferred;²³
- 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

Commented [A42]: CSR – footnote removed

²⁰ See Appendix A for a description of the concepts of mature minors.

²¹ See Appendix A for a detailed description of informed consent.

²² See Appendix A for a detailed description of informed consent.

²³ ~~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 a patient to receive unbiased and evidence-based information, including where to access legally permissible and available health services.

4.10.21.9.2 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.

Commented [A43]: Administrative change

4.10.31.9.3 A pharmacy technician responding to a request under Standard 1.940.1, must collaborate with a pharmacist when facilitating the transfer of care requested by a patient.

Terminating a professional relationship

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

4.11.11.10.1 A regulated member must

Commented [A44]: Administrative change

- a) ensure that, if they terminate their professional 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 regulated member 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
 - A. the patient threatens the safety of the regulated member, pharmacy staff, or other patients;
 - B. the patient fails to respect professional boundaries;
 - C. the patient will be cared for by another regulated member pharmacist in the same practice location; or
 - D. the regulated member 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.

Leadership and culture of accountability

- 2.1 A regulated member contributes to ~~a professional and respectfuln-inclusive, culturally safe~~ team environment through which they provide patients with quality care.
 - 2.1.1 A regulated member must
 - a) work collaboratively as part of ~~the pharmacya~~ team;
 - b) lead by example and support colleagues;
 - c) use the full abilities of ~~pharmacy~~ team members with consideration of each individual’s capacity, competence, willingness, reliability, and integrity;
 - d) hold themselves and other regulated members ~~ofn~~ 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.

Commented [A45]: RPNA

Commented [A46]: Administrative change

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 professionalism;
 - 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 a ~~professional and respectfuln-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;
 - ~~f)g)~~ ~~and~~ advocate for a workflow that contributes to the safe provision of ~~pharmacy services~~ ~~professional services~~; and
 - ~~g)h)~~ advocate for access to adequate resources that enable regulated members to ~~safely~~ provide ~~professionalsafe~~ ~~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

Commented [A47]: RPNA – except where otherwise indicated

Commented [A48]: Administrative change

Commented [A49]: Administrative change

- 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.²⁴

2.3.1 A pharmacist providing direction to a pharmacy technician must

- a) be engaged in the practice of pharmacists from the same practice site as the pharmacy technician, unless otherwise authorized by the registrar in writing; and ensure there is a system in place at the practice site that complies with the ~~regulations; standards; and, in a licensed pharmacy, the Standards for the Operation of Licensed Pharmacies~~ legislative framework, including ensuring that a clinical pharmacist or a courtesy pharmacist
 - i. consults with and provides guidance or assistance to the pharmacy technician if required ~~or requested~~, and
 - ii. provides an opportunity for collaboration with the pharmacy technician.

Commented [A50]: Administrative change

Providing supervision to a provisional pharmacist, student pharmacist, provisional pharmacy technician, or student enrolled in a pharmacy technician program.

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

2.4.3 ~~A clinical pharmacist or courtesy 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.

Commented [A51]: Administrative change

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

Commented [A52]: Administrative change

²⁴ As required by Schedule 19 of the [Health Professions Act](#).

- ~~a) is supervised in accordance with the rules of the Structured Practical Training program; and~~
- ~~b) is present and engaged at the same practice site as the supervising regulated member.~~
- a) _____

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
- a) ensure that the unregulated employee does not provide a professional service that requires the training and skills of a regulated member, and
 - b) must be present and engaged in the practice of pharmacists or the practice of pharmacy technicians at the same practice site as the unregulated employee.
- 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 critical steps that require independent double checks by the regulated member within the assigned process to the unregulated employee, and
 - c) the regulated member performs an independent double check of the work of the unregulated employee at each identified critical step within the assigned activity before the unregulated employee is permitted to proceed further.
- 2.5.3 A regulated member must
- a) when supervising an unregulated employee engaged in dispensing, 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. collecting demographic information,
 - ii. selecting a drug from stock,
 - iii. counting a drug,
 - iv. packaging a drug, or
 - v. 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 regulated member by
 - A. selecting a drug from stock;
 - B. measuring the quantities of the drugs to be compounded;
 - C. physically mixing one or more ingredients identified by the regulated member together, using a process specified by the supervising regulated member; 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 a critical step and an independent double check of the work of the unregulated employee is required at each step before proceeding.

