Nova Scotia
College of
Pharmacists

STANDARDS OF PRACTICE:
General Pharmacy Practice

March 2014

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1 INTRODUCTION

The *Pharmacy Act* of Nova Scotia states that pharmacists are responsible for the provision of optimal patient care, including monitoring drug therapy and ensuring the pharmaceutical and therapeutic appropriateness of drug therapy.

The Regulations authorize pharmacists in the province to more fully apply their skills and competencies within the health care system as medication therapy experts so as to more effectively fulfill the intent and purpose of the Act.

The *Standards of Practice: General Pharmacy Practice* document establishes the clear expectations of pharmacists with respect to the general practice of pharmacy. It is not intended to be an all-inclusive best practice document, but rather to provide the minimum expectations for safe and effective care. Pharmacists will undertake the practice of pharmacy in accordance with these Standards of Practice as well as with existing legislation, regulations, the Code of Ethics, agreements, other standards of practice and policy directives relevant to pharmacy practice in Nova Scotia. In order for the Standards to be properly understood and applied, it is important that they be considered in their entirety.

The Standards of Practice document is organized into seven overarching Standards. For each Standard, the following is set out:

1. *Standards statement:* a statement of the expectations of a pharmacist
2. *Core Functions:* a description of the primary areas of responsibility and functions that pharmacists perform in order to fulfill the *Standard*
3. *Expected Activities:* a description of the practice activities that pharmacists are expected to perform in order to achieve each *Core Function*
4. *Examples of Expected Activities:* examples of activities that are expected when observing the Standards

This Standards of Practice document was developed by the Nova Scotia College of Pharmacists with the input of many individuals and organizations including the NSCP Standards of Practice Committee, and was informed by the National Association of Pharmacy Regulatory Authorities (NAPRA) *Professional Competencies for Canadian Pharmacists at Entry to Practice* and the NAPRA *Model Standards of Practice for Canadian Pharmacists.*

Approved: March 19, 2014

2 DEFINITIONS

Definitions for terms represented in the *Standards of Practice: General Pharmacy Practice* are provided in the following table.

Term	Definition
Care Plan	A plan, established by working with the patient when possible, that sets out the elements of how to manage a patient's health and medical condition(s) successfully with drug and non-drug therapy and includes all of the work necessary to accomplish this. The plan includes goals of therapy, interventions to address drug therapy problems (DRPs) and a plan for monitoring and follow-up.
Circle of Care	Includes individuals involved with, and activities related to, the care and treatment of a patient. It includes the health care providers who deliver care and services for the primary therapeutic benefit of the patient, and those who provide related services such as laboratory work and professional or case consultation. (From the *Personal Information Protection and Electronic Documents Act* (PIPEDA) Awareness Raising Tools and *Personal Health Information Act* (PHIA) Toolkit).
Documentation	Documentation can be in paper or electronic form. The extent and form of documentation may vary depending on what is required in the Standards.
E-Prescription	A prescription that has been created, signed and transmitted electronically within the provincial DIS.
Evidence informed	The conscientious, explicit and judicious use of current best evidence in making decisions about the care of an individual patient, while incorporating the expertise of the pharmacist and the preferences, rights and specific attributes of the patient. [2, 3]
Patient's Agent	For the purpose of these Standards, each time there is a reference to the patient it means the patient *or their agent* as defined in the Pharmacy Act of 2011.
Patient Record	A complete reference of all documentation and information related to the care of a patient that includes: prescription records, medication profiles, and patient profiles.

3   STANDARDS OF PRACTICE

The following chart represents a high level description of the primary elements of the Standards of Practice. This Standards document is based on, and inextricably linked to, *Professional Competencies for Canadian Pharmacists at Entry to Practice* and the *Pharmacy Act*.

Standard	Core Functions
1. Provide Patient Centered Drug Therapy Management	1.1 Assess the patient's needs, concerns and health status 1.2 Develop a care plan 1.3 Support the patient to implement the care plan 1.4 Monitor the patient's progress with the care plan
2. Prepare and Distribute Drugs and Devices	2.1 Receive Prescriptions 2.2 Prepare products 2.3 Distribute drug preparations and products 2.4 Maintain records of preparation and distribution 2.5 Store drug preparations and products 2.6 Dispose of drug preparations and products
3. Manage Patient Information	3.1 Ensure the confidentiality of all forms of patient information 3.2 Document and manage patient information 3.3 Ensure the safety and security of records
4. Educate and Provide Drug and Non-drug Information	4.1 Educate to support and promote health 4.2 Contribute to the education and training of learners, i.e., pharmacy students, interns, residents and technicians
5. Participate in the Effective Operations of the Pharmacy	5.1 Oversee the pharmacy practice environment 5.2 Oversee the human resources within the practice 5.3 Oversee the pharmacy's operational systems and processes
6. Maintain Professional Competence	6.1 Plan and implement professional development strategies to maintain professional competence
7. Contribute to Societal Health and the Effectiveness of the Health Care System	7.1 Promote health in the community 7.2 Advocate and support policies that promote improved health outcomes, public safety and the viability of the healthcare system 7.3 Develop, maintain and promote collaborative relationships with health care providers and others

Standard #1: Provide Patient Centered Drug Therapy Management

Pharmacists, in collaboration with colleagues, patients and other health care professionals, use their unique knowledge and skills to support the patient on an ongoing basis in meeting their drug and health related needs to achieve optimal health outcomes.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities
1.1 Assess the patient's needs, concerns and health status	**1.1.1 Establish and maintain a professional relationship with the patient**	▪ Make best efforts to establish trust and respect ▪ Respect and protect patient confidentiality ▪ Clarify and communicate to the patient the roles, responsibilities and accessibility of the pharmacist ▪ Provide a safe, private and quiet environment to encourage the patient to express any needs, views and concerns ▪ Maintain a professional and caring attitude, and respect the patient's choices and preferences ▪ Determine and respect the extent of a patient's involvement in their care ▪ Allocate time to respond to the patient's relevant health questions ▪ Identify, evaluate and address barriers to communication

