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# **PHARMACY AND DRUG ACT Standards for Operating Licensed Pharmacies**

April 1, 2007

## Introduction

These standards are made under the authority of section 29.1 of the *Pharmacy and Drug Act*. They are one component of the law that governs the practice of pharmacy in Alberta.

This document sets out the minimum acceptable standards applicable to operating licensed pharmacies.

The standards provide direction for licensees and proprietors. These standards form part of and must be read in context of an overall legislative scheme that includes the *Pharmacy and Drug Act*, the *Pharmacy and Drug Regulation*, the Code of Ethics,<sup>1</sup> the *Health Professions Act*, the *Pharmacists Profession Regulation* and the Standards for Pharmacist Practice. It is this overall legislative scheme that a licensee or proprietor must know, understand and comply with.

## Definitions

1. Throughout the standards:
  - (a) “act” means the *Pharmacy and Drug Act*;
  - (b) “drug” means a drug under the act;
  - (c) “individual” means an individual employed in a pharmacy and “employ” includes a volunteer relationship;
  - (d) “patient” means any person to whom a pharmacist provides a service that is within the practice of pharmacy;
  - (e) “patient’s agent” means a family member, caregiver or another person who has a close personal relationship with the patient;
  - (f) “pharmacist” means a clinical pharmacist, a provisional pharmacist, a courtesy pharmacist, or a student pharmacist, unless the context requires otherwise;
  - (g) “pharmacy service” means any service that falls within the practice of pharmacy;
  - (h) “practice of pharmacy” and “pharmacy practice” mean the scope of practice described in section 3 of schedule 19 to the *Health Professions Act*;
  - (i) “prescriber” means a regulated health professional who is authorized to prescribe schedule 1 drugs or blood products;
  - (j) “proprietor” means a person who owns, manages or directs the operation of a facility in which a licensed pharmacy is located and exercises a significant degree of control over the management and policies of the licensed pharmacy, or the conduct of the pharmacists and pharmacy interns, if any, who are employed by the licensed pharmacy;
  - (k) “regulated health professional” means a health professional who practises under the terms of the

<sup>1</sup> Under revision

*Health Professions Act* or similar legislation that governs a profession in Alberta; and

- (l) “restricted activity” means any restricted activity referred to in section 16 of the *Pharmacists Profession Regulation*.
2. Terms that are defined in the act or the *Pharmacy and Drug Regulation* have the same meaning in these standards.<sup>2</sup>
3. All provisions in these standards that are applicable to schedule I drugs apply also to blood products, with all necessary modifications.

## Law governing pharmacies and drugs

### Compliance with the law

4. A licensee must ensure that the licensed pharmacy operates in accordance with the law that governs pharmacy operation, pharmacist practice and drug distribution including, but not limited to:
  - (a) the *Pharmacy and Drug Act*, its regulations and these Standards for Operating Licensed Pharmacies;
  - (b) the *Health Professions Act*, its regulations, the Standards for Pharmacist Practice;
  - (c) the Code of Ethics;
  - (d) Schedule 7.1 of the *Government Organization Act*;
  - (e) the *Scheduled Drugs Regulation*, Alberta regulation 86/2002;
  - (f) the *Food and Drugs Act* and its regulations;
  - (g) the *Controlled Drugs and Substances Act*, its regulations and the *Narcotic Control Regulations*;
  - (h) the *Health Information Act* and its regulations, and
  - (i) the *Personal Information Protection Act* and its regulations.
5. A licensee must:
  - (a) comply with the letter and the spirit of the law referred to in standard 4 to ensure that the public and each patient receives the full protection of the law;
  - (b) ensure that a licensed pharmacy has the facilities, equipment, staff, policies and procedures required to ensure that each pharmacist practising in the licensed pharmacy can comply with the law referred to in standard 4; and
  - (c) be aware of changes in the law referred to in standard 4.

<sup>2</sup> See for example

- section 1 of the act, which defines “compound” (b.1), “council” (c), “dispense” (d) and “drug” (e); and
- section 1 of the regulation, which defines “dispensary” (1)(e); “patient services area” (1)(h); “prescription department” (2)(a).

## Preservation of independence

6. A licensee must not practise under conditions that compromise the licensee's professional independence, judgement or integrity.
7. A licensee must not impose conditions on another pharmacist or regulated health professional employed within the licensed pharmacy that compromises the other pharmacist's or regulated health professional's independence, judgement or integrity.
8. A proprietor must not impose conditions on a licensee or a pharmacist employed in a licensed pharmacy that compromises the licensee's or other pharmacist's professional independence, judgement or integrity.