- 2.5.4 A regulated member must not
- a) assign any component of the preparation of sterile compounds to unregulated employees, or
 - b) assign or delegate the task of forming a professional relationship with a patient to an unregulated employee.

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;²⁵
 - 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 or other regulated health professionals 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.

Commented [A53]: Administrative change

Compliance with the law

- 2.7 A regulated member practises in compliance with the legislative framework for pharmacy practice in Alberta.
- 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 laws that govern their practices and adjust their practices to ensure compliance with the changes;
 - c) comply with applicable public health orders;

Commented [A54]: Administrative change

²⁵ 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](#).

- d) comply with all federal and provincial legislation ~~and any Alberta Health policies, Alberta Health Services policies,~~ and all applicable standards if the regulated member provides medications for Medical Assistance in Dying.
- e) comply with the rules and requirements of any provincial programs the regulated member participates in, as long as these rules and requirements do not conflict with these standards or the broader legislative framework governing pharmacy practice;
- f) when providing professional services into another Canadian jurisdiction, comply with the standards and legislative requirements of that jurisdiction, as well as these standards and the overall legislative framework of Alberta;
- g) 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~~ is demonstrating incapacity that may impact patient safety or impair their ability to provide professional services due to a physical, cognitive, or mental health condition;
 - ii. is charged with or convicted of a criminal offence;
 - iii. has participated in drug diversion, theft, or fraud;
 - iv. is demonstrating a repeated inability to provide a patient with what is reasonably considered competent 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
- h) 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.

2.7.3 A regulated member may, subject to the directions of Council, sell epinephrine auto-injectors to an individual authorized by a school board²⁶ 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,

²⁶ As defined within the [Protection of Students with Life-threatening Allergies Act](#).



- 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.

DRAFT

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 collect information required to assess patients in accordance with Domain 7.
- 3.1.1 A regulated member must
- introduce themselves to a patient, including name, title, and role;
 - engage with a patient to create opportunities for the patient to collaborate in their care;
 - use a patient's ~~pronouns and~~ preferred name and form of being addressed when communicating with them or about them to others;
 - recognize and take steps to mitigate the inherent power imbalance between the regulated member and a patient;
 - determine the best method to ensure patient understanding using verbal, non-verbal, and written communication as required;
 - assess a patient's level of comprehension and endeavour to respond to the patient at the appropriate level using plain language; and
 - confirm that a patient understands the information provided.

Commented [A55]: RPNA

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
- ensure appropriate clinical information is provided by a pharmacist to a patient about their drug therapy whenever drugs are prescribed, or Schedule 2 drugs are sold;
 - provide technical instruction on healthcare products, aids, or devices when requested; and
 - answer a patient's 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 unless the patient is unable to respond to verbal communication.
- 3.2.3 A regulated member may provide written information to a patient to complement verbal communication and enhance understanding.
- 3.2.4 ~~In accordance with Standard 3.2.2,~~ a pharmacist must verbally communicate with a patient when
- the patient requests drug information or information about a health condition;
 - in the pharmacist's professional opinion, communication is required to

Commented [A56]: Administrative change

- 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; or
 - g) the sale of a Schedule 2 product is for an animal.
- 3.2.5 When verbal communication is required by Standard 3.2.4(c-g), a pharmacist must use their professional judgement and provide information to a patient that may include
 - a) common and important adverse effects that may apply to the 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 the 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, regulated members,~~ 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 ~~and~~ 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) use the expertise and availability of other regulated members and other regulated health professionals when appropriate;
 - e) communicate relevant health information to other regulated members, other regulated health professionals whose care of a patient may be affected by the regulated member's decisions, and other individuals within the circle of care clearly and objectively; and

Commented [A57]: Administrative change

Commented [A58]: Administrative change

Commented [A59]: RPNA

- f) ~~identify and respond to any interprofessional concerns or conflicts the regulated member has with pharmacy colleagues~~~~other regulated members, other regulated health professionals, and other~~ individuals within a patient's circle of care that arise and could potentially affect patient care.

