Alberta College of Pharmacy

Foundational requirements

Guidelines for opening and operating a licensed pharmacy

Updated May 2025

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Introduction

This document outlines the foundational requirements for opening a licensed pharmacy in Alberta.

The provided guidelines are the Alberta College of Pharmacy's (ACP) interpretation of the legislation (the *Pharmacy and Drug Act* and its regulations) to clarify expectations and ensure consistency. This supports licensees and proprietors in understanding and complying with the requirements prior to opening and operating a licensed pharmacy, and ensuring that their pharmacy remains in compliance with the legislative framework.

Licensees are responsible for ensuring that their pharmacy has the defined space, equipment, and written policies and procedures outlined here prior to being issued a pharmacy licence. Proprietors and their representatives are responsible for ensuring that the licensee and pharmacy team are provided the resources to achieve the requirements. Once a pharmacy is opened and operational, the licensee must also notify ACP (and when applicable request approval) if any of the information that was provided as part of their application has changed. This includes, but is not limited to

- a change in the licensee, proprietor, or proprietor's representative;
- a pharmacy renovation or relocation;
- a change in the types of pharmacy services provided;
- a change in the employment of any regulated pharmacy professional at the pharmacy;
- a change in the hours of operation;
- a permanent or temporary pharmacy closure; and
- a request to store patient records at a location other than the pharmacy.

This document does not include

- the additional requirements and standards that must be met by pharmacies compounding non-sterile and sterile preparations, or
- further practice and operation requirements outlined in the Standards for Pharmacists and Pharmacy Technicians (SPPPT) and Standards for the Operation of Licensed Pharmacies (SOLP).

Failure to comply with the guidelines in this document may be considered unprofessional conduct if the regulated member did not achieve compliance with the standards, or if the departure from the guideline detracted from the quality of patient care or undermined the integrity of the professions of pharmacists and pharmacy technicians.

Upon the submission of an application for a pharmacy licence, the registrar will consider the application, make a decision, and give the applicant a copy of the decision as soon as reasonably possible. The issued pharmacy licence will state the

- category of licence,
- name of the licensee,
- name and location of the pharmacy the licence is issued to, and
- date on which the licence expires.

Should an application for a pharmacy licence be issued with conditions, or declined, the registrar will provide reasons for the decision. In such cases, the applicant may appeal the decision to Council according to legislation.

Types of pharmacy licence

Per the *Pharmacy and Drug Act*

- A **community pharmacy licence** authorizes the provision of pharmacy services to or for a patient for which the patient or patient's agent attends to receive the service at the pharmacy.
- A **compounding and repackaging pharmacy licence** authorizes the compounding or repackaging of drugs for a licensed pharmacy or institution pharmacy that then dispenses or sells those drugs. It does not authorize the dispensing or selling of a drug to or for a patient unless the licensee also holds a community pharmacy licence.
- A **mail order pharmacy licence** authorizes the provision of pharmacy services for which neither the patient nor the patient's agent attends the community pharmacy.
- A **satellite pharmacy licence** authorizes the provision of community pharmacy services at the location of the satellite pharmacy.

Areas of a pharmacy

Per the Pharmacy and Drug Regulation and the SOLP, a licensed pharmacy is referred to as a **prescription department**, which includes a dispensary and a patient services area.

- The **dispensary** is the area of a licensed pharmacy that is not accessible to the public and in which regulated members dispense, compound, repackage, provide for sale, and sell drugs.
- The **patient services area** is the area of a licensed pharmacy located outside and adjacent to the dispensary where
    - patients receive professional services from regulated members or other regulated health professionals who are part of the pharmacy team,
    - the pharmacy consultation room is located, and
    - Schedule 3 drugs are provided for sale.

A licensed pharmacy may also include a **public area**, meaning the area outside of the prescription department.