## Staff in licensed pharmacy

### Adequate number of staff in a licensed pharmacy

9. A licensee must ensure that a licensed pharmacy has an adequate number of staff to undertake the practice of pharmacy:
  - (a) safely,
  - (b) effectively, and
  - (c) in accordance with the laws referred to in standard 4.
10. In assessing the need for staff for the purposes of standard 9, the licensee must exercise professional judgement having regard for the history of the workload and the anticipated workload in the pharmacy.

### Staff to be identified

11. A licensee must ensure that each regulated member of the Alberta College of Pharmacists (ACP) who works in the prescription department wears a name tag identifying them to the public using one of the following titles:

Category of membership	Titles to be used on identification
(a) clinical register	pharmacist, clinical pharmacist, pharmaceutical chemist, druggist, apothecary, registered pharmacist, Ph.C or R.Ph
(b) courtesy register	pharmacist, pharmaceutical chemist, druggist, apothecary, registered pharmacist, Ph.C or R.Ph
(c) provisional register	pharmacy intern or pharmacist intern
(d) student register	pharmacy student or pharmacist student

12. A licensee must ensure that any individual who works in the prescription department of the licensed pharmacy and who does not fall into any of the categories listed in standard 11 wears a name tag that clearly describes that person's role in

the licensed pharmacy to avoid the potential for confusion about that staff member's qualifications.

### Duty to ensure that staff are properly trained

13. A licensee must ensure that each staff member who works in a licensed pharmacy has the appropriate education, experience, training and registration required to perform the duties and responsibilities assigned to that staff member.

### Period of initial assessment for staff engaged in restricted activities

14. A licensee must ensure that each pharmacist who will engage in the practice of pharmacy in a licensed pharmacy undergoes:
  - (a) a suitable orientation to the pharmacy's operational policies and procedures with respect to the provision of restricted activities, and
  - (b) a suitable period of supervision, training, observation, and evaluation of skills and knowledge if applicable.

### Duty to ensure that proper supervision is in place for restricted activities

15. A licensee must ensure that any staff member who engages in a restricted activity under supervision as per section 21 or section 22 of the *Pharmacists Profession Regulation* does so in accordance with, and subject to, the restrictions in those sections.

### Duty to ensure that unauthorized individuals do not engage in restricted activities

16. A licensee must ensure that unauthorized individuals do not engage in or supervise restricted activities in a licensed pharmacy.

### Duty to establish limits

17. A licensee must ensure that staff members who are not pharmacists are given clear direction regarding the scope of their actions and the limitations on their actions within the pharmacy including, but not limited to:
  - (a) scheduled drugs, and
  - (b) the sale of any drug.

### Duty in relation to courtesy pharmacists

18. A licensee must ensure that any courtesy pharmacist who is employed in a licensed pharmacy and who will engage in a restricted activity, or who will supervise a restricted activity in the licensed pharmacy, is authorized by the registrar to engage in that restricted activity.

### Duty in relation to provisional pharmacists

19. A licensee must ensure that any provisional pharmacist who is employed in a licensed pharmacy and who will engage in a restricted activity in the licensed pharmacy is appropriately supervised by a clinical pharmacist or courtesy pharmacist.

### Duty in relation to student pharmacists

20. A licensee must ensure that any student pharmacist who is employed in a licensed pharmacy and who will engage in a restricted activity in the licensed pharmacy:
  - (a) is acting within the rules of the Structured Practical Training Program; and

- (b) is appropriately supervised by a clinical pharmacist or courtesy pharmacist.

### **Duty to comply with rules of Structured Practical Training Program**

21. If a student pharmacist is employed in a licensed pharmacy, the licensee must
- (a) comply with the rules of the Structured Practical Training Program, and
  - (b) ensure that all pharmacists in the licensed pharmacy comply with the rules of the Structured Practical Training Program
- in relation to the student pharmacist.

### **Duty to refer health-related matters to pharmacist**

22. A licensee must ensure that each staff member who is not a pharmacist is trained and instructed to refer any:
- (a) drug or related request or issue, or
  - (b) health-related request or issue
- to a pharmacist.
23. Nothing in standard 22 prevents a licensee from authorizing a staff member who is not a pharmacist from referring any health-related request or issue from a patient to another regulated health professional who:
- (a) has expertise in the area,
  - (b) is employed in the pharmacy, and
  - (c) is practising in accordance with the statutes, regulations, standards and ethics applicable to that regulated health professional.

## **Physical facility and equipment**

### **Duties in relation to the physical facility of a pharmacy**

24. The licensee must ensure that the licensed pharmacy:
- (a) has adequate lighting, ventilation, and humidity and temperature control;
  - (b) is equipped with a security system that will provide suitable protection against theft, diversion or product tampering; and
  - (c) is accessible only to personnel approved by the licensee.

### **Duty to maintain orderliness and cleanliness**

25. The licensee must ensure that a licensed pharmacy is maintained in a clean and orderly condition.

### **Signs must not mislead**

26. The licensee must ensure that signage used in the pharmacy is clear and not misleading.

### **Signage for prescription department**

27. The prescription department must be differentiated from the public area<sup>4</sup> by a sign that reads:

- (a) Prescriptions;
- (b) Prescription Department;
- (c) Pharmacy; or
- (d) Professional Services.

28. Standard 27 does not apply if the public area comprises 15 per cent or less of the premise of the pharmacy.

### **Patient services area**

29. The area located outside and adjacent to the dispensary where patients receive pharmacy services from the pharmacist and where schedule 3 drugs are provided for sale, otherwise known as the patient services area, must be physically delineated from the public area by the use of
- (a) variations in décor, flooring or fixtures;
  - (b) physical separation; or
  - (c) canopies or similar devices.

### **Requirements for a dispensary**

30. A dispensary must have:
- (a) adequate shelf and storage space;
  - (b) a refrigerator or appropriate temperature-controlled area;
  - (c) a sink;
  - (d) a lockable drug locker or cupboard;
  - (e) a heat source for extemporaneous compounding;
  - (f) a fax machine;
  - (g) a computer;
  - (h) an operating Internet connection; and
  - (i) a telephone line.
31. The fixtures, equipment and services required in standard 30 must be dedicated for the use of the licensed pharmacy and, if the licensed pharmacy is a part of a larger business enterprise, must not be used to support that larger business enterprise.
32. The Internet connection must be able to support the requirements for connecting to the Alberta Netcare electronic health record system operated by Alberta Health and Wellness.

### **Equipment in a dispensary**

33. A dispensary must have the following compounding and dispensing equipment within it:
- (a) a prescription balance with a sensitivity to a minimum of 10 mg or an electronic balance with a sensitivity to a minimum of 0.01g,
  - (b) a set of metric weights or a calibration weight, and
  - (c) any other equipment required to support the practice of pharmacy that is conducted in that dispensary.
34. The equipment referred to in standard 33 must be:
- (a) used only in relation to the provision of pharmacy services; and

<sup>4</sup> Note: "public area" is a defined term in the *Pharmacy and Drug Regulation*, section 1(2)(b).

- (b) cleaned, inspected and maintained to ensure proper functioning and the safety of the public.

### **Area for confidential communication**

- 35. A licensed pharmacy must have an area within the patient services area that ensures confidentiality when patients are counselled by a pharmacist.
- 36. The area referred to in standard 35 must include:
  - (a) suitable sound barriers that prevent conversations from being overheard by unauthorized individuals, and
  - (b) suitable visual barriers to prevent others from seeing what drug, health products or medical devices are being provided.
- 37. The area referred to in standard 35 must be kept free for use for counselling and must not be used to store or display anything other than health care products, aids or devices or patient information materials.

### **Library**

- 38. The licensed pharmacy must have an adequate library to which a pharmacist in the dispensary can have immediate access.
- 39. The library must include the following:
  - (a) applicable federal and provincial enactments governing pharmacy practice in Alberta;
  - (b) Canadian compendium of pharmaceuticals;
  - (c) a drug interaction reference;
  - (d) a dispensatory/foreign drug reference;
  - (e) a medical dictionary;
  - (f) an over-the-counter (OTC) drug reference;
  - (g) a therapeutics reference; and
  - (h) a natural health products and alternative therapies reference.
- 40. A licensee must ensure that all materials required to be included in the library are professionally acceptable and are kept current.
- 41. For the purposes of standard 40, a licensee may rely on the list of required reference sources set out on ACP's website.
- 42. The library may be kept in an electronic format or may be provided through an electronic comprehensive pharmacy information system database.

### **Duty of licensee in relation to facilities and equipment**

- 43. A licensee must ensure that the licensed pharmacy meets the requirements set out in standards 27 through 39 inclusive.

### **Application of physical facility and equipment standards to satellite pharmacies**

- 44. The registrar may authorize a satellite pharmacy that does not comply with all the standards set out in standards 27 through 39 inclusive and, in such a case, may impose conditions to ensure the integrity of the drug distribution system, the safety of the public and the integrity of the profession.
- 45. In the event the registrar acts under standard 44, the licensee must ensure compliance with all conditions imposed by the registrar.

## **The management of the drug supply in a licensed pharmacy**

### **Duty to examine drugs**

- 46. A licensee must ensure that all incoming and outgoing shipments of drugs, and health care products and supplies are visually examined:
  - (a) to verify the identity of the drugs, and
  - (b) to verify that there has been no contamination of or damage to the drugs.

### **Duty in relation to storing drugs**

- 47. A licensee must ensure that drugs are stored in the licensed pharmacy:
  - (a) at appropriate temperatures,
  - (b) under appropriate conditions, and
  - (c) in accordance with any manufacturer's requirements to ensure stability.

### **Labelling drugs in storage**

- 48. A licensee must ensure that drugs stored in the pharmacy are labelled using names from an official compendium.

### **Duty when drugs are packaged or transported**

- 49. A licensee must ensure that appropriate conditions are maintained to ensure the integrity of the drugs when drugs are packaged in a licensed pharmacy or transported from a licensed pharmacy.

### **Duty to store drugs in a manner that minimizes error**

- 50. A licensee must ensure that the storage procedure for drugs minimizes the possibility of dispensing errors.
- 51. The duty under standard 50 includes ensuring that drugs for external use are stored separately from internal and injectable drugs.

### **Storage of flammable and hazardous chemicals**

- 52. A licensee must ensure that flammable and hazardous chemicals, including diluents, are stored safely.

### **Location of drugs in prescription department**

- 53. A licensee must ensure that drugs are kept in the appropriate locations within the prescription department having regard for their scheduling under Part 4 of the *Pharmacy and Drug Act*.

### **Return of drugs to storage**

- 54. A licensee must ensure that there are proper procedures for returning stock drugs to storage to reduce the risk of an error.

### **Security for drugs**

- 55. A licensee must ensure that all drugs in a licensed pharmacy are secured against theft, loss or diversion.

**Disposal of drugs**

56. A licensee must ensure that:
- outdated, recalled, damaged, deteriorated, misbranded or adulterated drugs are kept separately from other drugs until they are destroyed or returned to their supplier;
  - the licensed pharmacy has procedures for the safe and proper disposal of drugs that are outdated, recalled, damaged, deteriorated, misbranded or adulterated; and
  - the procedures are followed in the operation of the pharmacy.
57. A licensed pharmacy must accept unused drugs or expired drugs from patients for proper disposal unless accepting the drug would pose a health risk or hazard to pharmacy staff members.

**Restriction on return for reuse**

58. A licensee must ensure that
- no drug or portion of a drug that has been dispensed or sold to a person, and
  - no health care product (as defined in the regulations to the *Pharmacy and Drug Act*) that has been provided to a person
- is returned to the licensed pharmacy for use or reuse.
59. Despite standard 58, a licensee may permit a pharmacist to repack a drug or health care product if:
- that drug or health care products will be reused only for the patient for whom it was originally dispensed, or
  - the drug or health care product is in a tamper resistant package and was provided to a health care facility and maintained under the control of a regulated health professional at all times while in that facility; and
  - the pharmacist is confident that the drug or health care product:
    - has not been tampered with, and
    - has been stored in a manner that would not adversely affect its stability.

**Quality assurance**

60. In this part
- “drug incident” means any preventable event that may cause or lead to inappropriate drug use or patient harm. Drug incidents may be related to professional practice, drug products, procedures or systems, and include:
    - prescribing;
    - order communications;
    - product labelling, packaging, nomenclature;
    - compounding;
    - dispensing;
    - distribution;
    - administration;
    - education;
    - monitoring; and
    - use;

- “adverse drug event” means an unexpected and undesired incident that results in patient injury or death or an adverse outcome for a patient, including injury or complication;
- “drug error” means an adverse drug event or a drug incident where the drug has been released to the patient.

**Duty to minimize risk of drug errors**

61. A licensee must ensure that
- the licensed pharmacy has appropriate systems, policies and procedures in place to minimize the risk of a drug incident or an adverse drug event; and
  - pharmacy staff of the licensed pharmacy:
    - are trained, and
    - are required as a term of their employment to comply with those systems, policies and procedures.
62. The licensee must monitor and enforce compliance with the systems, policies and procedures referred to in standard 61.

**Quality assurance process**

63. A licensee must ensure that a quality assurance process is implemented and maintained in a licensed pharmacy. The quality assurance process should:
- provide for reporting, investigating, documenting and evaluating drug incidents that occur in the pharmacy;
  - include regular review and feedback mechanisms to prevent drug incidents; and
  - include a process or procedure for responding to complaints or concerns.
64. The quality assurance process must provide for reporting, investigating, and evaluating drug errors, and must comply with the following.
- Within 24 hours of initial discovery, the licensee must ensure that any suspected drug error is investigated and, if verified, is documented.
  - The staff member(s) involved in the drug error must document an account of the error as soon as possible after the discovery. If the staff member(s) involved are not on duty at the time of discovery, the staff member who discovers the drug error must initiate the documentation.
  - Drug-error documentation must:
    - be in a format that can be easily audited and reviewed, and
    - be maintained for at least 10 years after the error is discovered.
  - The documentation must include a description of factors contributing to the drug error and actions taken to prevent recurrence.
  - The report must clearly identify whether it relates to a drug incident or an adverse drug event.

**Response to a drug error**

65. If a drug error is discovered, or if there is a reasonable suspicion that a drug error has occurred or will occur, the licensee must ensure that the following steps are taken:
- initiate immediately any emergency measures required to protect the health and safety of the patient,

- (b) contact the patient immediately and disclose the drug error and its implications,
- (c) advise immediately all other regulated health professionals and caregivers whose care for the patient may be affected by the drug error and advise them of the drug error and its implications,
- (d) take appropriate steps to promptly remedy the error by ensuring that the patient receives the correct drug,
- (e) take reasonable steps when necessary to ensure that the incorrect drug is returned to the licensed pharmacy for safekeeping to avoid risk of harm or further harm, and
- (f) implement changes in practices, procedures or staffing in the licensed pharmacy to prevent a recurrence of the drug error, if required.

### **Follow-up process**

66. The licensee must, at least quarterly:
- (a) review the drug-error reports for the licensed pharmacy to evaluate whether practice changes or preventative measures are required to prevent future drug errors; and
  - (b) assess whether any changes implemented as a result of a drug error were successful in advancing patient safety.
67. Nothing in standard 66 relieves a licensee from the duty to make changes or take preventative measures promptly in response to a drug error if the protection of the public requires it.
68. The licensee must communicate the results of the licensee's drug error review to all employees who work in the prescription department, along with any other information required to assist in ensuring that the risk of a drug error is reduced.

## **Extemporaneous compounding**

### **Licensed pharmacy to be prepared to provide extemporaneous compounded products**

69. A licensee must ensure that the licensed pharmacy is willing and able to provide extemporaneous compounding services normally available in pharmacy practice by:
- (a) employing pharmacist staff with the skills necessary to undertake such compounding;
  - (b) having the requisite equipment;
  - (c) having formulas, systems, procedures and references that facilitate compounding; and
  - (d) providing the pharmacist staff with the time necessary to undertake compounding.
70. A licensee may meet the obligation under standard 69 by entering into an agreement with a compounding and repackaging pharmacy under which the compounding and repackaging pharmacy will compound drugs for the licensed pharmacy.
71. If a pharmacist employed in a licensed pharmacy will engage in sterile compounding of drugs or mixing other products for parenteral or ophthalmic use, the licensee must ensure that the licensed pharmacy provides an environment that meets accepted standards such as those established by the Canadian Society of Hospital Pharmacists (CSHP), the

American Society of Health System Pharmacists (ASHP) or the United States Pharmacopeia (USP).

### **Drugs compounded or dispensed for animals**

72. Drugs compounded for or dispensed to food-producing animals must be compounded and dispensed in compliance with relevant sections of pertinent legislation specific to that population.

## **Record keeping and information management**

### **Keeping records**

73. A licensee must ensure that written prescriptions and transaction records for schedule 1 drugs that have been dispensed are:
- (a) filed systematically; and
  - (b) retained for at least two years past the completion of therapy with regard to the prescription or for 42 months, whichever is greater.
74. Despite standard 73, written prescriptions and transaction records for drugs in specialized delivery systems such as implants must be stored separately and must be retained for two years past the date on which therapy was completed.

### **Equipment and systems requirements**

75. A licensee must ensure that a licensed pharmacy has:
- (a) the equipment and systems necessary for the storage and retrieval of all documents that are required to be kept under the Standards for Pharmacist Practice and any other legislation referred to in standard 4; and
  - (b) the computer system, peripheral equipment and software necessary for the input, storage, use, protection and retrieval of the patient record required to be kept electronically under the Standards for Pharmacist Practice.
76. The system, equipment and software referred to in standard 75(b) must:
- (a) be capable of storing and reporting the information required in a patient record;
  - (b) be capable of storing and reporting the information required in a transaction describing the dispensing of a drug;
  - (c) incorporate sufficient security to ensure that only persons who are authorized by the licensee have access to the system;
  - (d) have the ability to uniquely identify each staff member who is granted access to the system;
  - (e) have the ability to control which functions may be accessed by each staff member;
  - (f) create an accurate audit trail of persons using the system;
  - (g) be capable of collating and generating reports of prescription information chronologically and by drug name and strength, patient name and prescriber name;

- (h) have sufficient speed and capacity to enable the pharmacist to fulfil the pharmacist's professional responsibilities efficiently and effectively;
- (i) have adequate backup and recovery systems; and
- (j) require a deliberate and auditable procedure to be carried out by the licensee or a person under the direction of the licensee before any information can be purged from the system.

**Patient record**

- 77. The licensee must ensure that the equipment and systems required under standard 76 facilitate sharing, ease of use and retrieval of necessary data in the patient record to facilitate continuity of patient care.
- 78. The patient record must provide a history of all interactions required to be documented for a patient under the Standards for Pharmacist Practice and must be maintained for a period not less than 10 years after the last pharmacy service or two years past the age of majority, whichever is greater.

**Backup of information stored electronically**

- 79. A licensee must ensure that
  - (a) all data required under this standard or the *Standards for Pharmacist Practice* is backed up at least once daily;
  - (b) a copy of the backup is stored off-site or in a fire- and theft-resistant safe;
  - (c) the backup is stored so that it is retrievable in the event the system malfunctions or is destroyed; and
  - (d) the backup is kept securely to avoid theft or unauthorized access, use or disclosure.

**Compounding and repackaging pharmacies**

**Space and equipment requirements**

- 80. The licensee of a compounding and repackaging pharmacy must ensure that there is adequate space and equipment to perform the activities of the pharmacy.
- 81. If the compounding and repackaging pharmacy is not a community pharmacy, the pharmacy shall, at a minimum, meet 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.

**Role of compounding and repackaging pharmacies**

- 82. Only pharmacies with a compounding and repackaging licence may perform compounding or repackaging for other licensed pharmacies.
- 83. Effective three years following the coming into effect of these standards, the licensee of a compounding and repackaging pharmacy that will compound drugs must ensure that drugs are prepared in an environment and according to procedures that meet standards established by the United States Pharmacopeia (USP).

**Requirement for an agreement**

- 84. The compounding and repackaging pharmacy and the licensed pharmacy that is acquiring compounded or repackaged drugs must have a written agreement outlining the services to be provided and the responsibilities and accountabilities of each party in the form required by ACP's Council.

**Standards applicable**

- 85. The licensee of the compounding and repackaging pharmacy must ensure compliance with the standards regarding compounding and repackaging drugs including, but not limited to, record keeping and labelling requirements for compounded or repackaged drugs.

**Unique identifier required**

- 86. In addition to the prescription labelling requirements dictated under the Standards for Pharmacist Practice, the prescription label for all drugs processed by a compounding and repackaging pharmacy must include a unique identifier that allows identification of the compounding and repackaging pharmacy.

**Duties of proprietors**

**Reasonable steps to ensure competence of licensee**

- 87. A proprietor must take reasonable steps to ensure that the licensee of the proprietor's pharmacy is capable of:
  - (a) managing the practice of pharmacy in that licensed pharmacy, and
  - (b) ensuring compliance with these standards.

**Support and resources**

- 88. A proprietor must provide the licensee of the proprietor's pharmacy with the support and resources necessary for the licensee to comply with the licensee's obligations under these standards and the legislation referred to in standard 4.

**Failure of proprietor not an excuse for licensee**

- 89. Nothing in standard 87 relieves a licensee from complying with these standards and the legislation referred to in standard 4.
- 90. A pharmacist must not assume the position of a licensee or continue as a licensee if the proprietor places the pharmacist in a position where the pharmacist cannot comply with these standards and the legislation referred to in standard 4.

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