Commented [A60]: Administrative change

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 by the pharmacist with care a patient is receiving from other regulated health professionals; and
- c) 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) ~~enable~~~~create an environment where a~~ patient ~~s~~ 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 responding to a patient's concerns
 - i. treat the patient with respect and courtesy;
 - ii. maintain ongoing communication with the patient;
 - iii. employ an appropriate method of communication, using plain language that the patient understands;
 - iv. clarify the context of the patient's concerns and respond and act upon them in a timely manner;
 - 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 the patient and the patient's circle of care, when appropriate, to identify a mutually preferred resolution;

Commented [A61]: RPNA



- ix. evaluate the success of the concern resolution actions taken by the regulated member to determine if the concerns have been successfully resolved or if additional measures are required;
- x. reflect on factors that contributed to the concerns and identify practice changes that could avoid future concerns and improve the patient experience when professional services are provided; and
- xi. follow up with the patient as required.

DRAFT

Domain 4 – Knowledge, skills, and judgement

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

Commented [A62]: Administrative change

Using their knowledge and skills, regulated members exercise their professional judgement and collaborate with patients and their circle of care 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. a patient's circumstances, preferences, communication needs, and health goals~~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.

Commented [A63]: RPNA

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,
 - iii. critically reflected on the competence required and risks involved with the professional service, and
 - iv. determined whether they are appropriately resourced and 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 in a manner that is capable of misleading or misinforming the public when providing services that do not fall within the practice of their profession, including services that
- a) fall under the Personal Services Regulation; or
 - b) 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 when 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.
- 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.

DRAFT

Domain 5 – Public health and health stewardship

When regulated members support public health, the health of the community is supported and promoted, and disease is managed and prevented.

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 **factors that may affect access to care and outcomes, 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 **barriers to access to care** **health inequities**; and
 - iv. identify health promotion services and refer a patient to these services.

Commented [A64]: RPNA

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) consider the personal, societal, and environmental impacts of drugs or treatments as a part of patient assessment;
- b) use health resources responsibly and appropriately;
- c) minimize the wastage of drugs;
- d) 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
- e) follow all procedures at their practice site for the safe and proper disposal of



- i. drugs that are outdated, recalled, damaged, deteriorated, misbranded, or adulterated; and
- ii. needles or other sharps.

DRAFT

Domain 6 – Continuous quality improvement

Safe patient care relies on a culture in which all pharmacy team members embody genuine commitment to continuous quality improvement. Regulated members practise within a just culture that acknowledges the role of systemic factors that contribute to practice incidents and prioritizes learning, not retribution, when practice incidents and close calls occur.

Risks to patients are exposed through a structured continuous quality improvement program that includes processes for reporting practice incidents and close calls. Contributing factors and root causes are identified, and pharmacy team members work together to develop and implement action plans to mitigate risks before incidents occur. Pharmacy teams monitor their action plans and make further improvements when the need is identified.

Patients are meaningfully involved in the continuous quality improvement process when concerns are identified. Policies and procedures are developed to support continuous quality improvement, ensuring consistency in the application of its processes.

Safety culture and just culture

- 6.1 A regulated member ensures safe patient care by contributing to a safety culture at their practice site.
 - 6.1.1 A regulated member must
 - a) comply with the requirements of the college's continuous quality improvement program, and
 - b) participate in and contribute to ~~at the culture of patient safety~~ safety culture and ~~a~~ just culture.

Commented [A65]: Administrative change

Prevention of practice incidents

- 6.2 A regulated member mitigates risk to patients by developing, maintaining, and supporting continuous quality improvement systems, policies, and procedures.
 - 6.2.1 A regulated member must
 - a) participate in and comply with the systems, policies, and procedures for continuous quality improvement established at their practice site;
 - 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 practice and whenever changes are made.

Managing practice incidents

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

- 6.3.1 A regulated member must, when they become aware of a practice incident, ensure that
- a) the incident is disclosed to the patient and any regulated health professionals or relevant individuals involved in the patient's circle of care including
 - i. details about how the practice incident occurred; and
 - ii. any actions, policies, or procedures being implemented to ensure a similar incident or close call does not reoccur; and
 - b) action is taken as required and the patient is provided appropriate recommendations to manage the incident, including any emergency measures required.
- 6.3.2 A pharmacist must, when they become aware of a practice incident, ensure that
- a) timely clinical follow up with the patient or other regulated health professionals providing care to the patient is completed to monitor the effects of the incident on the patient's health and well-being, and
 - b) the incident and follow-up plan are documented in the patient record.
- 6.3.3 Despite Standard 6.3.2, the pharmacist may delegate the responsibilities described in Standard 6.3.2 to another regulated health professional practising in the same healthcare facility as the pharmacist.
- 6.3.4 A pharmacist who delegates their responsibilities in accordance with Standard 6.3.3 must ensure that the actions required in Standard 6.3.2 are completed.