Prescription department (licensed pharmacy)

#	Requirements per legislation	Guidelines
1	**Physical specifications (size) of a pharmacy** A licensee and a proprietor must ensure a licensed pharmacy • has an overall design that is professional in appearance and function, including any consultation rooms, fixtures, equipment, and signage; • has a prescription department at least **33 m² (355.2 ft²)** in area; • has adequate lighting, ventilation, and humidity and temperature control to protect the quality and integrity of drugs; and • ensures the safety and supports the comfort of staff, patients, and the public.	Public areas do not count towards the overall size of the prescription department and include • areas outside of the prescription department, • areas that are not dedicated for pharmacy use (e.g., larger business enterprise), and • premises/rooms shared with other businesses (e.g., waiting room, entrances, hallways). If sharing premises with another business or health professional the prescription department must be physically delineated and separated by walls or physical space such that patients can clearly recognize when they are in the pharmacy vs the other business.
2	**Safety and security of a pharmacy** A licensee must • ensure the pharmacy has an **electronic security system** and procedures to ○ protect against theft, diversion, and tampering with drugs and healthcare products; and ○ ensure that unauthorized individuals do not have access to Schedule 1 and Schedule 2 drugs; and • ensure the security of drugs that are ○ dispensed and awaiting pickup within the dispensary, ○ delivered to a patient, or ○ being actively administered a patient.	All drugs and patient records must be secured from unauthorized personnel. If the pharmacy employs unregulated personnel (e.g., cleaning staff, cash office associate) who work when the pharmacy is not providing pharmacy services, there must be a security system to prevent access to the dispensary and ensure security of the drugs and patient records. The dispensary and all drugs (including Schedule 3) must be locked up when the pharmacy is closed to prevent unauthorized access.

#	Requirements per legislation	Guidelines
3	**Location of drugs in a pharmacy** A prescription department must have the proper storage facilities to ensure that the quality and integrity of drugs and health care products are maintained. A licensee must ensure that • the following are only stored and offered for sale in the **dispensary** ○ Schedule 1 and Schedule 2 drugs; ○ parenteral nutrition products; ○ products the licensee believes, on reasonable grounds, pose a risk to the public if stored elsewhere in the pharmacy; and ○ other products as required by Council; • the following are only offered for sale in the **dispensary or patient services area** ○ healthcare products, aids, and devices; ○ Schedule 3 drugs; and ○ other products as required by Council; • Schedule 3 drugs are offered for sale within the patient services area within view of regulated members working in the dispensary; and • drugs are displayed and advertised independently of homeopathic products approved by Health Canada by means of ○ physical separation, or ○ identification with appropriate signage such that a member of the public can easily distinguish drugs in the pharmacy from any homeopathic products.	The physical separation or signage required for homeopathic products must ensure that a member of the public can easily distinguish drugs in the pharmacy from any homeopathic products. The signage must be • prominently displayed and easily noticeable, • regularly maintained to ensure it remains clear to the public what is being displayed, and • clearly associated with a specific product or products. Having a general shelf label or sign that indicates there may be homeopathic products in an area is acceptable **only** when all products in that section are homeopathic, and the section is clearly demarcated. If products are mixed, each product must be separately labeled.

#	Requirements per legislation	Guidelines
4	**Maintenance of a pharmacy** A licensee must ensure • the regular cleaning of the pharmacy including all premises, furniture, equipment, appliances, devices, and automated pharmacy systems; and • all equipment, appliances, automated pharmacy systems, and devices used in the licensed pharmacy are ○ inspected regularly to ensure they are in working order and repaired or replaced as required; ○ certified at the intervals specified by the standards or the manufacturer, if required; and ○ if calibration is required, calibrated ▪ at manufacturer recommended intervals or ▪ at lease annually if no manufacturer recommendation is provided.	The prescription department, including the facilities, private consultation rooms, counters, fixtures, equipment, supplies, and signage, must • be cleaned and maintained (e.g., be orderly, sanitary, and clutter free) and, when applicable, sanitized with a suitable surface disinfectant; • appear professional, in good condition, and aesthetically pleasing (e.g., does not appear dirty, dusty, worn or unfinished), portraying the image of a professional healthcare facility; and • work surfaces and furniture, as well as floor and wall surfaces, must be designed to facilitate repeated cleaning.

