

POLICY NAME:  
POLICY NUMBER:  
AUTHORITY DERIVED FROM:  
ORIGINAL APPROVAL DATE:  
ORIGINAL MOTION NUMBER:  
LATEST REVISION DATE:  
LATEST REVISION MOTION:  
OTHER:

NAPRA's Model Standards of Practice for Canadian Pharmacists  
GM-PP-SP-01

September 2009  
C-09-09-14

Item 2, requirement 10 requires pharmacists to be certified in first aid at the Red Cross Workplace Standard level. However, NBCP requires certification at the Red Cross Emergency First Aid level



National Association of Pharmacy Regulatory Authorities  
Association nationale des organismes de réglementation de la pharmacie

# Model Standards of Practice for Canadian Pharmacists

March 2009

©National Association of Pharmacy Regulatory Authorities, 2009. All rights reserved. No part of this document may be reproduced in any form by any photographic, electronic, mechanical or other means, or used in any information storage and retrieval system, without the written permission of the author.

**The National Association of Pharmacy Regulatory Authorities (NAPRA)**  
220 Laurier Avenue West, Suite 750, Ottawa, ON K1P 5Z9  
(613) 569-9658 Fax (613) 569-9659 E-mail: [info@napra.ca](mailto:info@napra.ca)

## INTRODUCTION

The following *Model Standards of Practice for Canadian Pharmacists* (MSOP) have been developed by NAPRA based on work by their National Advisory Committee on Pharmacy Practice (NACPP) in combination with best practices in defining competencies and standards of practice for health professions. The revised document is also in keeping with the Canadian Patient Safety Institute's *The Safety Competencies – Enhancing Patient Safety Across the Health Professions*<sup>1</sup> and the Canadian Pharmacists' Association *Blueprint for Pharmacy: The Vision for Pharmacy*.<sup>2</sup>

The development of these *Model Standards* commenced in late 2007 when the NACPP began a review of the Standards of Practice that were approved in 2003. Draft revised MSOPs were reviewed by stakeholders in late 2008, with comments raising a number of important questions regarding the purpose and ideal format of MSOP (see Appendix I for stakeholders). Careful analysis of these stakeholder comments led to further investigation of ongoing work in standards of practice by national regulatory authorities for both pharmacy and other health professions in Canada and abroad. Results highlighted the increasing importance of standards of practice for health care professionals in response to shifting and overlapping scopes of practice and emphasis on accountability of professionals throughout their careers.<sup>3,4</sup> In particular, literature documented that standards of practice are the fundamental basis of the continuing competence / quality assurance programs mandated by multiple countries.<sup>5</sup> Results also clarified the relationship between documents describing ideal minimum practice of health professionals (e.g. *Good Pharmacy Practice from the International Pharmaceutical Federation [FIP]*, *Good Medical Practice from the UK*, and the *UK Pharmacy Practice Framework*) and standards of practice.<sup>6-8</sup> Although some earlier literature refers to the descriptions of ideal minimum practice as standards<sup>5</sup>, FIP clarifies that the *Framework for Pharmacy Practice* should be used as a basis for developing standards of practice, while the Royal Pharmaceutical Society of Great Britain has prepared *Performance Standards* separate from their *Pharmacy Practice Framework*.<sup>9,8</sup> The General Medical Council (GMC) of the UK provides the most clear differentiation between descriptions of ideal, minimum practice and standards of practice, stating that to support relicensure<sup>◊</sup> “the GMC should translate *Good Medical Practice* into a framework against which individual doctors' practice can be appraised and objectively assessed”.<sup>10</sup> Current work by the GMC has derived generic standards of practice from *Good Medical Practice* that cover the core requirements of good practice.<sup>11</sup> Importantly the GMC also specifies that practitioners will be held accountable to these core standards of practice as a key component of the re-licensure process.<sup>10</sup>

In keeping with these best practices and based on stakeholder comments, NAPRA reconsidered the format of the MSOP. The format originally proposed for the revised MSOP was based on the format from the 2003 MSOP which was, in turn, based on the then current literature describing the development of competency-based standards of practice.<sup>12,13</sup> This format was particularly useful for pharmacy in Canada in the early 2000's as the MSOP needed to incorporate the fundamental shift in practice toward the provision of pharmaceutical care.

---

◊ The GMC requires physicians to revalidate their competence to practice on a regular basis in order to maintain their license to practice. This re-licensure process is termed revalidation<sup>5</sup>.

Sufficient detail was required in the 2003 MSOP to clearly differentiate this form of practice from clinical pharmacy services. However, given the current broad acceptance of the principles of pharmaceutical care, in combination with the broadening scope of pharmacy practice in Canada and the developments in the structure of standards of practice in all of the health professions, it is recognized this format is no longer the most appropriate for NAPRA’s MSOP. Instead, it is recommended that the current version of the *Professional Competencies for Canadian Pharmacists at Entry to Practice (2007)* remain unchanged and that future revisions of these competencies consider incorporating the detail contained in the previous MSOP to create a more complete description of ideal, minimum pharmacist’s practice. With this recommendation, the MSOP were then redrafted to select specific, measurable activities from the *2007 Competencies* that are key both to protecting the public and to safe and effective pharmacist’s practice. In addition, in recognition of the rapidly changing scope of pharmacy practice in Canada, the MSOP have incorporated pharmacist’s activities that are currently authorized in a number of Canadian provinces but that were not specified as part of the patient care competency in NAPRA’s *2007 Competencies*. Examples include extending prescriptions or administration of medications by injection. It is anticipated that future revisions in the *Competencies for Canadian Pharmacists at Entry to Practice* and/or descriptions of ideal minimum practice (e.g. Good Pharmacist’s Practice) will include these activities as part of the existing patient-care competency for Canadian pharmacists. Finally, the MSOP incorporate the *Supplemental Standards of Practice for Schedule II and III Drugs*, with readers referred to this document for detailed compliance requirements related to these standards.<sup>14</sup>