Commented [A66]: Administrative change

Analysis of practice incidents and close calls

- 6.4 A regulated member supports safe patient care by identifying the contributing factors and root causes of practice incidents and close calls to reduce the likelihood of recurrence.
- 6.4.1 A regulated member must
- a) document relevant details of the practice incident or close call for review, investigation, and discussion with team members at the practice site;
 - b) participate in the analysis of practice incidents and close calls according to the practice site's policies to determine root causes and contributing factors;
 - c) when possible, collaborate with a patient and relevant individuals within the patient's circle of care in the investigation of practice incidents and close calls and the implementation of any subsequent updates to policies and procedures;
 - d) participate in reviewing and updating the practice site's policies and procedures in response to the practice site's continuous quality improvement analyses;
 - e) implement practice and operational improvements established as a result of the practice incident and close call investigations; and
 - f) participate in reviews of practice incident analyses to evaluate the effectiveness of the policy and procedural changes implemented in response.

Domain 7 - Patient assessment and providing care

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

Commented [A67]: RPNA

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

Commented [A68]: Administrative change

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.

Provide patient care

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

7.1.1 A regulated member must

- a) determine the reasons a patient is seeking care;
- b) collect appropriate information about a patient and their reason for seeking care to inform the planning and monitoring of the patient's care;
- c) use an evidence-informed process to evaluate information collected, identify 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 regulated member 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 delayed assessment will not negatively impact the safety of the patient; and
- b) only delay an assessment under Standard 7.1.2(a) if an assessment occurs each time a new prescription is received, each time changes are made to the treatment regimen, or at least every 90 days, whichever comes first.

Commented [A69]: Administrative change

Assess why patients are seeking care

7.2 A regulated member interacts with patients to assess their health needs and goals.

7.2.1 A regulated member must enter into a conversation with a patient or relevant individuals within the patient's circle of care to determine the reason for which the patient is seeking professional services, including their health goals~~expectations~~.

Commented [A70]: Administrative change

Collect appropriate information for care

- 7.3 A regulated member informs patient care by collecting all appropriate information pertaining to each patient's healthcare history and current signs, symptoms, and stated health concerns.²⁷
- 7.3.1 A regulated member must confirm and document a patient's health history to support decisions made by the regulated member, the patient, and other regulated health professionals involved when appropriate, including
- a) a history of the current or ongoing health concern including any 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 health 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 Netcare 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 health needs;
 - b) seek out and critically appraise information on treatments or care options proposed by a patient; and
 - c) review any relevant laboratory results, point-of-care test results, or other clinical assessments in a patient's record.
- 7.3.3 A pharmacist may
- a) complete a physical assessment if required, and
 - b) order lab tests or order or conduct point-of-care tests in accordance with the Standards of Practice for Laboratory and Point-of-Care Testing if the required information is not available.

Evaluate information collected and identify care options

- 7.4 A pharmacist meets patients' health needs and goals by developing plans for patient care.
- 7.4.1 A pharmacist must
- a) review, analyze, and critically evaluate all relevant health information collected about a patient;
 - b) identify appropriate 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;

Commented [A71]: RPNA

²⁷ 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 circumstances, preferences, communication needs, and health goals~~preferences, cultural values, customs, and beliefs;~~
- c) consider whether a patient has an actual or potential drug therapy problem;²⁸
- d) when, having identified actual or potential drug therapy problems,
 - i. prioritize drug therapy problems appropriately,
 - ii. consider evidence-informed options to resolve drug therapy problems, and
 - iii. determine an appropriate response to any drug therapy problems identified;²⁹
- 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. prescribing to manage ongoing care, or
 - C. deprescribing a drug;
 - v. administering a drug or vaccine by injection if the pharmacist is authorized to administer drugs by injection;
 - vi. selling a Schedule 2 product;
 - vii. recommending a non-prescription drug;
 - viii. recommending non-drug therapy;
 - ix. referring a patient to another regulated health professional; or
 - x. recommending no treatment or monitoring 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 for human consumption and, if so, when.