Dispensary

#	Requirements per legislation	Guidelines

5	**Physical specifications of a dispensary**
	A licensee must provide a suitable environment for providing professional services to patients and ensure a licensed pharmacy has a dispensary that
	• is at least **18 m² (193.8 ft²)** in area of contiguous space that does not consist of or include any approved
	  ○ areas separated by publicly accessible space, or
	  ○ separate adjoining rooms dedicated to compounding or repackaging;
	• has aisles and entranceways at least **90 cm (2.95 ft)** wide;
	• has a dedicated area for preparing drugs for dispensing, including a work area with at least **1.5 m² (16.1 ft²)** of uninterrupted counter space;
	• has drop-off and pick-up areas
	  ○ that are located a suitable distance from patient waiting and high-traffic areas, and
	  ○ that have suitable sound and visual barriers to maintain patient confidentiality when communicating with patients;
	• has a physical barrier that separates the dispensary from the patient services area that prevents access by individuals not authorized by the licensee; and
	• has sufficient space and equipment to allow the practice of pharmacy to be conducted effectively and safely.
		A dispensary must be enclosed by walls, gates, and/or doors to prevent access by unauthorized individuals.
		The pharmacy must have security systems and procedures to ensure only approved personnel have access to the dispensary.
		The dedicated area for preparing drugs for dispensing must be free of equipment/items such as phones and/or computer monitors/keyboards that would interrupt the work space.
		When the pharmacy shares premises, the drop off and pick up areas must not be in close proximity to the patient waiting area, the health professionals' reception desk, or impede the path of patients into the health professional's space.

#	Requirements per legislation	Guidelines
6	**Security and storage of drugs in the dispensary** The licensee must ensure • the dispensary is separated from the patient services area by a **physical barrier** that prevents access by individuals not authorized by the licensee, • unauthorized individuals do not have access to Schedule 1 and Schedule 2 drugs, and • the dispensary is equipped with a **security system**. Schedule 1 and Schedule 2 drugs are only stored and offered for sale in the dispensary and are stored in a manner that maintains their integrity and minimizes the possibility of practice incidents. The licensee must • ensure that drugs are stored in the licensed pharmacy ○ at appropriate temperatures, ○ under appropriate conditions, ○ in a manner that protects them from contamination, and ○ in accordance with any manufacturer's requirements to ensure stability, and • track and document temperature conditions of drugs that require specific temperature storage conditions at least twice daily when the licensed pharmacy is open, using a device that indicates the minimum and maximum temperatures reached since the last reading.	Access to the dispensary must be limited to personnel vetted and approved by the licensee, who must ensure • records are secure, • narcotics and controlled drugs are secure, • a confidentiality agreement is in place, and • the individuals receiving the licensee's authorization are informed and acknowledge the times and conditions under which they are authorized to have this access. If the pharmacy employs personnel (e.g., cleaning staff, cash office associate) who work when the pharmacy is not providing pharmacy services, there must be a security system to prevent access to the dispensary and ensure security of the drugs and patient records. The security system for the dispensary must include • adequate security grilles that facilitate key-control policies, and/or • its own alarm zone and security camera to monitor and detect any unauthorized access to the dispensary.

#	Requirements per legislation	Guidelines
7	**Time-delayed safe** The dispensary must have a **metal safe** that is secured in place and equipped with a **time-delay lock**, unless • the licensee has made a declaration that the pharmacy ○ does not stock inventory of the drugs described in SOLP Standard 4.4.1(a), ○ is an institution pharmacy, or ○ is a stand-alone compounding and repackaging pharmacy, and • the registrar has placed a condition on the licence. A licensee must ensure the time-delay lock on the metal safe • is set for a length of time that ○ considers factors including location of the pharmacy and police response times, and ○ is at least five minutes, and • cannot be opened or overridden by any means before the time delay has expired. The dispensary must have the **Council-approved signage**, posted in the dispensary and at all external entrances to the pharmacy.	The safe must • be strong and constructed of solid metal; • contain an internal complex locking mechanism, equipped with a certified digital lock operated in conjunction with a time-delay release; and • be of a nature that it cannot be easily removed from the facility, either having the ability to be bolted to the ground or having a size and weight that cannot be readily moved. Other specifications of the safe are at the discretion of the licensee, including size, with the caveat that the storage receptacle is a product that is marketed and sold as a "safe." Locking narcotic cabinets or narcotic drawers are not considered a safe and do not meet the requirements of the SOLP The time-delay lock must be set to a minimum of five minutes. The licensee may set longer times if appropriate, especially where police response times may be delayed.

#	Requirements per legislation	Guidelines
8	**Additional requirements of a dispensary** A licensee must ensure the dispensary has • adequate **shelf and storage space** for all equipment required by this standard and the pharmacy's inventory of drugs, healthcare products, aids, and devices; • a laboratory-grade or full-size domestic **refrigerator** or appropriate temperature-controlled area ○ with a digital temperature monitoring device supplied by an uninterrupted power source, and ○ that is only be used for drug products and devises used in the provision of professional services and not for any other purpose; • a **sink** with hot and cold running water that is ○ readily accessible for hand hygiene at all times, and ○ located **outside of segregated compounding rooms**; and • equipment to allow the licensed pharmacy to make and receive **telephone calls**.	Pharmacy fixtures and equipment must be dedicated for the provision of professional services and, if the pharmacy is part of a larger business enterprise, must not be used to support that larger business enterprise. To prevent contamination, and to protect the integrity and quality of the equipment, it must only be used to provide professional services and not for personal use. For example, the refrigerator and heat source (e.g., microwave) must not be used to store and/or heat up food. The refrigerator must include a device that indicates the minimum and maximum temperatures reached since the last reading. Beverage or other compact refrigerator units are not acceptable.