It is also important to emphasize that the MSOP are written primarily for pharmacy regulatory authorities with the goal of specifying the standards against which pharmacist’s performance can be judged when the pharmacists are undertaking the activities required for safe and effective pharmacy practice. Regulators will also use these MSOP to explain the responsibilities of pharmacists to their stakeholders in a meaningful and understandable manner. NAPRA does recognize that many others will refer to these MSOP, including practising pharmacists, the Pharmacy Examining Board of Canada, educators, and regulators from other professions. The language used within these MSOP, therefore, uses commonly recognized terms rather than expressions which have meaning primarily to pharmacy audiences.

A final clarification requested by many stakeholders requires the explicit statement that the MSOP are minimum standards of practice that all licensed pharmacists must meet. The MSOP are **not** applicable only to pharmacists at entry to practice. Furthermore, NAPRA acknowledges that there are a number of professional roles fulfilled by pharmacists as drawn from the *2007 Professional Competencies*. These roles can be categorized into:

- patient care
- drug information
- drug distribution
- management
- education

NAPRA recognizes that not all pharmacists perform each of the roles as part of their daily work. For example, pharmacists may provide patient care and yet not be involved in the distribution of medications or pharmacy management. However, regardless of a pharmacist's position or practice context, it is NAPRA's intention that when a pharmacist does perform a specific role, then (s)he must perform it to the level specified in the standards. Furthermore, when performing a specific role, the pharmacists must meet **all** of the MSOP associated with this role. The MSOP have been formatted to ensure clarity and facilitate compliance by pharmacists fulfilling specific roles in their daily work.

## FORMAT

The format adopted for the MSOP draws from ongoing work from the UK GMC<sup>10, 11</sup>, where the standards were broadly categorized into four domains related to medical expertise, safety and quality, communication, partnership and teamwork, and maintaining trust. Review of standards and practice descriptions from a number of organizations led to modifications in these categorizations to ensure consistency of the MSOP with priorities in Canadian health care such as collaborative care.<sup>1, 9, 15</sup> The four domains of MSOP for Canadian pharmacists are:

- Expertise in medications and medication-use
- Collaboration
- Safety and Quality
- Professionalism and Ethics

It is emphasized that the central domains for pharmacists are the two entitled medication and medication-use expertise, and collaboration. The remaining domains refer to critical attributes that are required of pharmacists to successfully achieve the MSOP in their two central domains. Such a model of central professional activities and supportive / underlying attributes is consistent with NAPRA’s 2003 *Model Standards*, the Association of Faculties of Pharmacy of Canada’s (AFPC) *Educational Outcomes for a Baccalaureate in Pharmacy in Canada*<sup>16</sup>, and the Royal College of Physicians and Surgeons of Canada’s *CanMeds* competency framework<sup>17</sup>. Finally, standards from multiple international and provincial pharmacy regulatory authorities were also reviewed to allow a thorough selection of activities key to quality pharmacy practice.<sup>9, 18-20</sup>

The resulting framework for the MSOP, therefore, incorporates four domains of standards of practice. Within each of these domains the MSOP are grouped under general standard statements to provide structure and ease of reading as follows:

General Standard	Model Standards of Practice
<b>Expertise in medications and medication-use</b> <ul style="list-style-type: none"> <li>• Pharmacists maintain their competence.</li> <li>• Pharmacists apply their medication and medication-use expertise while performing their daily activities.</li> <li>• Pharmacists provide evidence of application of their medication and medication-use expertise through documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> <li>• ...</li> <li>• ...</li> </ul>
<b>Collaboration</b> <ul style="list-style-type: none"> <li>• Pharmacists work constructively with students, peers and members of the inter-professional team.</li> <li>• Pharmacists communicate effectively.</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> <li>• ...</li> <li>• ...</li> </ul>
<b>Safety and Quality</b> <ul style="list-style-type: none"> <li>• Pharmacists undertake continuing professional development, quality assurance and quality improvement.</li> <li>• Pharmacists respond to safety risks.</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> <li>• ...</li> <li>• ...</li> </ul>
<b>Professionalism and Ethics</b> <ul style="list-style-type: none"> <li>• Pharmacists demonstrate professionalism and apply ethical principles in their daily work.</li> </ul>	<ul style="list-style-type: none"> <li>• ...</li> <li>• ...</li> </ul>

To ensure clarity and compliance with the MSOP, NAPRA has structured the MSOP to clearly identify the MSOP that are required of all pharmacists regardless of the role(s) that they are fulfilling, and the MSOP that are specifically associated with the five pharmacist’s roles identified by NAPRA in their *2007 Professional Competencies*. Not all of the roles have specific MSOP identified for them: this occurs when the MSOP required of all pharmacists in all roles adequately address the standards of practice expected within the specific pharmacist’s roles. The following table provides an **example** of this format:

