



**Neighbourhood  
Pharmacy**  
Association of Canada

Association canadienne  
**des pharmacies  
de quartier**

1205-3230 Yonge Street  
Toronto, ON M4N 3P6  
T: 416.226.9100  
F: 416.226.9185  
[info@neighbourhoodpharmacies.ca](mailto:info@neighbourhoodpharmacies.ca)  
[neighbourhoodpharmacies.ca](http://neighbourhoodpharmacies.ca)

July 6, 2023

Greg Eberhart, Registrar  
Alberta College of Pharmacists  
1100-8215 112 St. NW  
Edmonton AB  
T6G 2C8  
Email: [registrar@abpharmacy.ca](mailto:registrar@abpharmacy.ca), [communications@abpharmacy.ca](mailto:communications@abpharmacy.ca)

**RE: Consultation No. 2023-05A; DRAFT Standards of Practice for Pharmacists and Pharmacy Technicians**

Dear Registrar Eberhart

We are pleased to provide the Alberta College of Pharmacists (ACP) with some feedback on the open Consultation No. 2023-05A: DRAFT Standards of Practice for Pharmacists and Pharmacy Technicians.

Neighbourhood Pharmacy Association of Canada (Neighbourhood Pharmacies) advocates for pharmacies' role in caring for Canadians. We represent leading pharmacy organizations, including chain, banner, long-term care, grocery chains, pharmacies focused on complex and specialized therapies, and mass merchandisers with pharmacies. Across Canada, we advance the delivery of care through close to 11,500 community pharmacies and their teams, serving as integral community health hubs in urban, suburban, rural, remote and First Nations neighbourhoods.

Our feedback is grounded in our key principles that policies impacting the delivery of pharmacy services and patient access to medication should:

- Facilitate safe and effective patient-centric services that protect and improve patient access to medications and care without limited patient choice and autonomy.
- Allow providers, in collaboration with their patients, to determine the most appropriate channel in which to deliver accessible care, driven by patient preference or medical necessity (e.g., physical assessment).
- Empower pharmacy operators with the agency to determine the most effective means of safely implementing the delivery of care, including promoting innovation and the use of technology to meet the needs of their patients and their communities.
- Not place additional undue administrative burden on pharmacy teams.

We acknowledge that these draft standards are intended to set out the minimum practice requirements for licensed pharmacy professionals in the province of Alberta, and are not specifically intended to regulate the business operations of licensed pharmacies. We and our members have reviewed the standards from the lens of how they will impact pharmacy

operations and are providing some feedback on particular areas of concern where abiding by these standards of practice may unnecessarily constrain pharmacy operators from providing safe patient-centred care in the most efficient and effective way possible.

### **Domain 1: Person Centred Care**

**Overall:** We do support and applaud the College for its development of a person centred approach that recognizes the patient as a partner in their care.

#### **Re: 1.9 Informed consent when providing professional services to patients:**

The draft standards define professional services as “a service that comes within the practice of pharmacists or the practice of pharmacy technicians”. We are unclear if this is intended to include or exclude dispensing activities. If dispensing services are indeed included in the definition of professional services, we further question whether standard 1.9 is intended to require that pharmacists or pharmacy technicians must seek informed consent and documentation for dispensing services in addition to other professional services. If so, we believe this will add undue administrative burden on pharmacy staff.

### **Domain 2: Professionalism and Leadership**

As is laid out in the preamble to the Draft Standards, the existing “Code of Ethics provides regulated members with guiding principles for professional behaviour, attitudes, and actions...”. We encourage the College to consider if the inclusion of a domain relating Professionalism and Leadership may be redundant to the Code of Ethics. We further suggest that Leadership is not a required element of effective pharmacy practice.

### **Domain 7: Patient Assessment and Providing Care**

#### **7.6: Prescribing drugs**

##### **7.6.2 b) iii: regarding pharmacists ability to prescribe a schedule 1 drug at initial access or to manage ongoing therapy or to deprescribe a schedule 1 drug,**

The conditions set out in A, B, & C all make reference to the pharmacist being required to: “see *the patient in person*” as a necessary condition for prescribing or deprescribing.