#	Requirements per legislation	Guidelines

9	**Pharmacy records (electronic infrastructure requirements, PIA, and Netcare)**
	
	All required records that exist in physical form must be maintained in the dispensary of the pharmacy unless the licensee has applied for and received permission from the registrar to store the physical records at another location.
	
	The licensee must ensure that there is an effective system for the creation, maintenance, secure storage, and retrieval of all records, including the records outlined in Appendix B of the SOLP.
	
	A licensee must ensure that the dispensary has
	• equipment that enables the electronic receipt and transmission of health information through means that are secure, acceptable to the college, and routinely used in Alberta's healthcare system; and
	• a **computer or electronic device** with an operating internet connection that allows regulated members to
	  ○ access ACP communications and clinical resources, and
	  ○ meet the operational requirements of the standards.
	
	A licensee must ensure the pharmacy system, equipment, and software:
	• meet the electronic infrastructure requirements outlined in Appendix A of the SOLP,
	• are documented on a **Privacy Impact Assessment (PIA)** that has been submitted to the Office of the Information and Privacy Commissioner of Alberta (OIPC) in accordance with the *Health Information Act*, and
	• are submitting and receiving patient record information from the **Alberta Netcare Electronic Health Record** system using real-time integration.[1]
		See myACP for the application to store pharmacy records outside the dispensary of a licenced pharmacy.
		
		Physical records include paper-based records and physical electronic media such as hard drives, USB flash drives, and optical storage media.
		
		A licensee does not require permission from the registrar to store pharmacy records electronically if they are stored
		• offsite using a secure physical data centre or cloud-based service provider within Canada, and
		• the means of storage is documented in a privacy impact assessment that has been submitted to the Office of the Information and Privacy Commissioner of Alberta.
		
		A fax is an example of equipment that enables electronic receipt and transmission of health information.
		
		To satisfy the Alberta Netcare requirement at pre-opening inspection, the licensee must have submitted the expedited PIA requirements to the OIPC.
		
		This includes
		• the policies and procedures that support Sections B and E of the PIA requirements, and
		• the OIPC cover letter.
		
		Both documents must be available upon request during the pre-opening inspection.

1 The requirement for pharmacies to use real-time integration comes into effect on July 1, 2026.

#	Requirements per legislation	Guidelines
10	**Compounding services** A licensee must provide a patient access to appropriate, safe, and high quality compounding services • by directly compounding preparations in the licensed pharmacy in accordance standards approved by ACP, or • through an agreement with a pharmacy issued a compounding and repackaging (C&R) licence. **Obtaining compounded and repackaged drug products** A licensee must ensure the drug products obtained from a C&R pharmacy are • compounded or repackaged in accordance with the legislative framework including under any agreements required by Council; and • prepared and distributed to the licensed pharmacy under conditions that ○ ensure the products' security and integrity, ○ the privacy of the receiving patient, and ○ within a timeline that meets the patient's immediate need.	Any pharmacy that provides compounding services for their patients or for other pharmacies must have a separate space designated for compounding in the dispensary that is in accordance with the compounding standards. The level of requirements, including infrastructure needs, is dependent on the type and associated risk of compounding services. Pharmacies that do not compound preparations on site in the licensed pharmacy must • have a current and valid compounding repackaging agreement with a C&R pharmacy listed in the ACP C&R pharmacy directory, and • submit the declaration on compounding services to pharmacy@abpharmacy.ca.