Make evidence-informed decisions

- 7.5 A regulated member ensures patients receive appropriate care that aligns with patients' health needs and goals by making evidence-informed decisions.
- 7.5.1 A regulated member must, when providing patient care, respect a patient's health goals, taking into consideration
- a) the patient's knowledge of their health condition;
 - b) any relevant circumstances, and communication needs~~cultural values, customs, and beliefs;~~ and
 - c) the patient's preferred course of treatment.
- 7.5.2 A pharmacist must

Commented [A72]: RPNA

²⁸ More detail on what a drug therapy problem is can be found in Appendix C.

²⁹ More detail on resolving drug therapy problems can be found in Appendix C.

- a) when making clinical decisions
 - 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 regulated health professionals and individuals within a 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.

Prescribe drugs

- 7.6 A pharmacist who prescribes drugs to patients does so in compliance with the legislative framework.
 - 7.6.1 A pharmacist must issue a prescription to a patient in a clear, concise, and complete format that includes the information outlined in Appendix D.
 - 7.6.2 A pharmacist may
 - a) prescribe a Schedule 1 drug for a patient by adapting an existing 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 for a patient 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 the patient; or
 - B. the pharmacist, when working within a team of regulated health professionals, collaboratively makes a team-based assessment of the patient; and
 - iii. the pharmacist
 - A. has seen the patient in person at the time of prescribing or deprescribing; or
 - B. has seen the patient in person in the past and has a current professional relationship over a period of time;

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) prescribe a Schedule 1 drug in an emergency for a patient when the pharmacist has not been granted additional prescribing authorization 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 assess 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, and
- v. 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,
 - i. alter a dose, formulation, or regimen for a patient refilling an existing prescription that has been previously dispensed; or
 - ii. substitute a drug that is expected to have a similar therapeutic effect for a patient refilling an existing prescription that has been previously dispensed; 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 to manage ongoing therapy.

7.6.4 Despite 7.6.2(b)(iii), a pharmacist may prescribe or deprescribe prescribe a Schedule 1 drug at initial access or to manage ongoing therapy, without having seen the patient in person or having developed a current professional relationship over a period of time, when the pharmacist is practising from

- a) an institutional pharmacy and the pharmacist is confident that the institutional policy requires another regulated health professional to appropriately assess a patient before the pharmacist provides the professional service, or
- b) a primary care organization that is publicly funded and formally recognized by the Government of Alberta for the provision of team-based primary care, where
 - i. patient care is delivered through an interprofessional team, and
 - ii. the practice model requires that a regulated health professional authorized to assess and diagnose has appropriately assessed the patient before the pharmacist provides the professional service.

Commented [A73]: Administrative change – this has already been provided by ACP to AHS and PCNs as a legal interpretation

Administer drugs or vaccines

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

7.7.1 A regulated member must ensure a patient is comfortable in the environment where a drug or vaccine 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 consistent with the patient's health needs and goals;
- b) when administering a drug or vaccine by injection, ensure
 - i. the pharmacist is authorized by the college to administer the drug by injection;
 - ii. the injection occurs in a private area;

- iii. the pharmacist has all the required training specific to the age of the patient, route of administration, and the drug or vaccine 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 or vaccine 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 are disposed of safely and appropriately; and
 - iv. provide relevant information to other regulated health professionals and provincial health agencies as appropriate, including reporting adverse events following immunization when required by law.³⁰

7.7.3 A regulated member must not

- a) administer an injection for
 - i. aesthetic purposes in their capacity as a regulated member;
 - 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; or
- b) insert or remove instruments, devices, or fingers beyond the anal verge or beyond the labia majora of an animal.

7.7.4 A pharmacist must not insert or remove instruments, devices, or fingers beyond the anal verge or beyond the labia majora of a patient as part of a restricted activity they are otherwise authorized to provide, except if

- a) it is for the purposes of administering a drug;
- b) it is an emergency;
- c) 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;
- d) 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 majora for the purpose of the administration of the drug; and
- e) care is transferred as soon as reasonably possible to another regulated health professional acting within their authorized scope of practice.

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

³⁰ Requirements for reporting adverse events due to immunization are found in the [Immunization Regulation](#).



- a) respond to a patient's questions, concerns, and choices appropriately and respectfully; and
 - b) collaborate with relevant individuals in a patient's circle of care about the patient's care decisions where applicable and appropriate.
- 7.8.2 A pharmacist must
- a) provide a patient with sufficient information to participate in care decisions in a manner appropriate to the patient's level of knowledge including information about
 - i. expected benefits,
 - ii. 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).
- 7.8.3 Despite Standard 7.8.2, when a pharmacist is a member of a collaborative health team practising in a healthcare facility, the pharmacist may delegate the provision of information to another regulated health professional acting within their practice.