**And**

##### **7.6.2 c) regarding the conditions in which a the pharmacist has not been granted additional prescribing authority may prescribe a schedule 1 drug in an emergency;**

The wording of iii requires the pharmacist is able to “see the patient in person”

The inclusion of “in person” in these sections is contradictory to spirit of the College’s forward-thinking Standard of Practice on Virtual Care, enabling the delivery of virtual care into pharmacy practice while continuing to protect the health, safety and privacy of patients. We have always been in agreement that there may be certain situations where in-person care may be required. However, we firmly believe (as is demonstrated in our submission to the College on May 24, 2022) that safe, effective care can be provided virtually; in-person care is not superior to virtual care. If there is no element involved in the service that requires in-person interaction (e.g., physical assessment, vaccination, point of care-testing) then we do not agree that the service

provided requires the pharmacist to see the patient-in person. In-person care should not be the default requirement.

Community pharmacies offer care and service through many different practice models to meet the unique needs and choices of their patients and communities. To support safe and effective care, Standards should encourage regulated members to engage their patients in informed decision making with respect to appropriate channels of care, supporting the patients' right to autonomy and choice in a responsible and safe manner.

We suggest the words "in person" should be removed, and replaced with has "engaged with the patient".

## **7.7 Drug Administration**

### **7.7.3 a) i) A pharmacist must not administer an injection for aesthetic purposes**

We are opposed to this specific standard. As long as the product is approved for an aesthetic indication by Health Canada and the pharmacist has proper training there should be no restrictions by indication for pharmacists. Keeping with the person-centeredness of these standards, helping a patient's mental health through improving body image by administering a product to improve aesthetic appearance should be accommodated for pharmacist practice. There are "health" elements for mental health where these services might be appropriate and not called "aesthetic", and it is not clear how these should be differentiated.

It also seems unreasonable to restrict aesthetic injection in its entirety, rather we feel that appropriate competencies should be defined for when a pharmacist chooses to engage in providing this type of care, and that they satisfy these before providing. We recommend the the College consider identifying what these competencies would be which would give a pharmacist an opportunity to continue providing this care while also meeting the College criteria for safe provision.

### **7.7.3 a) ii) A pharmacist must not administer a drug or a vaccine to a child younger than 2 years of age**

We applaud the College in this expansion of the age range for which pharmacists can safely administer vaccines. Pharmacists have the competency for this increased scope, as has been demonstrated by similar changes in other jurisdictions. We further recommend the College consider enabling regulated technicians to administer vaccines using the same parameters.

## **Domain 8: Drug distribution and compounding**

### **8.5 Final check before release of a drug.**

and

### **8.12. Repackaging**

#### **8.12.1 e) A regulated member protects patient safety by repacking drugs appropriately; a regulated member must perform a final check of all repackaged drugs or healthcare products**

We understand from our member that the College (through its audit process) has been requiring pharmacies operating central fill facilities that a prescription prepared at a central fill operation

(and checked appropriately) must also undergo a second or final check by a pharmacist at the dispensing pharmacy.

However, we can find nothing in the language of these draft standards, nor the prior version, that requires this, and question why the College appears to be enforcing a practice that may not, in fact, required by its Standards.

Further, we would oppose any such Standard. We believe that a second required check at the dispensing pharmacy would add significant burden and negate the value of leveraging automation (always better than the human eye for prescription checking) that is intended to provide pharmacists with more time for scope and service-based care. For pharmacies that offer compliance package for facilities and group homes, any standards should allow for central fill of the packaging with a technician check, but then allow for the pharmacist through pharmacy policies to identify how their final check occurs prior to the medication being released.

The College may wish to consider Standards addressing the practice of pharmacists and technicians at Central Fill pharmacies, to ensure there is a mechanism for tracking the prescription drug order through the stages of the patient care and drug product preparation process, including but not limited to information on pharmacy personnel involved.

Thank you for the opportunity to provide feedback on behalf of our members.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Hanna', with a stylized flourish at the end.

Sandra Hanna  
CEO