



## **New standards Q&A**

# Standards of Practice for Pharmacists and Pharmacy Technicians (SPPPT)

## What has happened to the concepts of direct and indirect supervision?

Direct and indirect supervision are concepts that do not work in many situations. When supervising unregulated employees, these have been replaced in the standards by critical steps and independent double checks.

A **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.

An **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.

Some of these critical steps are defined in the standards (SPPPT 2.5.3 (b)(ii)) while others must be established by the supervising regulated member, depending on the tasks performed. In any case, the supervising regulated member must remain in the pharmacy and be available to intervene if required.

Regulated members completing the Structured Practical Training (SPT) program will continue to require direct supervision in accordance with the SPT rules.

## How, when and if a regulated member can provide a personal service?

Personal services are not regulated by the Alberta College of Pharmacy (ACP) or the legislative framework. The Standards of Practice for Pharmacists and Pharmacy Technicians require that 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 fall under the Personal Services Regulation. Additionally, these services cannot be provided from a licensed pharmacy by anyone, even if the person providing them is not a regulated member of ACP.

For information on providing professional services while not holding themselves out as a regulated member, regulated members should consult the [Personal Services Regulations](#).

## Can pharmacists provide neuromodulators for therapeutic purposes like migraine?

Pharmacists administering neuromodulator injections for therapeutic indications (e.g., TMJ, migraines, hyperhidrosis, etc.) is not permitted. The complexity of care for these conditions generally requires treatment by a specialist or treatment under supervision of a specialist, and needs to occur in a highly collaborative environment. Additionally, there are a lack of formal training programs recognized by ACP for pharmacists to develop the specific skills required to provide these services.

## **Do I always need to gather all patient information, including sex assigned at birth?**

As with any health information, it is expected that a regulated member will limit the information they gather to only that necessary to provide care to that patient. Domain 1 of the SPPPT speaks to establishing and maintaining a professional relationship with the patient, and provides direction on equity, diversity, inclusion, accessibility, and stigma minimization. When person-centred care is applied consistently to the standards, it is expected that regulated members will gather the information required to provide patient care by creating a safe environment and in a manner that respects personal dignity and does not stigmatize their patients.

## **Do the new standards replace the other standards such as virtual care, laboratory and point-of-care testing, Sexual abuse and sexual misconduct, or the compounding standards?**

No, the Standards of Practice for Virtual Care and Standards of Practice - Sexual abuse and sexual misconduct support and expand upon the SPPPT. The SPPPT broadly addresses the requirements that must be adhered to by regulated members. The other sets of standards should be read in conjunction with the SPPPT to provide additional direction and clarity on their respective topics.

# Standards for the Operation of Licensed Pharmacies (SOLP)

## What is an “operations supervisor” and what is their role in the pharmacy?

The concept of an operations supervisor was added to the new standards to enable licensees to assign administrative, managerial, and operational duties to a pharmacy technician or pharmacist designated as an operations supervisor. However, the licensee remains ultimately accountable to ensure compliance with the legislative framework, and must continue to have an active presence at the pharmacy.

## Can pharmacies share resources to meet the standards?

No. Point #7 of the interpretation and application of the standards section makes it clear that all standards relate to requirements for each licensed pharmacy. This means that each licensed pharmacy must autonomously fulfill all standards. Resources like required references, phone lines, and drug disposal contracts cannot be shared between pharmacies.

## How do pharmacy clinics differ from community pharmacies?

Pharmacies with additional counselling rooms in their patient services area dedicated for “pharmacy clinics” do not differ from other community pharmacies. The pharmacy may choose to market the additional counselling rooms as a “pharmacy clinic,” however all professional services provided in the clinic area are subject to the same expectations, requirements, and standards as any other community pharmacy.

## Can I operate a pharmacy clinic outside of a community pharmacy?

“Pharmacy clinics” must be located in the patient services area of a licensed community pharmacy and can not operate independently from the community pharmacy. At this time there is no category of pharmacy licence for independent clinical pharmacy practice.

## What if my dispensary is not 18m<sup>2</sup> without including the compounding or repackaging rooms?

Standard 3.3.1 of the Standards for the Operation of Licensed Pharmacies requires that a dispensary in a licensed pharmacy have at least 18 m<sup>2</sup> of contiguous space that does not consist of areas separated by publicly accessible space, or separate adjoining rooms dedicated to compounding or repackaging. New pharmacy applications that do not meet this requirement will not be approved. For existing pharmacies that were approved and built before this standard came into force, the expectation is that they will need to become compliant with the standard the next time they renovate their dispensary or relocate their pharmacy.

## Is a final check required by a regulated member when a compounded or repackaged drug is provided to their pharmacy from a compounding and repackaging pharmacy?

Yes, a regulated member at the pharmacy that is dispensing a compounded or repackaged medication from a compounding and repackaging pharmacy is responsible to perform a final check to ensure the product was compounded or repackaged correctly and appropriately before releasing it to the patient.

## **Does my pharmacy need to have realtime Netcare integration in place on February 1, 2025?**

No, although standards come into force on February 1, 2025, for the requirement that pharmacies transmit data to Netcare in real-time pharmacy licensees have until July 1, 2026, to ensure compliance. Despite this, it is recommended that all pharmacies make the switch to real-time as soon as practically possible.

## **How does the new standard on quotas affect pharmacies and regulated members?**

The current standards and Code of Ethics already prohibit proprietors from imposing conditions that compromise the professional judgement of licensees and regulated members. The new standards explicitly clarify that this prohibition includes imposing quotas that require licensees to achieve any measurement of professional services or revenue obtained from professional services provided to patients.

## **What is the difference between other health care professionals working as part of the pharmacy team vs practising independently?**

Other regulated health professionals must work under the oversight of the licensee as part of the pharmacy team and document the care they provide in the pharmacy's patient care records in a way that the entire pharmacy team can access. The licensee is the custodian of these patient care records, which must be maintained and managed in the pharmacy.