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 the patient's 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 patient care
 - i. whenever a prescription is refilled or renewed,
 - ii. at the follow-up intervals determined by the pharmacist providing patient 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 Standards 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.

Document in the patient record

- 7.10 A regulated member documents the details of patient care in the patient record to create professional accountability, enable collaboration with other regulated health professionals, and ensure continuity of 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,
 - iii. records notifications or communications about a patient sent to or received from other regulated health professionals and individuals within the patient's circle of care, and
 - iv. contains all relevant 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 health 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, 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 drugs 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 identify themselves by signing or initialling 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 drug for the first time if the prescription was issued more than one year before the date the drug is to be 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~~
 - a Schedule 1 drug for a period greater than 18 months after the prescription was first filled.³⁴

Commented [A74]: CSR

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~~ individual 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

Commented [A75]: Administrative change

³⁴ ~~Except as noted in 8.1.2(b)(i), this includes all drugs listed as Schedule 1 drugs in the Scheduled Drug Regulation.~~

- ii. ensure that the dispensing activities are recorded in a clear audit trail that identifies
 - 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 drugs

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

Commented [A76]: Administrative change

8.3.1 A regulated member must

- a) ensure drugs are packaged 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 child-resistant packaging unless the regulated member is satisfied that child-resistant packaging is not appropriate because
 - i. the prescriber or the 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 a patient's acknowledgment of the use of the non-child resistant packaging.

Labelling drugs

8.4 A regulated member supports patient understanding of their drugs by labelling every drug 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 the 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 drug 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 the 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 the 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 drugs 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 name, 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 8.4.1 and Appendix D; 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 and delegate the final check to another regulated member.

Release of dispensed Schedule 1 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 Schedule 1 or Schedule 2 drugs are released.
- 8.6.1 A regulated member must, before releasing a dispensed drug or selling a Schedule 2 drug to a patient,
 - a) ensure confirmation occurs of the
 - i. identity of the 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 unless the assessment was delayed in accordance with standard 7.1.2, 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 a 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(a).

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; or
 - 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 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 Alberta Netcare Electronic Health Record as soon as reasonably possible.

Compounding

- 8.9 A regulated member prepares compounded preparations that are appropriate, safe, and provide a quality product 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 standards approved by the ~~Alberta College of Pharmacy~~ respecting the compounding of non-hazardous sterile preparations; and
- b) prepare hazardous sterile compounds in accordance with the standards approved by the ~~Alberta College of Pharmacy~~ respecting the compounding of hazardous sterile preparations

Commented [A77]: Administrative change

8.10.2 Despite Standard 8.10.1

- a) 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
- b) 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 or Natural Product Number,
 - B. lot number, and
 - C. expiry date;
 - ii. the licence number of the compounding and repackaging pharmacy; and

Commented [A78]: Administrative change

- iii. 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 when it is not practical to affix a label to the drug package, any individually packaged drugs, when it is not practical to affix a label to the drug package, 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 that meets the requirements of Standard 8.12.1(b);
- 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 are 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.

Written orders

- 8.13 A regulated member supports timely patient care by appropriately selling drugs pursuant to a written order.
- 8.13.1 A regulated member must, each time a scheduled drug or a compound is sold pursuant to a written order, ensure
- a) the written order is securely transmitted from the regulated health professional to the pharmacy;
 - b) the written order is never in the possession of a patient or patient's agent;
 - c) the written order includes the patient-care rationale for the supply of drug or compound requested;
 - g)d) the written order originates from a regulated health professional who is
 - i. practising under the Health Professions Act in Alberta,

Commented [A79]: HSAA

- ii. the label is accurate and complete according to the written order and contains the information required under Standard 8.13.1(l);
- n) the final check is delegated to another regulated member whenever possible to avoid performing a final check if they entered the written order into the dispensing software system or selected the drug from stock; and
- o) a record of the sale is created that includes information required under Appendix E.

Product integrity and safety

~~6.58.13~~ A regulated member provides patients ~~effective and safe treatment~~ quality care by ensuring product integrity is maintained for drugs and devices.