Patient services area

#	Requirements per legislation	Guidelines
11	**Private consultation area** A licensee must ensure the licensed pharmacy has a private consultation area that • is attached to the dispensary or is adjacent to the dispensary within the patient services area; • is publicly accessible and is not located within or require public access to or through the dispensary; • is not the only access point to the dispensary for pharmacy staff; • is clean, safe, and well lit; • is an adequate size to facilitate quality patient care; • is dedicated to providing confidential communication with a patient and must not be used to store or display anything other than healthcare products, aids, or devices, or patient information materials; • accommodates barrier-free access for patients with mobility limitations; • has suitable sound barriers that prevent conversations from being overheard by unauthorized individuals; and • has suitable visual barriers ○ to prevent others from seeing what drug, healthcare products, aids, devices, or professional services are being provided to or for the patient; and ○ to maintain the patient's comfort and privacy.	The private consultation room must have enough space and the appropriate facilities to accommodate the professional services being offered (e.g., drugs by injection). The private consultation room must enable the regulated member to provide professional services, by considering and accommodating the patient's physical, cognitive, and sensory abilities (e.g., wheelchair accessibility). The pharmacy must have at least one permanent fully enclosed room that is easily accessible and available for private consultation at all times. Temporary or movable structures such as curtains, partitions, or sliding gates are not acceptable. If sharing premises with another business or health professional, the private consultation room must be dedicated for pharmacy use and must not be located in or shared with the adjoining health professional or business.

Additional requirements

#	Requirements per legislation	Guidelines
12	**Signage** The following signs must be posted in the pharmacy • **pharmacy licence** in a conspicuous public part of the prescription department, • patient concerns poster in the prescription department, • **hours of operation** at all public entrances to the pharmacy, • Code of Ethics in the prescription department, and • Council-approved signage, including time-delayed safe signage posted in the dispensary and at all external entrances to the pharmacy. The licensee must ensure that signage used inside and on the exterior of the licensed pharmacy • is clear, accurate, and not misleading; • is clearly visible to patients and the public; • does not indicate or imply that a pharmacy is affiliated with another independent business; and • does not make inappropriate, unsubstantiated, or unprofessional claims about professional services.	Signage must be clearly visible to all patients who access pharmacy services (i.e., not in a consult room or hidden). See the ACP website for posters.

13	**Library and resources**
	A licensee provides regulated members access to appropriate clinical resources to ensure quality patient care and must
	• provide access to relevant electronic health and practice information, and
	• ensure regulated members have access to a library that
	  ○ is immediately accessible to regulated members working in the dispensary,
	  ○ includes all resources required by the list of required reference sources set out by the College, and
	  ○ is kept current.
		The required references are set out on the ACP website.
		References must be the latest published edition unless otherwise specified by the required references list.
		All required reference sources must be dedicated for use in the licensed pharmacy and not shared with other sites or non-pharmacy personnel.

#	Requirements per legislation	Guidelines

14	**Website**
	If a pharmacy uses a website to promote or offer pharmacy services to the public, the licensee must ensure that the website prominently displays
	• a copy of the pharmacy licence;
	• the pharmacy's
	  ○ location,
	  ○ mailing address,
	  ○ email address, and
	  ○ telephone number;
	• the licensee's
	  ○ name,
	  ○ practice permit number, and
	  ○ business address;
	• the proprietor's name and business address;
	• the name of the proprietor's representative;
	• a statement that the licensee is required to provide, on the request of a patient, the name and practice permit number of any regulated member who provides a pharmacy service to the patient or who engages in the practice of pharmacy with respect to a patient; and
	• other information as required by Council.	

#	Requirements per legislation	Guidelines

15	**Policies and procedures**
	
	An application for a licence must include an electronic copy of the pharmacy's operating procedures and quality assurance procedures.
	
	A licensee must
	• develop and implement clear and comprehensive written policies that describe how regulated members, acting in accordance with provincial and federal requirements
	  ○ document patient records in a manner that allows other pharmacy team members to access them and ensures continuity of patient care, and
	  ○ manage pharmacy information and records in the licensed pharmacy throughout their lifecycle; and
	• have a documented plan to ensure continuity of patient care that includes direction in the event of
	  ○ planned pharmacy closures,
	  ○ unplanned or emergency pharmacy closures, or
	  ○ loss of pharmacy records or loss of access to pharmacy records;
	• ensure all regulated members and unregulated employees are aware of how to access and implement the plan, and
	• ensure there is a disaster recovery plan in place as part of the policies and procedures of the pharmacy to restore patient data and systems as quickly as possible in the event of a data loss or system failure.
		For guidance, ACP offers a general policies and procedures manual template that may be used to develop a pharmacy's policies and procedures.
		
		Licensees who do not use ACP's template, or who use generic corporate policies and procedures, must develop and/or adapt to ensure that all the areas outlined in ACP's policies and procedures manual template table of contents are addressed appropriately for their pharmacy.
		