General Standard	Model Standards of Practice
<b>Expertise in medications and medication-use</b>	
<ul style="list-style-type: none"> <li>• Pharmacists maintain their competence.</li> </ul>	MSOP required of pharmacists regardless of the role they are fulfilling: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when providing patient care: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when providing drug information: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when responsible for drug distribution: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when managing a pharmacy: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when educating pharmacy students/interns: <ul style="list-style-type: none"> <li>• ...</li> </ul>
<ul style="list-style-type: none"> <li>• Pharmacists apply their medication and medication-use expertise while performing their daily activities.</li> </ul>	MSOP required of pharmacists regardless of the role they are fulfilling: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when providing patient care: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when providing drug information: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when responsible for drug distribution: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when managing a pharmacy: <ul style="list-style-type: none"> <li>• ...</li> </ul> MSOP required of pharmacists when educating pharmacy students/interns: <ul style="list-style-type: none"> <li>• ...</li> </ul>

## MODEL STANDARDS OF PRACTICE

The following describe the Model Standards of Practice required of pharmacists licensed to practice in Canada. These MSOP are drawn from NAPRA’s *Professional Competencies for Canadian Pharmacists at Entry to Practice (2007)*, but do not replace them. Instead, the numbers in brackets that follow either the general standards or model standards of practice refer to competency elements in NAPRA’s *Professional Competencies for Canadian Pharmacists at Entry to Practice (2007)*. Model standards of practice that relate to emerging scope of practice activities that are part of the patient care competency but that have not yet been explicitly stated as competency elements in the *2007 Professional Competencies* are identified with an asterisk.

### 1. Expertise in medications and medication-use.

General Standard	Model Standard of Practice
Pharmacists maintain their competence. (3.5)	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>fulfill the provincially mandated requirements for maintenance of competence (e.g. CE, practice assessment, learning portfolio) (3.5)</li> <li>adhere to current laws, regulations and policies applicable to pharmacy practice (3.1)</li> </ol> <p><b>Pharmacists, when providing patient care:</b></p> <ol style="list-style-type: none"> <li>maintain all certifications / credentials required for their practice including emerging scope of practice activities that are authorized in specific provinces<sup>†</sup> (3.1, 3.4).</li> </ol>
Pharmacists apply their medication and medication use expertise while performing their daily activities.	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>recognize and practice within the limits of their competence</li> <li>use evidence from relevant sources to inform their activities (4.2, 4.3)</li> <li>critically evaluate medication and related information (4.4)</li> <li>present medication and related information in a manner appropriate to the audience (4.5)</li> <li>adhere to current laws, regulations and policies applicable to pharmacy practice (3.1)</li> </ol> <p><b>Pharmacists, when providing patient care as part of the care provided when dispensing<sup>‡</sup> medications or medication therapies<sup>§</sup> :</b></p> <ol style="list-style-type: none"> <li>review each prescription for a medication that a patient is taking for the first time to ensure that this medication is the most appropriate for the specific patient, including collecting and interpreting relevant patient information to ensure that (1.1-1.5): <ul style="list-style-type: none"> <li>there are no significant drug interactions or contra-indications, and</li> </ul> </li> </ol>

<sup>†</sup> These emerging scope of practice activities vary by province and are changing substantially as many provinces revise relevant legislation. At present, such activities range from, but are not limited to, independent prescribing, delegated prescribing, prescribing by collaborative practice agreements, ordering of laboratory tests and administration of medications.

<sup>‡</sup> See glossary for definition of dispensing.

<sup>§</sup> See glossary for definition of medication therapies.

(continued)

General Standard	Model Standard of Practice
	<ul style="list-style-type: none"> <li>• the medication is the most appropriate in view of patient characteristics<sup>**</sup>, other conditions and medications, and</li> <li>• the dose and instructions for use of the medication are correct</li> </ul> <p>10. rectify prescriptions for medications that patients are taking for the first time that pose risks to a patient by (1.6-1.7):</p> <ul style="list-style-type: none"> <li>• making changes to the prescription in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and/or</li> <li>• contacting a prescriber to recommend changes in the prescription, and/or</li> <li>• refusing to dispense the medication</li> </ul> <p>11. assess the appropriateness of providing a refill of a medication requested by a patient by collecting and interpreting relevant patient information to ensure (1.1-1.5):</p> <ul style="list-style-type: none"> <li>• there are no significant drug interactions, contra-indications or adverse effects, and</li> <li>• the medication is still required, and</li> <li>• the dose and instructions for use of the medication are correct, and</li> <li>• that the patient is receiving appropriate monitoring for this medication and disease</li> </ul> <p>12. manage patient's requests for refills of medications which pose risks to the patient by (1.6-1.7):</p> <ul style="list-style-type: none"> <li>• making changes to the prescription in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and/or</li> <li>• contacting a prescriber to recommend changes in the prescription, and/or</li> <li>• refusing to dispense the medication</li> </ul> <p>13. assess patient's compliance when providing refills for medications for treatment of chronic disease (1.8)</p> <p>14. address problems with compliance that pose risks to the patient or can affect the efficacy of the medication by (1.7):</p> <ul style="list-style-type: none"> <li>• educating the patient, and</li> <li>• making changes to their medications and/or medication therapies in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or</li> <li>• contacting a prescriber to recommend changes in therapy</li> </ul> <p>15. extend refills on medications for chronic disease only<sup>*</sup>:</p> <ul style="list-style-type: none"> <li>• under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and</li> <li>• when it is in the patient's best interest to do so</li> </ul>

<sup>\*\*</sup> Including socioeconomic status

<sup>\*</sup> MSOP that are associated with emerging scope of practice activities that have not yet been incorporated into NAPRA's *Professional Competencies Required of Canadian Pharmacists at Entry-to-Practice (2007)*.