Commented [A80]: Administrative change

~~6.5.18.13.1~~ A regulated member must

- a) ensure drugs are stored in accordance with legislative, manufacturer; and, if applicable, federal or provincial program requirements;
 - b) have and comply with written policies to manage situations where drugs or devices have been exposed to conditions that are outside manufacturer specifications; and
 - c) dispose of drugs, biomedical 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.
- 8.13.2 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, healthcare product, aid, or device 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 in a tamper-evident package and
 - i. was maintained under the control of a regulated health professional at all times in the practice of their profession; and
 - ii. the pharmacist or pharmacy technician is confident that the drug or healthcare product, aid, or device has not been tampered with and has been stored in a manner that would not adversely affect its stability or integrity.

Appendix A – Informed consent

Requirements

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

Commented [A81]: Administrative change

Consent authorities

Patient agents

When providing a professional service to an adult or mature minor patient who is not present to provide consent, a regulated member may receive consent from the patient's agent. A regulated member must take reasonable steps to confirm the identity of the individual acting as the patient's agent and confirm that the individual has the patient's authorization to act as their agent and, where applicable, make decisions on the patient's behalf.

A regulated member must 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 must obtain informed and voluntary consent from an adult patient 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 the 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 must obtain informed and voluntary consent from an alternate decision maker³² appointed by the patient to make personal care decisions (including healthcare decisions) in accordance with applicable legislation (*Mental Health Act*, *Personal Directives Act*, and the *Adult Guardianship and Trusteeship Act*).

In situations where a personal directive exists, a regulated member must 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 does not exist, a regulated member must deal with the alternate decision maker in accordance with applicable legislation and these standards.

³² Patient agents may act for adults and mature minors who are capable of consenting whereas an alternate decision maker is appointed in accordance with legislation for patients who lack capacity to consent.



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 has legal capacity to consent to their treatment because they are capable of understanding the nature and consequences of the professional service.

A regulated member must rely on their own judgement to determine 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:

Commented [A82]: RPNA

- 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 preferences and health goals, ~~score 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 must 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 including immunization 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 being used that may affect the pharmacist's decision;
 - n) other health conditions that may affect the pharmacist's decision;
 - o) patient 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:
- untreated condition – requiring a drug but not receiving it;
 - drug selection – taking or receiving the wrong drug;
 - sub-therapeutic dosage – taking or receiving too little of the right drug;
 - over dosage – taking or receiving too much of the right drug;
 - non-adherence – failing to take or receive a drug or taking or receiving a drug not as prescribed;
 - adverse reaction – experiencing an undesirable effect of a drug;
 - drug interaction – experiencing a reaction related to a drug-drug, drug-food, drug-laboratory test, drug-disease, or drug-blood product interaction; and
 - 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:
- collecting additional information from a patient, a patient's health record, a patient's agent, or another regulated health professional;
 - implementing a plan to monitor the occurrence and impact of the drug therapy problem with mechanisms for intervention when required;
 - resolving or reducing the drug therapy problem to a clinically acceptable level by prescribing;
 - advising a patient, the prescriber, or both about the drug therapy problem and suggesting an alternative;
 - entering into a collaborative relationship with another regulated health professional to manage a patient's drug therapy;
 - recommending a patient not use any therapy and monitoring;
 - 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
 - in the case of a patient that is an animal, reporting an adverse reaction to the prescribing veterinarian, and reporting an adverse reaction to
 - a drug in an animal to Health Canada's Veterinary Drugs Directorate, or
 - a veterinary biologic to the Canadian Centre for Veterinary Biologics.

Appendix D - Prescription or written order authenticity and completeness

Commented [A83]: HSAA – except where otherwise indicated

D1.1 Prescription or written order authenticity

D1.1.1 Reasonable steps include

- a) identifying and authenticating the prescriber or regulated health professional who provided the written order;
- b) determining whether the prescriber or regulated health professional who provided the written order is legally authorized to prescribe or in the case of a written order, possess the drug for which the prescription or written order has been given; and
- c) assessing whether the prescription or written order has been altered, forged, or stolen.