		See the ACP website for information on temporary pharmacy closure and permanent pharmacy closure.
		
		To assist with pharmacy closure, refer to the pharmacy closure plan.

#	Requirements per legislation	Guidelines

16	**Continuous quality improvement program**
	
	A licensee must ensure that they and all pharmacy team members in the licensed pharmacy comply with the requirements of the college's continuous quality improvement program (CQI+).[2]
	
	A proprietor must ensure that appropriate resources are in place to enable pharmacy team members to comply with the requirements of the college's continuous quality improvement program.
		Licensees must
		
		• ensure the pharmacy has an active subscription to
		  ○ a practice incident management platform, and
		  ○ a safety self-assessment tool
		  meeting the requirements outlined in the guide,
		• demonstrate that a Data Sharing Agreement (DSA) has been established between the licensee and the Institute for Safe Medication Practices Canada to facilitate submission of practice incident and close call data to the National Incident Data Repository, and
		• establish site-specific policies and procedures to support the licensed pharmacy's CQI program.
		
		If the pharmacy's practice incident management platform involves the collection, disclosure, or use of patient information, it must be included in the pharmacy's PIA submitted to the OIPC.

2 The requirement for CQI+ must be satisfied by February 1, 2026.

#	Requirements per legislation	Guidelines
17	**Staffing** A licensee must, in accordance with the regulations, inform the registrar as to • who is employed in the practice of pharmacy at the pharmacy, • who is the proprietor of the pharmacy, and • any change with respect to the employees or the proprietor. The licensee must ensure each member of the pharmacy team is clearly identifiable to the public and other regulated health professionals of the licensed pharmacy, and wears a nametag that • identifies their name; • for licensees, identifies them as the pharmacy licensee or pharmacy manager; • for regulated members, identifies their role using a title authorized in the Pharmacists and Pharmacy Technicians Profession Regulation that they are entitled to use;[3] • for other regulated health professionals who are part of the pharmacy team, identifies their role using a title authorized by their respective regulatory body that they are entitled to use; and • for unregulated employees, clearly differentiates them from regulated members. The licensee must ensure that the licenced pharmacy: • employs an appropriate number and combination of pharmacists, pharmacy technicians, other regulated professionals and non-regulated staff for the safe and effective provision of pharmacy services, and • requires a criminal record check from all unregulated individuals engaged by the pharmacy to support or provide assistance in the provision of a restricted activity or the delivery of a drug to a patient.	The licensee must notify ACP of regulated members employed at the pharmacy, including any part-time, temporary, and relief pharmacists and/or pharmacy technicians. Notification of employment is not required for unregulated employees. Licensees are responsible for ensuring the pharmacy's information is up to date within myACP, including (but not limited to) staffing, hours of operation, and contact information.

3 Section 15 of the Pharmacy Drug Regulations describes appropriate titles.

Public area and shared premises

#	Requirements per legislation	Guidelines

18	**Public area**
	The public area is the area outside of the prescription department.
	A license must ensure a prescription department is
	• physically delineated from the public area by the use of
	  ○ variations in décor, flooring, or fixtures; or
	  ○ physical separation; and
	• differentiated from the public area by signage that reads
	  ○ pharmacist,
	  ○ prescriptions,
	  ○ prescription department, or
	  ○ pharmacy.
		Premises/rooms shared with other businesses (e.g., waiting room) are considered a public area and do not count towards the overall size of the prescription department.
		Patient waiting rooms should be located away from drop-off and pick-up areas of the pharmacy to ensure patient privacy and confidentiality.
		A licensee must ensure that the prescription department is clearly differentiated from public areas and/or adjoining businesses by physical delineation so that patients can recognize
		• when they have entered the licensed pharmacy, and
		• that an adjoining business (e.g., a medical clinic) is separate from the pharmacy.
		Signage used to differentiate the prescription department from adjoining businesses and/or public areas must be clear to the public and conspicuously visible from the patient services area.

#	Requirements per legislation	Guidelines

19	**Shared premises**
	
	A licensee protects the public by ensuring that when it shares a premises with another business or a regulated health professional who is not part of the pharmacy team, the licensed pharmacy is secure when it is not open and the prescription department is differentiated from the other business or the practice area of the regulated health professional.
	