(continued)

General Standard	Model Standard of Practice
	<p>16. extend refills on medications for chronic disease appropriately, having collected and interpreted relevant patient information to ensure* :</p> <ul style="list-style-type: none"> <li>• the patient’s chronic condition is sufficiently stable to warrant extension without evaluation by physician, and</li> <li>• there are no significant drug interactions, contra-indications or adverse effects, and</li> <li>• the medication is still required, and</li> <li>• the dose and instructions for use of the medication are correct, and</li> <li>• that the patient is receiving appropriate monitoring for this medication and chronic disease</li> </ul> <p>17. educate patients to whom they dispense medication or medication therapies to enable the patients to receive the intended benefit of the medication or therapies</p> <p>18. ensure required procedures are followed for controlled substances<sup>††</sup></p> <p>19. ensure that medications are managed in a manner that assures the integrity of the product including minimization of diversion and dispensing errors (6.2)</p> <p><b>Pharmacists, when providing patient care as part of the care provided during medication therapy management services<sup>‡</sup>:</b></p> <p>20. prescribe medications independently or according to collaborative prescribing agreements, protocols, delegation agreements or medical directives only* :</p> <ul style="list-style-type: none"> <li>• under conditions specified by, and in accordance with authorities granted to pharmacists by, applicable laws / regulations / policies / guidelines, and</li> <li>• when it is in the patient’s best interest to do so</li> </ul> <p>21. prescribe medications based on the pharmacist’s own assessment of the patient only having collected and interpreted relevant patient information to ensure* :</p> <ul style="list-style-type: none"> <li>• there are no significant drug interactions or contra-indications, and</li> <li>• the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and</li> <li>• the dose and instructions for use of the medication are correct.</li> </ul> <p>22. ensure their availability to patients requesting assistance for purchasing of non-prescription drug therapy or self-care measures of disease management or health maintenance</p> <p>23. recommend non-prescription drug therapy only having collected and interpreted patient information to ensure that:<sup>14</sup></p> <ul style="list-style-type: none"> <li>• there are no significant drug interactions or contra-indications, and</li> <li>• the medication is the most appropriate in view of patient characteristics, signs and symptoms, other conditions and medications, and</li> <li>• the dose and instructions for use of the medication are correct</li> </ul> <p>24. recommend self-care measures for disease management that are evidence-based and cost-effective</p> <p>25. educate patients to whom they sell medications, or to whom they recommend self-care, to enable the patients to receive the intended benefit of the medication or therapies<sup>14</sup></p>

<sup>††</sup> See glossary for definition of Controlled Substances  
<sup>\*</sup> See footnote on page 9  
<sup>‡</sup> See footnote on page 8

(continued)

General Standard	Model Standard of Practice
	<p>26. complete medication reviews with patients who are at risk of experiencing problems with their medications to identify:</p> <ul style="list-style-type: none"> <li>• significant drug interactions, contra-indications or adverse effects, and</li> <li>• medications which are no longer required, and</li> <li>• incorrect dose or instructions for medication use, and</li> <li>• noncompliance, and</li> <li>• lack of appropriate monitoring for medications being used</li> </ul> <p>27. rectify medication-therapy problems that pose risks to the patient or can affect the efficacy of the medication by (1.7):</p> <ul style="list-style-type: none"> <li>• educating the patient, and</li> <li>• making changes in therapy in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or</li> <li>• contacting a prescriber to recommend changes in therapy</li> </ul> <p>28. provide best-possible medication histories to patients or their authorized health care professionals* :</p> <ul style="list-style-type: none"> <li>• only under conditions specified by applicable laws / regulations / policies / guidelines, and</li> <li>• when patients are at risk for problems with their medications (e.g. demographic risk, complexity of medication regimes, hospitalization or change in physicians)</li> </ul> <p>29. identify and reconcile changes in patient’s medication-therapy* :</p> <ul style="list-style-type: none"> <li>• to patients requesting this service, and</li> <li>• to patients who are at risk for medication-therapy problems related to transitions in health care services (e.g. hospitalization or discharge from hospital)</li> </ul> <p>30. order laboratory tests for patients and/or access patient’s laboratory test results* :</p> <ul style="list-style-type: none"> <li>• only under conditions specified by applicable laws / regulations / policies / guidelines, and</li> <li>• only when it is in the patient’s best interest to do so, and</li> <li>• when necessary to ensure that a patient’s medication therapy is safe and effective</li> </ul> <p>31. interpret patient’s laboratory results to identify if patients require changes to their medication therapy*</p> <p>32. manage required changes to patient’s medication therapy as identified via interpretation of laboratory results by* :</p> <ul style="list-style-type: none"> <li>• making changes in therapy in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, or</li> <li>• contacting a prescriber to recommend changes in therapy</li> </ul> <p>33. administer medications by injection only*<sup>20</sup>:</p> <ul style="list-style-type: none"> <li>• in accordance with authorities granted to pharmacists by laws / regulations / policies / guidelines, and</li> <li>• when there are policies and procedures established for handling emergencies, and</li> <li>• the environment in which the injection is to be administered is appropriate, and</li> <li>• the pharmacist can take all appropriate steps to ensure that the injection is administered safely</li> </ul>

\* See footnote on page 9

(continued)