D1.2 Prescription or written order completeness

D1.2.1 All prescriptions or written orders 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 or sold;
- g) directions for use;
- h) number of refills authorized and interval between each refill, if applicable;
- i) prescriber's name and phone number of the prescriber or of the regulated health professional who provided the written order;
- j) authorization from the prescriber or regulated health professional who provided the written order in the form of
 - i. a handwritten or digitally captured prescriber's signature unique to a written prescription given to the patient;
 - ii. a handwritten or digitally captured prescriber's signature unique to a written prescription or faxed to the pharmacy, or a written order faxed to a pharmacy; or
 - iii. the password protocol for a prescription or written order transmitted via a closed electronic system that uses secure messaging;
- k) date of the prescription or written order;
- l) withdrawal time if the prescription is for an animal that may enter the food chain; and
- m) number of animals treated if the prescription is for a herd of animals.

Commented [A84]: Administrative change

Commented [A85]: Administrative change

D1.2.2 Despite D1.2.1, written orders do not require a patient name or address, route of administration, or directions for use.

D1.2.3 Prescriptions for designated narcotic drugs under the Mental Health Services Protection Regulation and drugs listed as Type 1 drugs by the Alberta Tracked Prescription Program must include a medical indication from the prescriber.³³

D1.3 Prescriptions for medicated feed for animals

D1.3.1 All prescriptions for medicated feed for animals include

³³ More detail on these drugs can be found in the [Mental Health Services Protection Regulation](#) and on the [TPP Alberta website](#) respectively.

- 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.

DRAFT

Appendix E - Patient record requirements

Commented [A86]: Administrative change

E1.1 Patient information documentation

- E1.1.1 Patient information includes
- the patient's preferred name, address, and telephone number;
 - the patient's pronouns;
 - the patient's date of birth;
 - the patient's personal health number;
 - the patient's sex assigned at birth;
 - any known drug allergies, drug sensitivities, and other contraindications and precautions;
 - health conditions and chronic conditions;
 - weight and height, if applicable; and
 - pregnancy and lactation status, if applicable.
- E1.1.2 Additional required information for animal patients includes
- the name or identifier for the animal or herd,
 - the species of animal,
 - the name of the patient's agent for the animal,
 - whether the animal may enter the food chain, and
 - the number of animals treated if the prescription is for a herd of animals.

E1.2 Record of care documentation

- E1.2.1 Appropriate information for care
- the patient's primary reason for seeking professional services including the indication for any prescriptions dispensed,
 - the mutually determined goal(s) of therapy, and
 - all data collected from the patient directly and from other sources including the Alberta Netcare Electronic Health Record.
- E1.2.2 Evaluate information collected and identify care options
- drug therapy problem identified and/or interventions, monitoring plans, or actions;
 - drug therapy problem identified including whether it is actual or potential;
 - a summary of any consultations and interactions with other health professionals, if applicable;
 - all decisions and recommendations made, the resources consulted, and the rationale;
 - a record of all interactions with the patient;
 - a summary of treatment options considered;
 - a summary of treatment options that are declined by the patient or denied by the pharmacist, the reasons for it, and how the patient's health needs were accommodated;
 - a summary of any recommendations made, if applicable;
 - any additional information that is necessary for a regulated member to provide care;
 - the date of the action;
 - identification of the pharmacist who made the intervention or provided the care; and
 - details of care provided to the patient.
- E1.2.3 Monitor and follow-up
- monitoring parameters established,
 - patient adherence to therapy,
 - the rationale for the monitoring parameters,

- d) follow-up time intervals,
 - e) expected outcomes, and
 - f) the 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 whose care of the patient is affected by the prescribing or deprescribing.
- E1.2.7 Documentation when a drug, blood product, or vaccine is administered by injection includes the
- a) drug, dose, and route of injection;
 - b) site of injection, if applicable;
 - c) patient response;
 - d) patient counselling provided;
 - e) adverse reactions, if any, and management;
 - f) plans for follow up;
 - g) date of administration; and
 - d)h) identification of the pharmacist who administered the drug, blood product, or vaccine.
 - e) —

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) Drug Identification Number 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) Drug Identification Number 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.

DRAFT

Appendix F – Written order record requirements

Commented [A87]: HSAA

F1.1 Written order requirements

F1.1.1 A record of sale for scheduled drugs or compounds sold pursuant to a written order must include the

- a) name of the regulated health professional who provided the written order for the drug or compound;
- b) date the drug or compound was sold;
- c) name, strength, and dosage form of the drug dispensed or sold;
- d) Drug Identification Number of the drug dispensed or sold;
- e) quantity of the drug or compound sold; and
- f) a unique transaction number.

DRAFT