	A licensee must
	• ensure that a pharmacy that shares premises with other businesses or health professionals who are not part of the pharmacy team
	  ○ operates a **lock and leave** prescription department to prevent unauthorized access, even if the other business or regulated health professional operates during the same business hours; and
	  ○ operates independently of the other business or regulated health professional who is not part of the pharmacy team; and
	• ensure that the other business or regulated health professional who is not part of the pharmacy team that the licensed pharmacy shares a premises with is compatible with the integrity of the profession of pharmacy.
	
	If the pharmacy operates as part of a larger business, or shares a premises with another separate business or another regulated health professional who is not part of the pharmacy team, a licensee must not
	• use the fixtures, services, and equipment required by the standards to support the larger business, separate business, or the practice of another regulated healthcare professional who is not part of the pharmacy team;
	• permit the separate business or other regulated health professional who is not part of the pharmacy team to operate from the dispensary or the professional services area of the licensed pharmacy; or
	• permit the separate business or other regulated health professional who is not part of the pharmacy team to advertise or operate in a manner that could reasonably mislead the public to conclude another business or regulated healthcare professional is part of the licensed pharmacy.
		"Shares premises" includes when the public area (outside and adjacent to the prescription department) is shared with a health professional or business (e.g., the pharmacy shares an entrance or waiting room with a medical clinic).
		
		When a pharmacy and another business are co-located or share premises, regardless of who owns the businesses they must operate as two distinct, separate, and autonomous practices.
		
		The pharmacy must be clearly delineated and separated from the other business by walls or physical space so that the public can clearly differentiate when they are in the pharmacy or other business.
		
		The pharmacy and the other business must operate independently. The flow of the pharmacy business should not interfere with the flow of the other business and vice versa. The drop off, pick up, and counselling areas should not be in close proximity to hallways used by the other business.
		
		All pharmacy services must only occur within the licensed pharmacy and must not occur in shared spaces.
		
		The pharmacy in a shared premises must have its own dedicated phone number and security system to monitor and detect any unauthorized entry when the prescription department is closed.
		
		The pharmacy must not engage in any practice or enter into any arrangement that
		• unduly interferes with independent patient choice; or
		• compromises any member of the pharmacy team's judgement, integrity, or ability to comply with the legislative framework.
		
		Pharmacies sharing premises must notify ACP by submitting a shared premises form and floorplan.

#	Requirements per legislation	Guidelines
20	**Lock and leave** If a licensed pharmacy is located where it does not occupy all of the premises, the licensee must advise the registrar that the pharmacy is operating as a lock and leave pharmacy. The licensee of a pharmacy operating as a lock and leave pharmacy must ensure that when the pharmacy is closed • the dispensary and all drugs (including Schedule 3) are secured to prevent unauthorized access; • no drugs or prepared prescriptions are released, dispensed, provided for sale, or sold from the pharmacy; and • patient records are secure from unauthorized access.	If a pharmacy shares premises with another health professional or business then it must operate as a lock and leave, even if both businesses intend to operate for the same hours. Circumstances may require the adjoining business to open/operate when the pharmacy is closed and accordingly, the licensee must ensure that the dispensary and all drugs and records are secured to prevent unauthorized access. To operate as a lock and leave, a pharmacy must have the infrastructure to physically secure (lock up) the dispensary, scheduled drugs (including Schedule 3) and patient records. A pharmacy operating as a lock and leave must have • A secure lockable barrier that effectively prevents access to the dispensary, scheduled drugs (including Schedule 3), and patient records when the pharmacy is closed. Unauthorized personnel should not easily be able to access the dispensary either over, under, or through the secure lockable barrier,. • Adequate key-control policies to comply with lock and leave requirements. • Its own security system independent of the other business or health care professional. Further information on lock and leave can be found on the ACP website.