General Standard	Model Standard of Practice
	<p><b>Pharmacists, when providing drug information<sup>#</sup>:</b></p> <p>34. accurately interpret medication-related questions posed / issues raised by various audiences (4.1)</p> <p>35. use evidence and resources appropriate to the level of question / issue and with consideration of the potential impact of the information on the safe, effective and cost-effective use of medications</p> <p><b>Pharmacists, when responsible for medication distribution / supply:</b></p> <p>36. ensure that prescriptions received are complete, authentic and meet all legal and professional requirements (6.1)</p> <p>37. ensure that products selected are correct and consistent with applicable policies (6.1)</p> <p>38. ensure that quantities dispensed are correct (6.1)</p> <p>39. ensure the accurate preparation of compounded products including ingredients, processes and techniques (6.1)</p> <p>40. ensure that packaging and labelling are appropriate and meet legal and professional requirements (6.1)</p> <p>41. ensure that a final check of prescribed products is performed</p> <p>42. ensure that medications are stored in a manner that maintains stability and integrity (6.1)</p> <p>43. ensure safe, legal, environmentally sound disposal of medications (6.1)</p> <p>44. ensure required procedures are followed for controlled substances</p> <p>45. ensure that medications are managed in a manner that assures the integrity of the product including minimization of diversion and dispensing errors (6.2)</p> <p><b>Pharmacists, when managing a pharmacy:</b></p> <p>46. ensure the physical layout of pharmacy conforms with applicable laws, regulations and policies, including an area which ensures patient confidentiality</p> <p>47. ensure that non-prescription products are located in the area of the pharmacy which is consistent with the appropriate drug schedule classification stated in the legislation<sup>14</sup></p> <p>48. organize staffing and workflow to enable pharmacists to fulfill standards of practice and to optimize patient care (7.2)</p> <p>49. establish job descriptions that hold staff accountable for professional performance consistent with standards of practice, including measurable performance indicators</p> <p>50. ensure staff access to required information / resources (7.3)</p> <p>51. ensure that inventory is managed to remove outdated stock and to ensure the quality and timeliness of medication supply (6.1, 7.3)</p> <p>52. ensure consistent adherence to laws, regulations and policies related to inventory management of scheduled drugs, controlled substances</p> <p>53. ensure that the pharmacy meets requirements for accreditation or permits to operate</p> <p>54. complete activities / submissions required for continued accreditation of the pharmacy</p>

<sup>#</sup> See also the standards to be fulfilled by all pharmacists within the category of applying medication expertise to practice.

(continued)

General Standard	Model Standard of Practice
	<p><b>Pharmacists, when educating pharmacy students / interns:</b></p> <p>55. comply with requirements, policies and procedures as established by the relevant Faculties of Pharmacy and provincial regulatory authorities</p>
<p>Pharmacists provide evidence of application of their medication and medication-use expertise through documentation (1.9).</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <p>56. keep clear, accurate and legible records that are consistent with applicable legislation, regulations, policies and standards (1.9)</p> <p>57. make records in a timely manner, either concomitant with performing of a task or as soon as possible afterwards<sup>11</sup></p> <p>58. document their activities and the information necessary to support the rationale and quality of these activities (1.9)</p> <p>59. adhere to current laws, regulations and policies relating to documentation and applicable to pharmacy practice (3.1)</p> <p><b>Pharmacists, when providing patient care:</b></p> <p>60. document their decisions / actions, supporting patient and related information, and their interpretation of this information, including their:</p> <ul style="list-style-type: none"> <li>• review of each prescription for a medication that a patient is taking for the first time to ensure that it is the most appropriate for the specific patient</li> <li>• actions taken to rectify prescriptions for medications that pose risks to a patient</li> <li>• assessment of the appropriateness of providing each refill of a medication</li> <li>• management of patient’s requests for refills of medications which pose risks to the patient</li> <li>• assessment of each patient’s compliance when providing refills for medications for chronic disease</li> <li>• actions to address problems with compliance that pose risks to the patient or can affect the efficacy of the medication</li> <li>• appropriate extensions of refills of medications for chronic disease</li> <li>• appropriate education of patients to whom they dispensed medications or medication therapies</li> <li>• appropriate prescribing of medications according to collaborative prescribing agreements, protocols, delegation agreements or medical directives</li> <li>• appropriate independent prescribing of medications</li> <li>• appropriate recommendations to patients requiring non-prescription drug therapies<sup>14</sup></li> <li>• appropriate education of patients to whom they sold non-prescription medications, or to whom they recommended self-care<sup>14</sup></li> <li>• completion of medication reviews with patients who are at risk of experiencing problems with their medications including documenting the presence of medication-therapy problems identified</li> <li>• actions to rectify medication-therapy problems identified via medication review</li> </ul>

(continued)

General Standard	Model Standard of Practice
	<ul style="list-style-type: none"> <li>• provision of complete medication histories to at-risk patients or their authorized health care professionals</li> <li>• identification and reconciliation of changes in at-risk patient’s medication-therapy*</li> <li>• ordering of laboratory tests for patients*</li> <li>• accessing of patient’s laboratory test results*</li> <li>• assessing of patient’s screening and diagnostic laboratory test results to identify problems in the patient’s medication therapy</li> <li>• actions to rectify medication therapy problems identified via laboratory test results</li> <li>• appropriate administration of medications by injection</li> <li>• communication of relevant patient-care information to the patient and patient’s health care providers consistent with applicable laws, regulations and policies.</li> </ul> <p><b>Pharmacists, when responsible for medication distribution:</b></p> <p>61. document that the pharmacist has ensured:</p> <ul style="list-style-type: none"> <li>• that prescriptions received are complete, authentic and meet all legal and professional requirements</li> <li>• that a final check of prescription products prepared for distribution has been completed</li> <li>• the quality and legality of products prepared for distribution</li> <li>• that inventory management and distribution of scheduled drugs, controlled substances has been completed as required by applicable laws, regulations and policies</li> </ul>