	1.1.2 Gather relevant information about the patient	▪ Determine the patient's relevant clinical information as appropriate, including:
		  ✓ Current symptoms/indication for treatment, medical conditions, medications, non-medication therapies, healthcare products/devices and treatments
		  ✓ Physical characteristics and measurements (e.g. weight, height, age/age group, etc.)
		  ✓ Laboratory or other diagnostic test results
		  ✓ Date of and findings from the pharmacist's assessment of the patient, including those findings presented/reported by the patient (subjective) and those observable and measurable by the pharmacist (objective)
		  ✓ Adverse drug reaction experienced by the patients, allergies, or sensitivities
		  ✓ Other health care professionals and caregivers involved in providing treatment and care
		  ✓ Family medical history, as applicable

Core Function	Expected Activities	Examples of Expected Activities
		✓ Personal circumstances, practical needs, values and preferences, lifestyle and financial factors where applicable ✓ Other information relevant to assessing the appropriateness of drug therapy and/or the pharmacy service being provided
	1.1.3 Determine the patient's desired health and therapeutic outcomes and priorities	▪ Establish the patient's priorities, health needs, desired level of care and expectations of therapy ▪ Encourage the patient to ask questions and describe concerns ▪ Discuss financial considerations with the patient as appropriate and take reasonable steps to manage any associated drug therapy problems
1.2 Develop a care plan	**1.2.1 Interpret and evaluate prescriptions**	▪ Take all reasonable steps to ensure the appropriateness of drug therapy, including but not limited to: conversations with the patient, reviewing the patient's profile and information gathered, considering all notifications generated by the pharmacy software
	1.2.2 Identify care plan options and make recommendations to meet the patient's needs	▪ Appropriately review, analyze and interpret information and data about patient's health status ▪ Identify and prioritize actual and potential drug therapy problems ▪ Establish options to address drug therapy problems that are evidence informed and reflect accepted and current practice ▪ Provide options that are relevant to patient's expectations, needs, priorities, values and limitations ▪ Discuss options collaboratively with colleagues and other health care providers where applicable ▪ Make recommendations to the patient that aim to optimize their desired health outcomes
	1.2.3 Support the patient to select care plan options	▪ Provide appropriate information about expected benefits, efficacy, side effects and toxicity, and/ or potential interactions in a manner that supports patient decision-making ▪ Respond to the patient's questions, concerns and choices appropriately and respectfully

Core Function	Expected Activities	Examples of Expected Activities
	1.2.4 Refer the patient to services when appropriate	▪ Maintain current knowledge of healthcare providers, services and community resources to which patients could be referred ▪ Make referrals, when appropriate, so as to optimize the patient's health outcomes ▪ Make referrals to other providers when the pharmacist does not have the knowledge, skills and competencies necessary to effectively address the patient's needs

1.3 Support the patient to implement the care plan	**1.3.1 Counsel the patient**	▪ Communicate with the patient at a level appropriate for the patient's level of understanding
		▪ Dialogue with the patient to confirm their understanding of the care plan and where appropriate, obtain their informed consent (refer to Appendix A - *Patient Consent and Disclosure Requirements*)
		▪ Provide and discuss adherence tools and options with the patient where appropriate
		▪ Provide appropriate supplemental information to further support the patient when appropriate
		▪ Include the following, as appropriate, when counselling a patient:
		  ✓ Confirmation of the identity of the patient
		  ✓ Name and purpose of the drug being dispensed
		  ✓ Directions for proper use, including education about devices
		  ✓ Common or important drug-drug or drug-food interactions
		  ✓ How the patient should monitor the anticipated therapeutic response, including the associated time frames for therapeutic effect
		  ✓ Common side effects, adverse reactions, interactions and therapeutic contraindications, including their avoidance, and the actions required if they occur
		  ✓ Actions the pharmacist will undertake to monitor the patient's progress, when appropriate
		  ✓ Actions the patient should take if the intended therapeutic response is not obtained
		  ✓ Refill (including part-fill) information and any other information required to facilitate safe & effective use of the drug by the patient
		  ✓ Storage and safety requirements
		  ✓ Information and instructions regarding expiry dates and disposal of drugs and devices when appropriate

Core Function	Expected Activities	Examples of Expected Activities
		✓ Responses to questions and expressed needs; and any other information, the pharmacist considers necessary for the safe and effective use of that drug by that patient
1.4 Monitor the patient's progress with the care plan	**1.4.1 Obtain and evaluate information on the patient's progress with the care plan**	▪ Communicate with the patient as appropriate, and if applicable with other health care providers, to evaluate and optimize therapeutic effectiveness and outcomes ▪ Obtain and evaluate clinical indicators as appropriate ▪ Assess and support the patient's adherence to the care plan
	1.4.2 Take appropriate action based on monitoring	▪ Modify the original care plan in consultation with the patient and other health care providers when appropriate ▪ Identify and address drug-related problems ▪ Adjust the monitoring plan when appropriate

Standard #2: Prepare and Distribute Drugs and Devices

Pharmacists manage the preparation and distribution of drugs and devices in response to the needs and desired health outcomes of patients and to ensure the safety, accuracy and quality of supplied products. Pharmacists oversee the staff working in the pharmacy in the achievement of this Standard.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities

2.1 Receive prescriptions	**2.1.1 Assess the accuracy and validity of prescriptions**	▪ Ensure that the prescription is the prescriber's intended order for that patient at that time, including, that for written prescriptions, the prescriber has confirmed this with a signature that is distinct for that transaction (refer to NSCP *Clarification of Current Signature Criteria for a Valid Prescription*)
		▪ Accept e-prescriptions only if provided within the provincially mandated Drug Information System (DIS)
		▪ Take reasonable steps including, for example, accessing information from NSPMP and DIS, to determine that the prescription is the original and that it has not been altered, forged, stolen or fraudulently obtained
		▪ Report confirmed prescription forgeries to the Office of Controlled Substances, Health Canada within 10 days using the *Forgery Report Form* (refer to Appendix C - *Reference Documents*), to law enforcement and to the Nova Scotia College of Pharmacists
		▪ Ensure that at least the following information is obtained and documented before the prescription is dispensed:
		  ✓ Date
		  ✓ Name and address of the patient
		  ✓ Name of the prescribed drug or ingredients
		  ✓ Strength where applicable
		  ✓ Dosage instructions for use by the patient
		  ✓ Route of administration, if applicable
		  ✓ Quantity of the drug that may be dispensed
		  ✓ Refill authorization where applicable
		  ✓ Name of the prescriber and, in the case of a written prescription, original signature of the prescriber (refer to NSCP *Clarification of Current Signature Criteria for a Valid Prescription*)
		  ✓ In the case of a verbal prescription, the signature of the pharmacist or registered pharmacy technician receiving the order from the prescriber
		▪ Use effective communication skills when receiving and transcribing verbal prescriptions

Core Function	Expected Activities	Examples of Expected Activities
	2.1.2 Input the prescription	- Ensure that all prescriptions are appropriately entered into the pharmacy's software system - Submit the prescription and other appropriate information to NSPMP and DIS as required
2.2 Prepare products	**2.2.1 Prepare drugs, devices and supplies**	- Select products in keeping with formulary and drug interchangeability requirements - Select products that are within the expiry date for intended use - Accurately prepare, measure, weigh and count drugs and transfer to the final package in a manner that is hygienic, prevents cross contamination and complies with any requirements applicable to the specific drug or product - Use procedures that are consistent with recognized standards, guidelines and best practices - Follow occupational health and safety practices for hazardous substances that may be used, produced, handled or stored for use in the pharmacy as outlined in federal and provincial workplace safety legislation - Use equipment that is safe, accurate, of good quality, properly maintained, meets accepted standards and is consistent with the needs of the procedure
	2.2.2 Compound Drugs	- Determine whether sterile or non-sterile technique is required for the compounding. - Compound products according to product specifications and in accordance with recognized standards (including USP Chapter <797> for sterile compounding), guidelines and best practices - Accurately perform and document calculations - Accurately weigh or measure ingredients - Use only ingredients that are within the expiry date for the intended use - Use only materials and procedures that maximize the integrity of the product - Use equipment that is consistent with the needs of the procedure and meets accepted standards - Perform compounding activities in an environment that is consistent with the requirements for the product - Handle spills and exposures promptly and in accordance with legal and professional requirements

Core Function	Expected Activities	Examples of Expected Activities
	2.2.3 Package products	▪ Select container and packaging that is in keeping with the intended use of the product and that assures product integrity, accounting for sensitivities to light and temperature including, where applicable, adhering to maintenance of cold chain recommendations ▪ Dispense product in child resistant packaging unless the prescriber or patient requests otherwise, the dispenser is satisfied that child resistant packaging is not appropriate, or the supply of child resistant packaging of those packages is not available ▪ Ensure and document that the patient has been warned and is aware of the risks of not having a child resistant package when such packaging is provided
	2.2.4 Label products	▪ Ensure that when a prescription is dispensed, the label is clear and legible and supports understanding by the patient; and that the label includes all of the necessary information that, in the professional judgment of the pharmacist, is required for the safe and effective use of the drug (Refer to NSCP Policy - *Prescription Labels*)
	2.2.5 Document	▪ Enter prescriptions and information pertaining to other drugs, therapies and services provided to a patient, as appropriate, in a patient record as set out in *Standard 3 – Manage Patient Information.* ▪ Create records that are complete, up to date, accurate, authentic and meet all legal and professional requirements
2.3 Distribute drug preparations and products	**2.3.1 Maintain security and integrity during the distribution process**	▪ Ensure that the container is appropriate for transport ▪ Ensure that distribution systems, including distribution to the patient, provide for the needs of the practice, drug and environment, including maintenance of required temperatures ▪ Organize the distribution systems to minimize drug diversion ▪ Consider the recommendations for maintenance of cold chain in the following references when establishing the distribution process: *Canadian Immunization Guide*, and *National Vaccine Storage and Handling Guidelines* ▪ Provide only those vaccines, either by dispensing for later injection or by direct injection into a patient, that have been stored and handled in compliance with the NSCP Policy - *Refrigeration of Drugs, Vaccines and Biologics*

Core Function	Expected Activities	Examples of Expected Activities
		▪ Ensure the technical accuracy of the dispensed prescription and ensure that whenever possible, the person checking the technical aspect of filling the prescription is not the same person who filled it ▪ Employ delivery processes that are safe and effective and in compliance with NSCP Policy – *Delivery of Prescriptions*
2.4 Maintain records of preparation and distribution	**2.4.1 Record drug preparation and distribution activities**	▪ Create, as required, an auditable trail that identifies all individuals involved in the dispensing of the prescription, and provides accountability for the distribution of medications to patients, prescribers, other pharmacies and hospitals
2.5 Store drug preparations and products	**2.5.1 Maintain storage environment and processes**	▪ Store prepared prescriptions awaiting release to the patient in a manner that protects patient confidentiality, and that ensures their integrity and security ▪ Maintain an environment for the storage of drug products and preparations that ensures their integrity and security ▪ Consider recommendations for maintenance of cold chain in the *National Vaccine Storage and Handling Guidelines* when establishing and maintaining the storage environment ▪ Limit access to prescription preparation and drug storage areas to authorized personnel ▪ Organize the storage system to minimize dispensing errors and drug diversion