Additional requirements for other licence categories

#	Requirements per legislation	Guidelines
21	**Compounding and repackaging pharmacy (+/- community licence)** A licensee of a pharmacy issued a C&R licence must ensure the pharmacy • has appropriate infrastructure, including adequate space and equipment to perform the activities of the licensed pharmacy; • meets the size and equipment requirements of a dispensary in a licensed community or satellite pharmacy as outlined in the legislative framework, or is of the appropriate size and has the appropriate equipment as determined necessary by the registrar to safely and effectively perform the services undertaken at the pharmacy; • only provides drug products compounded or repackaged in accordance with the legislative framework and for other licensed pharmacies or institution pharmacies with which it has a compounding and repackaging agreement; • in addition to the prescription labelling requirements required by the SPPPT, includes a unique identifier on each prescription label that identifies the C&R pharmacy; and • does not engage in manufacturing as defined by Health Canada. A pharmacy with a C&R licence that **does not have a community pharmacy licence** is not permitted to dispense or sell a drug to patients, and is not open to the public, therefore is not required to have • hours of operation signage posted at public entrances, • drop-off and pick-up areas, • a private consultation area, or • the requirements for the transmission of data to the Alberta Netcare Electronic Health Record.	A community pharmacy with a C&R licence must meet all the foundational requirements of a community pharmacy. In Alberta a licensee can operate a C&R pharmacy without a community pharmacy licence. This is sometimes referred to as a "stand-alone" C&R pharmacy. Stand-alone C&R pharmacies cannot provide professional services (including dispensing or selling drugs, compounds, or repackaged medications) directly to patients. A C&R pharmacy must have an agreement (for community or institution pharmacies) in the form approved by Council with each community or institution to which they provide compounding and repackaging services. An Alberta C&R pharmacy must only compound or repackage drugs for an entity that is a licensed or institution pharmacy located in Alberta. A C&R licence does not enable wholesaling or manufacturing. For information on compounding vs manufacturing refer to the Health Canada Policy on Manufacturing and Compounding Drug Products in Canada.

#	Requirements per legislation	Guidelines
22	**Community pharmacy with mail order licence** A licensee holds a mail order licence to protect patients who do not regularly receive in-person care for restricted activities provided from the licensed pharmacy. A licensee of a mail order pharmacy must • establish policies and procedures that enable regulated members to provide professional services in accordance with the standards; and • in addition to the records that must be kept in a community pharmacy, keep records that demonstrate that patients who receive mail order services meet criteria outlined in the Standards of Practice for Virtual Care. A mail order licence does not enable a regulated member to provide virtual care when in-person care is required by the Standards of Practice for Virtual Care or the Standards of Practice for Pharmacists and Pharmacy Technicians.	Only a licensee with a community pharmacy licence can be issued a mail order pharmacy licence. A licensee cannot operate a mail order pharmacy outside of a community pharmacy. In Alberta there is not a licence category for “stand-alone” mail order pharmacies. A mail order licence does not enable wholesaling or the provision of services outside of Alberta. Mail order pharmacy services cannot be based on determinations of convenience or efficiency and cannot be provided on a general population basis. The provision of mail order pharmacy services is limited to unique circumstances that make in-person care impractical or impossible as described in Standards 3(d)(ii) and 3(d)(iii) of the Standards of Practice for Virtual Care.

#	Requirements per legislation	Guidelines
23	**Satellite pharmacy licence** A licensee supports safe and appropriate patient care provided from a satellite pharmacy that is equivalent to the services provided in a community pharmacy. A licensee of a community pharmacy who operates a satellite pharmacy must • establish policies and procedures specific to the operation of the satellite pharmacy, • maintain a drug inventory in the satellite pharmacy that is ○ separate from the parent community pharmacy's drug inventory, and ○ consistent with the health needs of patients being provided professional services, and • use unique prescription labels that display the address and telephone number of the satellite pharmacy. A licensee of a community pharmacy that operates a satellite pharmacy must not operate the satellite pharmacy as a lock and leave pharmacy. A proprietor and a licensee of a satellite pharmacy must ensure the satellite pharmacy meets the size and equipment requirements of a dispensary in a community pharmacy as outlined in the regulations to the *Pharmacy and Drug Act* and these standards.	Only a licensee who has a community pharmacy licence can be issued a satellite pharmacy licence. A satellite pharmacy licence is **only issued on an exceptional basis** when patients require a pharmacy service that cannot be effectively provided in a community pharmacy. A licensee of a community pharmacy who makes an application to operate a satellite pharmacy must provide a written rationale for the operation of a satellite pharmacy including • the reasons why the patients who are expected to attend the satellite pharmacy require a pharmacy service that cannot be effectively provided in a community pharmacy, or • reasons that make it necessary for those patients to receive a pharmacy service at a satellite pharmacy. A pharmacist must always be physically present when the satellite pharmacy is open to the public and when pharmacy services are being provided. Prepared prescriptions—those that have been prepared, labelled, and packaged for a patient • must only be stored in the dispensary of a licensed pharmacy; • cannot be left for the patient's self-retrieval outside of the dispensary, or at another intermediatory location for pickup; and • must not be released to a patient or their agent by pharmacy technicians, other regulated health care professionals, or unregulated individuals without a pharmacist present.