---

\* See footnote on page 9

## 2. Collaboration

General Standard	Model Standard of Practice
<p>Pharmacists work constructively with students, interns, peers and members of the inter-professional team.</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>1. treat colleagues with respect (2.2)</li> <li>2. act as a positive role model</li> <li>3. fulfill their roles and obligations to colleagues in a timely manner (2.1)</li> <li>4. make efficient use of the expertise and availability of colleagues (2.3 and 3.5)</li> <li>5. adhere to applicable laws, regulations and policies applicable to pharmacy practice including those related to delegating, and accepting delegation of, professional tasks (3.1)</li> <li>6. ensure their activities are consistent with the health care goals of maintenance of wellness and health promotion (2.4)(5.3)</li> </ol> <p><b>Pharmacists, when providing patient care:</b></p> <ol style="list-style-type: none"> <li>7. refer patients to appropriate members of the health care team, including for management of (2.3):             <ol style="list-style-type: none"> <li>a. health care issues requiring medical, dental or optometric care</li> <li>b. medication-therapy problems beyond their individual competence</li> </ol> </li> <li>8. recognize and work within the limits of their competence when accepting responsibility for activities as part of collaborative practice</li> <li>9. fulfill their responsibilities to the inter-professional team in accordance with collaborative practice agreements (or similar formal agreements that define team responsibilities)</li> <li>10. maintain certifications in CPR and emergency First Aid §§</li> <li>11. provide information on services available to support patients in maintaining their health and wellness</li> </ol> <p><b>Pharmacists, when managing a pharmacy:</b></p> <ol style="list-style-type: none"> <li>12. organize and support staffing and workflow changes necessary to enable pharmacists to participate in collaborative care initiatives</li> <li>13. establish and maintain professional relationships with other health care professionals to support collaborative care initiatives</li> <li>14. provide a work environment that supports collaborative care practices</li> </ol>
<p>Pharmacists communicate effectively.</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>15. are proficient in written and verbal English or French</li> <li>16. use effective verbal, non-verbal, listening and written communication skills (5.1)</li> <li>17. demonstrate sensitivity, respect and empathy when communicating with diverse groups (5.2)</li> </ol> <p><b>Pharmacists, when providing patient care:</b></p> <ol style="list-style-type: none"> <li>18. listen to patients and respect their views about their health and medications<sup>11</sup></li> <li>19. give patients the information they need to make decisions about their</li> </ol>

§§ At the equivalent of the Red Cross Workplace Standard First Aid and CPR Course level (<http://www.redcross.ca/article.asp?id=639&tid=021>)

(continued)

General Standard	Model Standard of Practice
	<p>care in a way they can understand<sup>11</sup>, including addressing communication challenges related to foreign languages or illiteracy</p> <p>20. respond to patient’s questions<sup>11</sup></p> <p>21. pass on information to health care professionals providing care to patients as required (1.6):</p> <ul style="list-style-type: none"> <li>• only in accordance with applicable laws, regulations and policies, and</li> <li>• to support safe and effective therapy, and</li> <li>• while maintaining patient confidentiality</li> </ul>

### 3. Safety and Quality

General Standard	Model Standard of Practice
<p>Pharmacists undertake continuing professional development, quality assurance and quality improvement.</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>1. fulfill the provincially mandated requirements for continuing professional development (e.g. CE, practice assessment, learning portfolio)(3.5)</li> <li>2. collaborate as required to regularly evaluate their care processes and pharmacy practices (6.3)</li> <li>3. ensure that staff or support personnel for whom they are responsible are delegated and undertake pharmacy-related activities appropriate to their training and consistent with legislation, regulations and policies</li> <li>4. ensure that staff or support personnel working under their direct supervision competently perform delegated pharmacy-related activities</li> <li>5. adhere to applicable laws, regulations and policies applicable to pharmacy practice</li> <li>6. accept responsibility for ensuring that the practice environment in which they have selected to work supports their provision of quality pharmacy care and services</li> </ol> <p><b>Pharmacists, when managing a pharmacy:</b></p> <ol style="list-style-type: none"> <li>7. develop policies and standard operating procedures that ensure a safe and effective system of medication supply is maintained at all times</li> <li>8. develop policies and standard operating procedures that support staff's ability to continuously improve the safety and quality of patient care provided</li> <li>9. develop and implement practice change models based on measurement and improvement in the quality of care and services provided by pharmacists</li> </ol>
<p>Pharmacists respond to safety risks.</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>10. manage errors, incidents and unsafe practices (2.6)</li> <li>11. promptly disclose alleged or actual errors, incidents and unsafe practices to those affected and in accordance with legal and professional requirements (2.6)</li> <li>12. record and report alleged and actual errors, incidents and unsafe practices in accordance with legal and professional requirements (2.6)</li> <li>13. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1)</li> </ol> <p><b>Pharmacists, when providing patient care:</b></p> <ol style="list-style-type: none"> <li>14. report the occurrence of adverse events and close-calls<sup>***</sup> (2.6)</li> </ol> <p><b>Pharmacists, when managing a pharmacy:</b></p> <ol style="list-style-type: none"> <li>15. review errors and incidents to determine patterns and causal factors that contribute to patient risk (2.6)</li> <li>16. develop and implement policies and procedures that minimize errors, incidents and unsafe practices, including supporting staff in their obligation to report adverse events and close-calls (2.6)</li> </ol>

\*\*\* Close calls are defined by the Canadian Patient Safety Institute as events with the potential for harm that did not result in harm due to timely intervention or good fortune.