2.6 Dispose of drug preparations and products	**2.6.1 Identify and store products requiring disposal**	▪ Review inventory regularly for items requiring disposal and store in a secure manner and separate from regular inventory
		▪ Store Controlled Drugs and Substances (CDSA products) received from patients separate from regular inventory and in a manner that protects confidentiality of patient information:
		  ✓ Establish a process for recording the receipt of CDSA drugs returned from patients in accordance with federal requirements
		  ✓ Store in a secure manner separate from regular inventory

	2.6.2 Destroy products requiring disposal	▪ Dispose of products in a manner that is safe, environmentally responsible and that complies with legal and professional requirements ▪ Identify and use secure disposal service providers ▪ Dispose of products in a manner that protects confidentiality of patient information

Standard# 3: Manage Patient Information

Pharmacists manage patient information, including keeping records of the pharmacy services they provide, in accordance with the *Pharmacy Act* and *Regulations*, *Personal Information Protection and Electronic Documents Act (PIPEDA)*, *Personal Health Information Act (PHIA)* and all applicable privacy rules. Pharmacists are expected to be the primary steward of a patient's medication profile and as such, to ensure it is current, comprehensive, and accurate, and kept safe and secure at all times.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities
3.1 Ensure the confidentiality of all forms of patient information	**3.1.1 The gathering, use, and exchange of information is carried out in a manner that protects patient confidentiality**	▪ Ensure confidentiality and security of information being transferred or released ▪ Protect patient information, including that at risk of being inappropriately observed or overheard during prescription processing, from unauthorized access ▪ Carry out conversations regarding patients in a manner that cannot be overheard ▪ Provide patients with a private space for communicating with pharmacy staff to protect privacy of their information ▪ Pharmacy Managers locate the fax machine for receiving prescriptions and the voice message recording device within a secure area of the pharmacy, preferably in the dispensary, to protect the confidentiality of the prescription information ▪ Only release information that is gathered in the course of the pharmacist's professional relationship with the patient in accordance with relevant legislation
	3.1.2 The storage of information is carried out in a manner that protects patient confidentiality	▪ Pharmacy Managers ensure information is stored such that it is secure and that access is controlled. ▪ Pharmacy Managers ensure electronic information is stored in accordance with current best practices for data security

3.2 Document and manage patient information	**3.2.1 Create and maintain patient records that are accurate, current and comprehensive**	▪ Create patient records as appropriate, for each patient to whom care has been provided and in every instance when a drug is dispensed, including as appropriate:
		  ✓ Information gathered in accordance with standard 1.1.2, including, as appropriate, a list of medications the patient has previously and/or is currently taking, allergies, and relevant medical conditions (e.g. renal dysfunction, pregnancy, etc.)
		  ✓ Details of prescriptions dispensed for the patient, including information

Core Function	Expected Activities	Examples of Expected Activities
		required on a prescription as per standard 2.1.1 and the identity of all individuals involved in the dispensing ✓ A record of care, including findings of the assessment, recommendations made and actions taken (including, where appropriate, drug therapy problems identified, prescriptions written and drugs administered) See Appendix B – *Documentation Requirements* ✓ Those records generated in the form of compliance packaging logs, compounding logs, methadone logs or any other logs that contain patient information relevant to the preparation of a prescription ▪ Routinely confirm and update the record appropriately with respect to the currency of the patient's allergies, medical conditions and drug therapy on file, including whether a patient is receiving medication beyond that provided by the pharmacy such as: ✓ Drug samples from a physician ✓ Prescription medication from other pharmacies or hospitals ✓ OTC medication and natural health products ▪ Deactivate prescriptions that are inactive or no longer current ▪ Document appropriately to support actions and clinical decisions ▪ Document such that it is a permanent and non-erasable part of the patient record ▪ Document to include the identity of the person who makes any alterations to the record and in a manner that enables an audit trail ▪ Address any discrepancies that exist between the patient's information in the DIS and the pharmacy's record ▪ Document at the time of performing the task or as soon as practicably possible ▪ Document, when appropriate, communications with others within the circle of care that supports the findings of any assessments, including identified drug therapy problems, recommendations made and actions taken
3.3 Ensure the safety and security of records	**3.3.1 Keep records in a manner that ensures their permanence, safety and security**	▪ Ensure the preservation of the information and the integrity of the records ▪ Comply with all other applicable policies, legislation and the Code of Ethics: ✓ Paper records are maintained on permanent quality paper ✓ Electronic files are backed up and stored in accordance with current best practices for data security ▪ Ensure that maintenance and storage systems meet legal and professional requirements

Core Function	Expected Activities	Examples of Expected Activities
		▪ Establish and implement processes for the storage, retention and disposal of patient records (including, but not limited to unused prescription labels, receipts, computer audits and confidential third party information) and records (including but not limited to prescription files, patient profiles, personalized patient information, compounding or other logs containing patient information) that meet the Pharmacy Regulations.

Standard #4: Educate and Provide Drug and Non-drug Information

Education by pharmacists spans the provision of care to individual patients, the provision of drug and non-drug information, the promotion of health, and the education of students, interns, health professions colleagues and the public. Refer to Section 1.3.1 for patient counseling information.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities
4.1 Educate to support and promote health	**4.1.1 Identify learning needs**	▪ Clarify the question or learning needs with individuals or groups ▪ Accurately determine the depth of information required to answer a question
	4.1.2 Identify, retrieve and evaluate relevant sources of information	▪ Use sources of information appropriate for the question or level of evidence required ▪ Critically appraise information to ensure its appropriateness based on principles of evidence informed healthcare ▪ Manage requests for information or recommendations that are beyond the pharmacist's scope or competence and refer as appropriate
	4.1.3 Provide information to address the learning needs	▪ Provide information that is relevant, accurate, current and evidence informed and is appropriate to the needs and values of the patient or target audience ▪ Assess the individual's or group's level of understanding and present at that level using easily understandable language and avoiding jargon ▪ Demonstrate respect, sensitivity and empathy in communications ▪ Listen to and respect others' views about their health and medications ▪ Consistently use appropriate verbal, non-verbal and active listening skills and be conscious of learners' verbal and non-verbal cues ▪ Confirm that information provided meets the need

Core Function	Expected Activities	Examples of Expected Activities
4.2 Contribute to the education and training of learners, i.e., pharmacy students, interns, residents and technicians	**4.2.1 Function as a fit and proper role model**	▪ Demonstrate a commitment to best practice ▪ Demonstrate respect, sensitivity and empathy when interacting with learners ▪ Answer questions of learners ▪ Communicate to learners any identified gaps in their knowledge and skills ▪ Support learners in addressing identified gaps ▪ Document, where appropriate, assessment of a learner according to the principles of effective feedback ▪ Communicate ongoing concerns in knowledge and skills to the appropriate preceptor, educational organization, or if necessary, to the regulatory authority or education program as appropriate so that they are addressed ▪ Supervise learners in a manner that meets rules, regulations and standards ▪ Provide ongoing feedback to learners on their performance

Standard #5:   Participate in the Effective Operations of the Pharmacy

While specific responsibilities may vary depending on the role and whether a pharmacist is a staff pharmacist on duty or a pharmacy manager, all pharmacists participate in the operation of the pharmacy in order to optimize patient care, to maintain a safe and effective environment and seek to ensure patients have access to the services and products required to meet their drug therapy needs.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities
5.1 Oversee the pharmacy practice environment	**5.1.1 Maintain a safe, secure and effective practice environment**	▪ Pharmacy managers take reasonable steps to ensure that space allocations enable safe and effective operations and are in compliance with applicable legislation, standards and policies ▪ Ensure an area exists specific to the service being provided that meets the requirements for privacy and confidentiality ▪ Confirm that practice environment including temperature, lighting, ventilation, and cleanliness meets professional requirements
	5.1.2 Contribute to the maintenance of a healthy environment for the public	▪ Identify and minimize the risk of adverse health events arising from the pharmacy environment
	5.1.3 Prescription processes and workflow designs ensure that pharmacists are able to meet the standards of practice and provide quality care	▪ Organize staffing and workflow to enable the pharmacy staff to meet standards of practice ▪ Establish mechanisms for staff to offer feedback on practice issues including workload and workflow ▪ Reflect best practice in prescription preparation procedures and workflow processes
	5.1.4 Observe all NSCP policies	▪ Differentiate which policies and standards are those of the NSCP (i.e., compliance required by law) and which are corporate operational standards and policies (i.e., required by the employer) ▪ Communicate with employer to advise when employer policies are inconsistent with NSCP policies
	5.1.5 Anticipate change	▪ Plan to adapt practice to accommodate emerging issues and to support evolving practice

Core Function	Expected Activities	Examples of Expected Activities
5.2 Oversee the human resources within the practice	**5.2.1 Ensure appropriate human resources are in place**	▪ Managers ensure the pharmacy is staffed with registrants who can competently provide the specific professional services and activities provided by the pharmacy ▪ Communicate with employer or appropriate individual when human resources are not in keeping with patients' needs, practice objectives, specific professional services, current and anticipated workload, and legal and professional requirements
	5.2.2 Manage the human resources	Take reasonable steps to ensure the following activities are undertaken: ▪ Plan and organize work activities and procedures to optimize patient care ▪ Support positive working relationships within the pharmacy team ▪ Understand and respect the competencies and scope of practice of other team members
5.3 Oversee the pharmacy's operational systems and processes	**5.3.1 Contribute to the management and maintenance of inventory**	▪ Maintain inventory to meet patients' needs ▪ Establish processes to manage drug shortages and recalls ▪ Only use drugs, devices and supplies procured from reputable sources ▪ Organize inventory to minimize errors and optimize patient safety ▪ Organize inventory to maximize efficiency and security ▪ Ensure that inventory is managed to remove expired stock and to ensure the quality and timeliness of medication supply ▪ Ensure consistent adherence to laws, regulations and policies related to location of all scheduled drugs ▪ Recognize and address the potential for drug diversion and establish and implement prevention processes (refer to *Guidelines: Prevention and Management of Pharmacy Robberies and Break-Ins in Nova Scotia,* referenced in Appendix C, for information on diversion and theft prevention)
	5.3.2 Obtain and maintain pharmacy practice management systems (PPMS)	▪ Ensure the PPMS meets legal and professional requirements including any PPMS standards adopted by Council ▪ Information and advice about products and services generated by the PPMS reflect accepted current clinical practice in Canada

Core Function	Expected Activities	Examples of Expected Activities

	5.3.3 Acquire and maintain equipment	▪ Perform routine maintenance checks that meet manufacturer, legal and professional requirements
		▪ Record equipment maintenance
		▪ Ensure that records for automated pharmacy systems used to enhance patient care:
		  ✓ Are under the control of a licensed pharmacy
		  ✓ Include the appropriate written policies, procedures and quality assurance programs to ensure safety, accuracy, security and patient confidentiality
		  ✓ Comply with federal and provincial laws and standards

	5.3.4 Undertake continuous quality improvement in accordance with NSCP *Standards of Practice: Continuous Quality Assurance Programs in Community Pharmacies*	▪ Establish, monitor and evaluate the effectiveness of services ▪ Communicate concerns regarding quality of pharmacy practice or services to the pharmacy manager and/or the pharmacy's dedicated Quality Assurance (QA) coordinator. ▪ Personally reflect upon individual practice to identify areas for improvement including identification of factors that contributed to error and near misses.
	5.3.5 Manager establishes a pandemic, disaster and emergency preparedness plan that ensures continuity of care (Refer to Nova Scotia Health System *Pandemic Influenza Plan*)	▪ Prepare the plan to include situations that could reasonably occur (e.g., fire, flood, power outages, pandemic, job action) ▪ Ensure the plan is available and communicated to all staff

Standard #6: Maintain Professional Competence

Pharmacists have a responsibility to ensure that they have the competencies set out in the current national professional competency document and to regularly engage in planned professional development to maintain and improve their competencies and keep their knowledge and skills current in order to meet the ever-evolving needs of their patients.

Standards of Practice:

Core Function	Expected Activities	Examples of Expected Activities
6.1 Plan and implement professional development strategies to maintain professional competence	**6.1.1 Create and maintain a professional development plan to improve current and future practice**	▪ Self-assess professional competencies against the required competencies as set out in the national professional competencies document and any other relevant professional competencies required for specific practice ▪ Use objective tools to perform the self-assessment when appropriate and where available, in particular those recommended by the NSCP ▪ Address identified gaps in professional competencies, including: ✓ Establish a professional development plan ✓ Identify, select and complete appropriate learning opportunities ✓ Apply learnings to practice as appropriate
	6.1.2 Monitor, evaluate and record development achievements	▪ Review the professional development plan on a regular basis ▪ Evaluate professional development achievements and how they have been applied to day to day practice ▪ Continually modify development plan to keep pace with evolving practice and professional goals

Standard #7: Contribute to Societal Health and the Effectiveness of the Health Care System Pharmacists collaborate with others to optimize societal health, public safety and the healthcare system.		

Standards of Practice:		
Core Function	**Expected Activities**	**Examples of Expected Activities**
7.1 Promote health in the community	**7.1.1 Encourage health and wellness**	▪ Incorporate clinical preventative services into daily practice ▪ Promote decision making processes that support the public health interest
	7.1.2 Support access to health information	▪ Identify sources of relevant, accurate and current information for patients ▪ Provide information on health promotion and disease prevention ▪ Ensure that information provided regarding health related choices is consistent with accepted best practices
	7.1.3 Address identified risks to public health	▪ Report to the appropriate authority when indicators of possible public health problems are identified ▪ Report all adverse reactions to drug therapy through the appropriate channels ▪ Address drug misuse in accordance with legal and professional requirements ▪ Report identified unsafe health practices of other healthcare providers to the appropriate authority to be addressed ▪ Contribute to health and wellness problem solving ▪ Participate in organized initiatives for disaster and emergency preparedness
7.2 Advocate and support policies that promote improved health outcomes, public safety and the viability of the healthcare system	**7.2.1 Contribute to policy direction and decisions**	▪ Provide input where appropriate that is in the interest of the health of the public
	7.2.2 Maximize the efficient use of resources	▪ Use resources to optimize patient outcomes and patient safety ▪ Implement policies and procedures to minimize waste of public resources ▪ Maintain the security and integrity of resources and products to safely minimize loss and waste ▪ Address identified risks to the healthcare system ▪ Seek to prevent patients' misuse or abuse of the health care system whenever possible

Core Function	Expected Activities	Examples of Expected Activities
7.3 Develop, maintain and promote collaborative relationships with health care providers and others	**7.3.1 Identify potential collaborators**	▪ Identify those health professionals within and across disciplines who have potential to enhance services and health outcomes ▪ Explore opportunities for collaboration within the workplace, the community and the healthcare system, where appropriate (See Appendix C – *Reference Documents*)
	7.3.2 Establish professional relationships with collaborators	▪ Collaborate with health care providers and others to implement health promotion strategies and public health initiatives ▪ Demonstrate open, constructive and respectful behaviours in relationships with others ▪ Clearly and concisely clarify roles and scopes of practice within the circle of care

APPENDIX A – PATIENT CONSENT AND DISCLOSURE REQUIREMENTS

A pharmacist shall obtain informed and voluntary consent for prescribing or extended practice services being provided to the patient. The pharmacist shall also disclose information related to the service provided in accordance with applicable legislative and regulatory requirements.

For reference, the following overview provides a general understanding of who can provide consent (i.e. Consent Authorities) as well as documentation and information disclosure requirements. For further details and specifics beyond those provided in this appendix, refer directly to the applicable legislation / regulations.

CONSENT AUTHORITIES

Adult Patients

A pharmacist shall obtain informed and voluntary consent from an adult patient, provided that the patient has the capacity to consent.

A pharmacist can assume that an adult patient has the capacity to consent and make his/her own treatment decisions, unless the pharmacist has reason to doubt the patient's capacity. Through communicating with the patient and obtaining required information to support the service being provided (conducted in person if practicable), a pharmacist can confirm a patient's capacity to consent by determining that the patient has the ability to:

> ➢ understand information that is relevant to making a treatment decision, and
> ➢ appreciate the reasonably foreseeable consequences of a decision.

Mature Minors

A pharmacist can obtain informed and voluntary consent from a mature minor. A mature minor is one who is capable of understanding the nature and consequences of the treatment and has, therefore, legal capacity to consent to his/her treatment.

A pharmacist shall rely on their own judgment to ascertain whether a minor is sufficiently mature to make treatment decisions. The following factors can assist the pharmacist in assessing the maturity of a minor:

> ➢ What is the nature, purpose and utility of the recommended medical treatment? What are the risks and benefits?
> ➢ Does the minor demonstrate the intellectual capacity and sophistication to understand the information relevant to making the decision and to appreciate the potential consequences?
> ➢ Is there reason to believe that the minor's views are stable and a true reflection of his or her core values and beliefs?
> ➢ What is the potential impact of the minor's lifestyle, family relationships and broader social affiliations on his or her ability to exercise independent judgment?
> ➢ Are there any existing emotional or psychiatric vulnerabilities?

> ➢ Does the minor's illness or condition have an impact on his or her decision-making ability?
> ➢ Is there any relevant information from adults who know the minor (e.g. physicians)?

In situations where a pharmacist determines that a minor has the necessary maturity to make his or her own treatment decisions, all rights in relation to giving or withholding consent will belong to the minor. The parent or guardian will no longer have any overriding right to give or withhold consent.

Patient Agents

When providing an extended practice service to an adult or mature minor patient who is not available to provide consent and another individual indicates by direction or implication that he/she is the patient's agent, the pharmacist shall take reasonable steps to confirm the identity of the individual who is acting as the patient's agent and to confirm that the individual has the patient's authorization to act on their behalf. The pharmacist shall consider the nature, purpose and process of the activity requiring consent, including the associated benefits and risks, when using professional judgment to accept consent from the patient's agent in this situation.

Non-Mature Minors

For non-mature minors, a pharmacist shall obtain informed and voluntary consent from the patient's agent. The patient's agent shall be determined in accordance with the considerations and ranked order outlined in the Patients Lacking Capacity to Consent section.

Patients Lacking Capacity to Consent

For patients who lack the capacity to consent, a pharmacist shall obtain informed and voluntary consent from the patient's agent. The pharmacist shall deal with the patient's agent as represented by a substitute decision maker appointed by the patient through the Personal Directives Act or the Medical Consent Act (where completed prior to April 1, 2010) to make personal care decisions (including health care decisions) should the patient become incapable of making decisions.

In situations where a personal directive or medical consent appointment exists, the pharmacist shall request a copy of it, follow the instructions and general principles regarding personal care decisions set out in the directive and file it in the pharmacy records for the patient.

In situations where a personal directive or medical consent appointment does not exist (and for non-mature minors as referenced above), the pharmacist shall deal with the patient's agent as represented by a substitute decision maker in the following ranked order:

> ➢ Legal guardian (appointed by the court)
> ➢ Nearest relative (as applicable), in this order:
>   ▪ Spouse – includes married, common-law (partners living together for one year or more) and registered domestic partners
>   ▪ Child
>   ▪ Parent

- Person standing in the place of a parent
- Sibling
- Grandparent
- Grandchild
- Aunt or uncle
- Niece or nephew
- Other relative

➢ Public trustee

There is a limitation on the determination of the nearest relative by the ranked order. In order to be a substitute decision maker, the patient's nearest relative shall meet the following criteria:

➢ Has been in personal contact with the patient over the preceding 12 months or has been granted a court order to waive the 12 month period (note that spouses are exempt from this 12 month personal contact requirement);
➢ Is willing to assume decision-making responsibility;
➢ Knows of no person of a higher rank in priority who is able and willing to assume decision-making responsibility; and
➢ Makes a statement in writing to certify the relationship with the patient, that they are willing to act as the substitute decision maker, and know of no person ranked higher in priority.

In addition, the pharmacist shall be satisfied through direct or telephone discussions with the individual and using their professional judgment that the nearest relative can act as the patient's agent given the nature and purpose of the treatment, the intellectual capacity of the individual and the impact on the patient.

DOCUMENTATION REQUIREMENTS

Documentation of Informed Consent

When appropriate, a pharmacist shall include documentation in the pharmacy records for the patient that informed and voluntary consent was obtained and from whom. Written consent from the patient or patient's agent is not required. Documentation of consent in the pharmacy records for the patient shall include:

➢ the name of the person who provided consent,
➢ confirmation of consent (can be satisfied by checking a "consent obtained" box) for the pharmacist service and for disclosure of any treatment details and information to the patient's primary health care provider, the original prescriber (if different from the primary health care provider) and/or other appropriate health care professionals, and
➢ where applicable, confirmation of consent directly on the prescription record for the pharmacist to dispense a drug which he/she prescribed.

Documentation for Patients Lacking Capacity to Consent

For a patient who lacks the capacity to consent and a personal directive or medical consent appointment exists, a pharmacist shall obtain a copy of the Personal Directive or Medical Consent (where completed prior to April 1, 2010) and file it in the pharmacy records for the patient.

For a patient who lacks the capacity to consent / non-mature minors where the patient's agent is the "nearest relative", a pharmacist shall obtain and file written confirmation from the agent that he/she is the nearest relative (supported by a birth certificate or other identification), that he or she has been in personal contact with the patient over the preceding 12 months, is willing to assume decision-making responsibility with respect to the service being provided by the pharmacist, and knows of no one who ranks higher in the hierarchy of relatives who is able and willing to assume decision-making responsibility.

For a patient who lacks the capacity to consent / non-mature minors where the patient's agent is a legal guardian or public trustee, a pharmacist shall review the court issued order to confirm applicability and retain a copy of the documentation.

INFORMATION DISCLOSURE REQUIREMENTS

In accordance with the *Pharmacist Drug Prescribing Regulations, the Standards of Practice: Prescribing of Drugs by Pharmacists*, the *Pharmacist Extended Practice Regulations*, and the *Standards of Practice: Drug Administration*, when appropriate, a pharmacist shall communicate with the patient's primary health care provider, the original prescriber (if different from the primary health care provider) and/or other appropriate health care professionals.

There can be other circumstances that require or justify a pharmacist to disclose information regarding actions taken without the patient's informed and voluntary consent, including:

➢ reporting suspected abuse related to the administration of medication in accordance with the Protection for Persons in Care Act (note that such reporting is not a mandatory duty for a pharmacist) ,

➢ reporting an adult in need of protection in accordance with the Adult Protection Act,

➢ reporting child abuse in accordance with the Children and Family Services Act, and

➢ reporting notifiable diseases in accordance with the Communicable Diseases Regulations.

Refer to the cited legislation for additional information regarding the disclosure of information in the above circumstances.

APPENDIX B – DOCUMENTATION REQUIREMENTS

The following information may be required to determine the appropriateness of therapy and should be gathered when appropriate. All information obtained will be documented and retained as part of the patient record:

Patient Demographics:

- Name
- Contact information
- Date of birth
- Provincial health card number (if applicable)
- Gender
- Weight and height, if applicable
- Any known contraindications or allergies / intolerances to drugs, excipients or other substances related to drug therapy
- Medical conditions
- Pregnancy and lactation status, if applicable
- Other relevant information

Prescription Order (written or printed copy):

- Patient name and address
- Date of prescription
- Drug name, strength and dosage form
- Quantity
- Directions for use and route of administration
- Number of refills and interval between each refill, if applicable
- Name of prescriber
- Reference to the original prescription and prescriber name / contact information, where applicable (i.e. Continued Care prescriptions, prescription adaptation, therapeutic substitution and prescription renewal by the pharmacist)
- File the original and new prescriptions together in cases where the original prescription is adapted or substituted with a therapeutic equivalent by the pharmacist

Patient Record (or "Record of Care"):

- Relevant assessment/clinical information, including:
  - ✓ Current symptoms/indication for treatment, medical conditions, medications, non-medication therapies, healthcare products/devices and treatments
  - ✓ Allergies, sensitivities and previous adverse drug reactions
  - ✓ Physical characteristics and measurements (e.g. weight, height, age/age group, etc.)
  - ✓ Laboratory or other diagnostic test results
  - ✓ Date and findings, both subjective (those facts presented by the patient that show his/her perception, understanding, and interpretation) and objective (those facts that are observable and measurable by the pharmacist) from pharmacist assessment of patient, if applicable

Patient Record (cont'd)

- Relevant assessment/clinical information (cont'd):
  - ✓ Adverse drug reaction experienced by the patients, allergies, or sensitivities
  - ✓ Other health care professionals and caregivers involved in providing treatment/care
  - ✓ Family medical history as applicable
  - ✓ Personal circumstances, practical needs, values and preferences, lifestyle and financial factors where applicable
  - ✓ Other information relevant to the assessment assessing the appropriateness of drug therapy and/or the pharmacy service being provided

- Description of therapy decision(s), their rationale and any supporting information / documents (e.g. laboratory report, previous prescription label, written documentation of diagnosis from health care professional requesting pharmacist to select and prescribe appropriate drug therapy, etc.) other information relevant to the assessment
- Actions taken to rectify prescriptions for medications that pose risks to a patient
- Actions to address problems with compliance that pose risks to the patient or can affect the efficacy of the medication
- Appropriate education of patients to whom they dispensed medications or medication therapies
- Details of medication reviews
- Instructions to patients requiring non-prescription drug therapies
- Details of any instances of drug administration in accordance with Standard 3.9 of the *Standards of Practice: Drug Administration,* when applicable
- Details of prescribing in accordance with Standard 3.10 of the *Standards of Practice: Prescribing of Drugs by Pharmacists,* when applicable
- Follow-up plan details to allow other health care professionals or caregivers to monitor patient's progress
- Name of pharmacist
- Information to allow other professional staff in the pharmacy to provide continuity of care
- Date and method of notifying original prescriber, if applicable
- Date and method of consultation with other health care professionals, if applicable
- Reference to the original prescription and prescriber name / contact information, when applicable (i.e. Continued Care prescriptions, prescription adaptation, therapeutic substitution and prescription renewal)
- Patient informed and voluntary consent (refer to Appendix A for Patient Consent and Disclosure Requirements) when applicable
- Details of subsequent monitoring and follow-up where applicable

APPENDIX C - REFERENCE DOCUMENTS

1. Competencies for Canadian Pharmacists at Entry to Practice, 2007, National Association of Pharmacy Regulatory Authorities napra.ca/Content_Files/Files/Entry_to_Practice_Competencies_March2007_final_new_layout_2009.pdf (accessed Feb. 25, 2014)

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6. ISMP's List of Error Prone Abbreviations, Symbols, and Dose Designations, Institute for Safe Medication Practices, Horsham, PA 2011 www.ismp.org/tools/errorproneabbreviations.pdf (accessed Feb. 25, 2014)

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9. USP Chapter <797>, The U.S. Pharmacopeial Convention (USP) www.usp.org/store/products-services/usp-compounding (accessed Feb. 25, 2014)

10. Personal Health Information Protection and Electronic Documents Act (PIPEDA) and Regulations laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html(accessed Feb. 25, 2014)

11. Personal Health Information Act (PHIA) and Regulations novascotia.ca/dhw/phia/ (accessed Feb. 25, 2014)

12. Forgery Report Form, Office of Controlled Substances, Health Canada www.nspharmacists.ca/resources/documents/ForgeryReportForm.pdf (accessed Feb. 25, 2014)

13. Guidelines: Prevention and Management of Pharmacy Robberies and Break-Ins in Nova Scotia, Sept. 2012 www.nspharmacists.ca/resources/documents/RobberyBreakinPreventnGuidelineSept19_12.pdf (accessed Feb. 25, 2014)