#### 4. Professionalism and Ethics

General Standard	Model Standard of Practice
<p>Pharmacists demonstrate professionalism and apply ethical principles in their daily work.</p>	<p><b>Pharmacists regardless of the role they are fulfilling:</b></p> <ol style="list-style-type: none"> <li>1. treat others with sensitivity, respect and empathy</li> <li>2. demonstrate personal and professional integrity (3.3)</li> <li>3. accept responsibility for their actions and decisions (3.3)</li> <li>4. adhere to applicable laws, regulations and policies applicable to pharmacy practice (3.1)</li> </ol> <p><b>Pharmacists, when providing patient care:</b></p> <ol style="list-style-type: none"> <li>5. demonstrate a caring, empathetic, professional attitude (1.1)</li> <li>6. maintain professional boundaries (3.3)</li> <li>7. maintain the patient’s best interest as the core of all activities (3.2)</li> <li>8. protects the patient’s privacy when collecting and using relevant information<sup>14</sup></li> <li>9. educate and enable patients to make informed choices, involving them in decision-making (1.4 and 3.2)</li> <li>10. educate patients to support their ability to provide self-care</li> <li>11. ensure confidentiality of patient information is maintained (3.2)<sup>14</sup></li> </ol>

## **APPENDIX 1: Participants in the Development of the MSOP**

### **Review and Preparation of Revised MSOP**

*National Advisory Committee on Pharmacy Practice (2008)*

**Marshall Moleschi (Chair)** – British Columbia  
**George Budd** – British Columbia  
**Tom Dolanjski** – Ontario  
**Nicholas Honcharik** – Manitoba  
**Kim Houssin** – Manitoba  
**Audrey McLelland** – Saskatchewan  
**Susan Troesch** – British Columbia  
**Dianne Donnan** – Alberta  
**Beverley Zwicker** – Nova Scotia  
**Rosemarie Patodia** – Ontario  
**Doreen Leong** – British Columbia (Special Contributor)

### **External Review**

Association of Faculties of Pharmacy of Canada  
Alberta College of Pharmacists  
Canadian Forces Health Service  
Canadian Pharmacists Association  
Canadian Society of Hospital Pharmacists  
College of Pharmacists of British Columbia  
Manitoba Pharmaceutical Association  
Nova Scotia College of Pharmacists  
Ordre des Pharmaciens du Québec  
Ontario College of Pharmacists  
Pharmacy Examining Board of Canada  
Saskatchewan College of Pharmacists

### **Restructuring and Revisions**

Nancy Winslade - Consultant in Health Professions Education and Assessment

## GLOSSARY

### Controlled Substances

As per the *Controlled Drugs and Substances Act*, controlled substances include narcotics, controlled drugs, benzodiazepines and other targeted substances.

### Dispensing<sup>21</sup>

Dispensing means, with respect to a drug, any one or more of the following:

1. Evaluating a prescription for a drug
2. Assessing the patient and the patient's health history and medication record
3. Packaging and labelling of a drug
4. Providing a drug to or for a person pursuant to a prescription<sup>†††</sup>.

### Medication Therapies

Includes devices and supports for use with medications.

### Medication Therapy Management Services<sup>22</sup>

Medication Therapy Management is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management Services are independent of, but can occur in conjunction with, the provision of a medication product. Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's, or other qualified health care provider's, scope of practice. These services include, but are not limited to, the following, according to the individual needs of the patient:

1. Performing or obtaining necessary assessments of the patient's health status;
2. Formulating a medication treatment plan;
3. Selecting, initiating, modifying, or administering medication therapy;
4. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
5. Performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
6. Documenting the care delivered and communicating essential information to the patient's other primary care providers;
7. Providing verbal education and training designed to enhance patient understanding and appropriate use of his/her medications;
8. Providing information, support services and resources designed to enhance patient adherence with his/her therapeutic regimens;
9. Coordinating and integrating medication therapy management services within the broader health care-management services being provided to the patient.

†††

This definition is consistent with that proposed by the *Health Professions Regulatory Advisory Committee* of Ontario in their recent report *Critical Links*. This definition is that dispensing is the provision of prescription drugs to a patient by a professional authorized by law to prescribe drugs or by a professional acting pursuant to a prescription after the professional:

- a) records, selects, measures, reconstitutes, inspects, packages and labels the drug; and
- b) uses professional judgement to confirm the appropriateness of supplying the drug in the particular situation.

## REFERENCES

1. The Safety Competencies: Enhancing patient safety across the health professions. CPSI. (2008). [http://www.patientsafetyinstitute.ca/uploadedFiles/Safety\\_Competencies\\_16Sep08.pdf](http://www.patientsafetyinstitute.ca/uploadedFiles/Safety_Competencies_16Sep08.pdf)
2. Blueprint for Pharmacy: Designing the future together. Canadian Pharmacist's Association. (2008). [http://www.pharmacists.ca/content/about\\_cpha/whats\\_happening/cpha\\_in\\_action/pdf/BlueprintVision.pdf](http://www.pharmacists.ca/content/about_cpha/whats_happening/cpha_in_action/pdf/BlueprintVision.pdf)
3. Armitage M, Shaw K. Understanding standards: regulation and revalidation. *Clinician in Management*. 2005;13:149-54.
4. Chisholm A, Askham J. A review of professional codes and standards for doctors in the UK, USA and Canada. *Picker Institute of Europe*. 2006.
5. Irvine D. Standards and Revalidation or Recertification. *Ann Acad Med Singapore*. 2004;33:715-9.
6. International Pharmacy Federation. Good Pharmacy Practice. (1997) [http://www.fip.nl/www/?page=menu\\_goodpharmacypractice](http://www.fip.nl/www/?page=menu_goodpharmacypractice)
7. General Medical Council. Good Medical Practice (2006). [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/index.asp](http://www.gmc-uk.org/guidance/good_medical_practice/index.asp)
8. Royal Pharmaceutical Society of Great Britain. Draft Pharmacy Practice Framework. (2007). <http://www.rpsgb.org/Scotland/pdfs/spb0710-26app1.pdf>
9. Royal Pharmaceutical Society of Great Britain. The Performance Standards (2008). <http://www.rpsgb.org/pdfs/preregperfstandards.pdf>
10. General Medical Council. GMP – a working framework for appraisal and assessment. [http://www.gmc-uk.org/about/reform/gmp\\_framework.asp](http://www.gmc-uk.org/about/reform/gmp_framework.asp)
11. General Medical Council. Framework for appraisal and assessment [http://www.gmc-uk.org/about/reform/Framework\\_4\\_3.pdf](http://www.gmc-uk.org/about/reform/Framework_4_3.pdf) and explanatory note.
12. Gonczi, A., Hager, P, Oliver, L. Establishing Competency-based Standards in the Professions. Research Paper No. 1. National Office of Overseas Skills Recognition. Canberra, Australia: Australian Government Publishing Service (1990).
13. Heywood, L., Gonczi, A., Hager, P. A Guide to Development of Competency Standards for Professions. Research Paper No. 7. National Office of Overseas Skills Recognition. Canberra, Australia: Australian Government Publishing Service (1992).
14. National Association of Pharmacy Regulatory Authorities. Supplemental Standards of Practice for Schedule II and III Drugs. June 2005. [http://www.napra.ca/pages/Practice\\_Resources/supplemental\\_standards\\_of\\_practice\\_for\\_schedule\\_II\\_and\\_III\\_drugs.aspx](http://www.napra.ca/pages/Practice_Resources/supplemental_standards_of_practice_for_schedule_II_and_III_drugs.aspx)
15. Health Professions Act, Draft Standards of Practice. College of Physicians and Surgeons of Alberta. (2008). [http://www.cpsa.ab.ca/Libraries/Abo\\_standards/Standards\\_of\\_Practice\\_FINAL\\_report\\_Sept\\_2.sflb.ashx](http://www.cpsa.ab.ca/Libraries/Abo_standards/Standards_of_Practice_FINAL_report_Sept_2.sflb.ashx)
16. Association of Faculties of Pharmacy of Canada. Educational Outcomes Required of a Baccalaureate in Pharmacy in Canada. (1998). [http://afpc.info/downloads/1/Outcomes\\_Undergrad\\_1998.pdf](http://afpc.info/downloads/1/Outcomes_Undergrad_1998.pdf)

17. The Royal College of Physicians and Surgeons of Canada. The CanMEDS 2005 Physician Competency Framework: Better Standards. Better Physicians. Better care.  
[http://rcpsc.medical.org/canmeds/CanMEDS2005/CanMEDS2005\\_e.pdf](http://rcpsc.medical.org/canmeds/CanMEDS2005/CanMEDS2005_e.pdf)
18. Ontario College of Pharmacists. Standards of Practice. (2003).  
[http://www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Standards+2003/\\$file/Standards+2003.pdf](http://www.ocpinfo.com/client/ocp/OCPHome.nsf/object/Standards+2003/$file/Standards+2003.pdf)
19. Ontario College of Pharmacists. Standards of Practice for Pharmacy Managers.(2005).  
<http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Standards+of+Practice+for+Pharmacy+Managers>
20. Health Professions Act. Standards of Pharmacist Practice. Alberta College of Pharmacists. (2007).  
[https://pharmacists.ab.ca/document\\_library/HPAstds.pdf](https://pharmacists.ab.ca/document_library/HPAstds.pdf)
21. Pharmacy and Drug Amendment Act. 2008. Government of Alberta, Queen’s Printer.  
[http://www.qp.alberta.ca/574.cfm?page=2008ch38\\_unpr.cfm&leg\\_type=Acts&isbncln=9780779737123](http://www.qp.alberta.ca/574.cfm?page=2008ch38_unpr.cfm&leg_type=Acts&isbncln=9780779737123)
22. Medication Therapy Management Service: Definition and Program Criteria. Approved July 27, 2004 by the Academy of Managed Care Pharmacy, the American Association of Colleges of Pharmacy, the American College of Apothecaries, the American College of Clinical Pharmacy, the American Society of Consultant Pharmacists, the American Pharmacists Association, the American Society of Health-System Pharmacists, the National Association of Boards of Pharmacy, the National Association of Chain Drug Stores, the National Community Pharmacists Association and the National Council of State Pharmacy Association Executives.  
[http://www.pharmacist.com/AM/Template.cfm?Section=Pharmacist\\_Practitioners&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=4577](http://www.pharmacist.com/AM/Template.cfm?Section=Pharmacist_Practitioners&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=4577)

First Approved:		Review Frequency:
Revised:		Review Method:
Reaffirmed:		Responsibility of: