

# Standards of Practice for *Pharmacists*

Pharmacy Council



# Standards of Practice for Pharmacists

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**Standards of Practice**  
for Pharmacists

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## Message from the Bermuda Pharmacy Council

The general function of the Bermuda Pharmacy Council is to secure high standards of professional competence and conduct in the practice of pharmacy. The Council is guided by the Pharmacy and Poisons Act 1979 (updated in 2013), which provides for Pharmacy Council to develop and implement standards of practice as part of the Code of Conduct for pharmacists.

Standards of practice are a statement of professional conduct that describes a pharmacist's responsibilities including the skills and judgment required in practice. They set out the principles upon which good pharmacy practice is based and promote a consistent quality of professional performance. The vital element is the commitment of the pharmacy profession to promoting excellence in practice.

Pharmacy Council is now pleased to present *Standards of Practice for Pharmacists* to be effective from 1<sup>st</sup> January 2014. The *Standards* were developed during 2013 in collaboration with the Bermuda Health Council (BHeC). A broad consultative process included input from practicing pharmacists and pharmacy owners as well as comparison with standards in Australia, Canada, United States, and United Kingdom.

While the *Standards* are addressed to pharmacists they are also intended to let the public and other professionals know what they can expect from pharmacists.

*Standards of Practice for Pharmacists* has benefited from the input of several peer reviewers. The Bermuda Pharmacy Council is indebted to Mr. Charles Edmead, Ms. Karen Leseur, and Mr. Kiran Shah, for leading the sub-committee who developed the Standards and offering their technical critique and feedback. We are grateful for the guidance and advice of the Bermuda Pharmaceutical Association (Chair, Eimear Burke) and the Bermuda Pharmacy Owners' Association (Chair, Mr. George Grundmuller). The Bermuda Pharmacy Council is also appreciative for the technical and administrative support provided by the Ministry of Health and Environment including Ms. Sarah D'Alessio, Policy Analyst and Bermuda Health Council including Mrs. Tawanna Wedderburn, Director - Health Regulation, and Ms. Robyn Skinner, Corporate Office Manager.

We will update the *Standards* on a regular basis, or when there are legislative changes that affect content.

Dr. Edmina Bradshaw, B.Pharm, MBA, Ed. D.  
Chair, Pharmacy Council

## How the Standards of Practice applies to you

The guidance that follows describes what is expected of all pharmacists registered with the Pharmacy Council as part of the Code of Conduct issued by the Pharmacy Council. A *pharmacist* means a person registered pursuant to section 7 (4) of the Pharmacy and Poisons Act 1979. *Standards of Practice* detail the principles and values on which good pharmacy practice is based.

The *Standards* were developed in collaboration with the Bermuda Health Council; included wide consultation with the pharmacy profession; and compared with standards in Australia, Canada, United States, and United Kingdom. They are addressed to pharmacists but are intended to let the public know what they can expect from pharmacists. It is your responsibility to know the contents of this guidance and to follow it. The *Standards* will be updated on a regular basis by the Pharmacy Council as required or when there are legislative changes that affect content.

This guidance is not a statutory instrument and you must use your judgement to apply the principles to the unique circumstances of each case you will face as a pharmacist. Serious or persistent failure to follow this guidance for professional conduct may have consequences for your registration.

This document also includes the existing legal requirements within the Pharmacy and Poisons Act 1979 and Misuse of Drugs Act 1972 relevant to the practice of pharmacists. These requirements were included for ease of reference for the practitioner and are identified by specific citation of the legislation. Failure to comply with these requirements may constitute an offence under the legislation.

In the *Standards*, the term “must” refers to a legislative or mandatory requirement; the term “should” means the pharmacist may exercise reasonable discretion as the principle may not apply in all situations or circumstances. The pronoun “he” is used to refer to both genders.

### Definitions

Term	Definition
<b><i>Controlled drugs</i></b>	Active ingredients listed in Schedule 2 of the Misuse of Drugs Act 1972 and Regulations 1973.
<b><i>Schedule 3 drugs</i></b>	Active ingredients listed under the Third Schedule of the Pharmacy and Poisons Act 1979. Products containing these ingredients require a prescription to be obtained.
<b><i>Schedule 4 Part I drugs</i></b>	Active ingredients listed under the Fourth Schedule Part 1 of the Pharmacy and Poisons Act 1979 that are required to be sold only in a registered pharmacy.
<b><i>Schedule 4 Part II drugs</i></b>	Active ingredients listed under the Fourth Schedule Part 2 of the Pharmacy and Poisons Act 1979 that are required to be sold only in a registered pharmacy by a pharmacist.

## 1. Clinical Care Quality

- 1.1. Pharmacists must provide good clinical care. When providing good clinical care:
- Provide treatment that is safe, evidence-based and in the patient's best interests
  - Assess the patient's condition(s), as necessary considering the pharmacy history as far as possible and the patient's views
  - Provide advice or treatment where necessary
  - Respect your patient's right to make their own decisions and seek a second opinion

### Compliance with the law and adhering to guidelines from the Pharmacy Council

- 1.2. Pharmacists must practice in accordance with the Pharmacy and Poisons Act 1979 and Misuse of Drugs Act 1972 and any other legislation which governs practice. Pharmacists have a duty to be aware of changes in the law that affect practice and adjust their practice to ensure compliance with the changes.
- 1.3. Pharmacists must adhere to any practice guidelines released by the Pharmacy Council.

### Maintaining and improving professional performance

- 1.4. Pharmacists must develop and maintain their knowledge, skills and clinical practice as the pharmacy field develops and technologies evolve. To maintain performance a pharmacist should:
- Comply with the Pharmacy Council's guidelines for continuing education (CEUs) hours
  - Participate in relevant professional development, practice improvement and performance appraisal processes to continually develop professional capabilities
  - Adhere to relevant guidelines, regulations and legislation that affect clinical practice

### Maintaining good health and well-being

- 1.5. Pharmacists should maintain their own health and wellbeing. To maintain his own health and wellbeing, a pharmacist should:
- Strongly consider immunization against common, serious communicable diseases where vaccines are available
  - Consult a qualified physician without delay if he thinks he may be infected with a serious communicable disease and ensure that the condition does not pose any risk to patients or others. If such a risk exists, the Pharmacy Council must be informed as soon as possible.
  - Strive to maintain a healthy work-life balance

- 1.6. Pharmacists should also support the health and wellbeing of their colleagues. When doing so a pharmacist should:
- Encourage colleagues who require care to seek appropriate help
  - Follow the reporting guidelines in the Pharmacy and Poisons Act
  - Notify the Pharmacy Council if he is treating a pharmacist whose ability to practice may be compromised

## 2. Prescriptions

### Filling the prescription correctly

- 2.1 Prescriptions for Schedule 3 drugs and controlled must adhere to the requirements under the Pharmacy & Poisons Act (s.23) and Misuse of Drugs Regulations (s.10).
- 2.2 Before dispensing a prescribed drug, pharmacists must determine the authenticity of the prescription including whether it has been altered or forged.
- 2.3 Pharmacists must ensure their patient's prescription authorizes the pharmacist to dispense a chemical and therapeutic equivalent of the drug prescribed that is available at the same or a lesser price (Pharmacy and Poisons Act s.24 (1) (b)). To provide a generic substitution a pharmacist must:
- Determine the appropriate chemical and therapeutic equivalent
    - A chemical and therapeutic equivalent must:
      - contain the same amount of the same active ingredients,
      - possess comparable pharmacokinetic properties,
      - have the same clinically significant formulation characteristics<sup>1</sup> and
      - be administered in the same way as the drug prescribed.
      - not be declared as non-interchangeable by the Pharmacy Council.
    - Accepted reference materials to determine equivalency include:
      - FDA Orange Book [www.accessdata.fda.gov/scripts/cder/ob/default.cfm](http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm)
      - British National Formulary (BNF)
      - Health Canada Notice of Compliance Database (<http://webprod5.hc-sc.gc.ca/noc-ac/index-eng.jsp>)
      - MPR Monthly Prescribing Reference [www.eMPR.com](http://www.eMPR.com).
      - Compendium of Pharmaceuticals and Specialties (CPS)(Canada)
      - Martindale: The Complete Drug Reference
      - Remington's

<sup>1</sup> "the same clinically significant formulation characteristics" – the formulation will result in similar clinical outcomes. Immediate-release capsules or tablets and liquid formulations are considered interchangeable. However, since the clinical outcomes and the intended reasons for using different dosage forms of topical, rectal, ophthalmic and optic preparations may be different, these products are non-interchangeable. For example, a topical cream may be non-interchangeable with a topical ointment; an ophthalmic suspension may be non-interchangeable with an ophthalmic solution.

- Have sufficient knowledge about the patient’s health status and the disease or condition being treated to make the substitution;
- Be satisfied that the substitution cannot reasonably be expected to cause a drug therapy problem and will not place the patient at increased risk;
- Consult with the patient regarding the substitution and obtain their consent;
- Indicate on the prescription record that the substitution took place.

2.4 To correctly dispense a prescription, a pharmacist must:

- Ensure the dosage form, strength, and quantity dispensed are correct and in accordance with the prescription
- Ensure that his dispensing procedure maintains the stability of the drug, prevents cross contamination, and complies with any requirements applicable to the specific drug.
- Ensure the drug is dispensed in the appropriate package noting when child-resistant packaging is not used
- Write the word void on prescriptions containing more than one medication for the medication dispensed (if the prescription is to be returned to the patient)
- Ensure existing partial fills are completed prior to dispensing a new or repeat prescription for other patients for the same drug

2.5 A pharmacist must maintain the original prescription for a period of 2 years (s.46, Pharmacy and Poisons Act).

### Supply & Dispensing Records

2.6 When a pharmacist dispenses a Schedule 3 or 4 drug under a prescription, it must be accompanied with a paper (a “paper” includes the pharmacy label) containing clear and legible information as required by s.46 of the Pharmacy and Poisons Act including:

- patient’s name
- pharmacy name and contact details
- prescriber name;
- the name of the drug, manufacturer and strength supplied
- directions for using the drug
- a unique prescription identification number
- the date of dispensing
- the quantity of drug dispensed
- whether the prescription is to be refilled and if so the number of times

2.7 Upon request of the Minister, a pharmacist must be able to report the quantity of Schedule 3 and 4 drugs they have purchased or sold during a specified period (s.49, Pharmacy and Poisons Act).

2.8 Pharmacists must maintain a controlled drug register documenting when controlled drugs are received and dispensed, in the form prescribed under the Misuse of Drugs Regulations (s.10, 13 &14). These registers must be kept for a period of 2 years from the date of their last entry (s.16 Misuse of Drugs Regulations).

## Emergency Supply of Schedule 3 drugs:

- 2.9 A Schedule 3 drug may be supplied to a person under medical treatment who does not have a prescription in accordance with s.23 of the Pharmacy and Poisons Act. Specifically this requires:
- There is a genuine and urgent need for the drug. Preferably, this should be assessed through a face to face consultation
  - Obtaining a prescription from the patient's practitioner is not practical
  - The drug to be dispensed has been previously supplied by the patient's practitioner
  - The dose is appropriate for the patient's need
  - No more than a 5 day supply of the drug is dispensed unless it is a drug specified under s.23(9)
  - The container or package of the emergency supply dispensed meets the labelling requirements of s.23 (10)
  - The pharmacist records the details included on the label of the dispensed drug in an Emergency Supply Book
- 2.10 An emergency supply cannot be dispensed for a drug listed in Schedule 2 of the Misuse of Drugs Regulations 1973.

## Determining the appropriateness of prescription

- 2.11 Pharmacists must determine the appropriateness of a prescription by considering the relevant factors and the circumstances related to this. Pharmacists must review all relevant medicine and patient information to identify existing or potential issues and to ensure safe outcomes and minimise harm. This includes routinely collecting information<sup>2</sup> necessary to address the patient's drug related needs. When filling a prescription, a pharmacist must consider whether:
- The prescription is accurate
  - The dose, frequency and route of administration is appropriate
  - There is therapeutic duplication
  - There are actual or potential adverse reactions, allergies or sensitivities
  - There are actual or potential drug interactions
- 2.12 When considering the appropriateness of a refill prescription, a pharmacist must consider whether there is continued need for the drug, the date of the last fill, and the patient's response to the drug.
- 2.13 A pharmacist should decline to fill or refill a prescription if patient safety may be compromised pending further consultation. The pharmacist must explain the decision to the patient.

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<sup>2</sup> Information may include but is not limited to relevant patient demographics, patient risk factors for adverse drug reactions, contraindications, relevant dietary restrictions and symptom clarification.

## Fraudulent prescriptions

- 2.14 Pharmacists must decline to fill or refill a prescription if the pharmacist knows or has reason to know that the prescription is false, fraudulent or unlawful. If you suspect a prescription to be false, fraudulent or unlawful you have a duty to report this to the Pharmacy Inspector ([pharmacist@gov.bm](mailto:pharmacist@gov.bm)).
- 2.15 Pharmacists must not fill a prescription for a controlled substance if the pharmacist knows or has reason to know it is for use by a person other than the one for whom the prescription was written.

## Transferring prescriptions

- 2.16 A prescription can be refilled at pharmacies other than the one where the drug was initially dispensed, unless forbidden by the prescribing practitioner (s.23 Pharmacy and Poisons Act).
- 2.17 In such circumstances in order to provide a refill, the pharmacist must communicate as soon as practical with the pharmacist where the prescription was previously dispensed to obtain a copy of the prescription. The pharmacist refilling the prescription must record the date and quantity of the substance dispensed and put their initials on the record (s.23 (6)). Once a copy of the prescription is received, the pharmacist must update the patient's file with the prescription details and the name of the pharmacist who transferred it.
- 2.18 The pharmacist who holds the prescription must (s.23 (5), (6)):
- send a copy of the prescription that contains the following information:
    - the name and address of the patient
    - the name and address of prescribing practitioner
    - the name, strength, quantity and directions for use of the substance prescribed
    - the dates of the first and last dispensing of the substance prescribed and the number of refills (if any) remaining; and
    - the prescription identification number and name and address of the pharmacy
  - make a record of the date and name and address of the pharmacy where the prescription is refilled
- 2.19 When transferring prescriptions (paper or electronic), the prescription should be suspended in the original patient record.
- 2.20 It is recommended that when prescription transfers are not done via an electronic, real-time, online database, a transfer should only take place on a one time basis.

## Compounding according to formula

- 2.21 When pharmacists compound drugs (including sterile compounding for injections), they must ensure the compounded drug is prepared according to a written compounding formula from a reputable source, such as Martindale: The Complete Drug Reference; Remington: The Science and Practice of Pharmacy; or any other documented reference.
- 2.22 Deviations from the written preparation process should be avoided except in cases where the deviation is appropriate and will not negatively impact the stability or therapeutic effectiveness of the preparation. When deviating from the written preparation process, a pharmacist must document the deviation and the rationale for doing so.

## Procedures when adapting a prescription

- 2.23 Pharmacists who are able to adjust the quantity of prescription due to supply issues must obtain the patient's informed consent for the adaptation for partial fills.

## Importation

- 2.24 When importing drugs for any commercial purposes pharmacists, responsible for importation, must ensure the following:
- The pharmacy has the necessary registration, licence and import certificates from the Office of the Chief Medical Officer to import a Schedule 3 or controlled drug as required under the Misuse of Drugs Act and Regulations and the Pharmacy and Poisons Act.
  - Any Schedule 3 product to be imported is eligible for sale in the USA, Canada or EU (s.25, Pharmacy and Poisons Act).

## Accepting drugs for reuse

- 2.25 Pharmacists must not accept the return of a drug for reuse unless:
- The drug will be reused only for the patient for whom it was originally dispensed; or
  - The drug is in a tamper-resistant package and was provided to a healthcare facility; and maintained under the control of a regulated professional at all times while in that facility.

## Appropriate storage and disposal of drugs

- 2.26 All Schedule 3 drugs must be stored in an area inaccessible to the public (s.4, Pharmacy and Poisons Regulations). Controlled drugs are to be kept in a locked cabinet as specified by the Pharmacy Inspector (s.15, Misuse of Drugs Act).

- 2.27 All drugs must be stored in conditions in accordance with their specified requirements to ensure the maintenance of their quality, safety and efficacy.
- 2.28 Pharmacists must not supply drugs that have passed their expiration date or will expire within the period that the amount supplied is to be consumed. Expired products are to be removed from the selling areas of the pharmacy. In exceptional circumstances, the drug can be dispensed with the consent of both the doctor and patient.
- 2.29 Pharmacists must request appropriate disposal by the government pharmacy inspector for the destruction of controlled drugs in their possession that are no longer usable in the course of their practice (s.18, Misuse of Drugs Regulations).
- 2.30 As appropriate, pharmacists should encourage patients to return unused drugs to the pharmacy for disposal. Pharmacists must immediately and without examination place any unwanted medicines in a secure disposal bin that is stored to prevent unauthorized access or retrieval. Pharmacists should not dispose of medicines and scheduled substances in refuse that may be destined for landfill or refuse sites. Pharmacists should only dispose of medicines in accordance with policies issued by the Ministry of Health and Environment.

### 3. Scope of Practice

- 3.1. Pharmacists must practice within the skills and knowledge of their training. When delivering pharmacy care, a pharmacist must:
  - Advise patients about his level of skill and training as required
  - Display or make available copies of his registration certificate
  - Maintain competence to undertake regular continuing professional development and education relevant to their professional duties
  - Refer a patient to an alternative accessible practitioner if he is unable to assist by virtue of the request being outside of his scope

### 4. Ethics, Integrity and Professionalism

#### Code of Ethics and Pharmacy Guidelines

- 4.1 Pharmacists must adhere to the Code of Ethics of the Pharmacy Council and uphold the principles of ethical conduct and standards of behavior. The Code of Ethics is established to guide pharmacists in relationships with patients, health professionals, and society.
- 4.2 Pharmacists must practice according to any pharmacy guidelines issued by the Pharmacy Council. As a pharmacist, you have a duty to be aware of any guidelines that exist and to request clarification on their application as required.

## Professional Boundaries

4.3 When maintaining professional boundaries a pharmacist should:

- Never use his position to pursue a sexual, or other inappropriate relationship with a patient
- Avoid advice/counselling that is not evidence-based
- Never use his position to exploit the patient

## Financial and Commercial Dealings

4.4 Pharmacists should be honest and transparent in all financial arrangements with patients and where they have financial interests. A pharmacist should avoid encouraging patients to give, lend, and bequeath money or gifts that will benefit him directly or indirectly. This includes being involved with loans or investment schemes with patients. When being transparent a pharmacist should:

- declare any financial/commercial interest he or his family has in any aspect of the patient's care
- declare any financial or professional interest he has in a product that may be used in the care of patients

## Conflict of Interest

4.5 Pharmacists must avoid conflicts of interest which could affect patient care. A conflict of interest arises when a pharmacist entrusted with the care of his patient also has direct or indirect financial, professional or personal interests or relationships with third parties or the patient, which may affect the patient's care.

4.6 In a small community, conflicts of interests are inevitable; however a pharmacist should notify patients about his interest by written notice displayed in the office. When making appropriate disclosure a pharmacist should:

- Act in a patient's best interests when dispensing and transferring prescriptions, providing treatment or delivering care
- Be aware of conflicts of interest in relation to prescriptions, diagnostic tests, and pharmacy devices
- Avoid asking for or accepting any inducement, gift or hospitality of more than trivial value from companies that sell or market drugs or other product that may affect or be seen to affect patient care

## Self-interest referrals

4.7 If a referral must be made to a facility in which a pharmacist has a financial interest, the pharmacist must provide full disclosure of that interest to patients.

- 4.8 When making referrals give the patient a list of effective alternative resources and assure them that they will not be treated differently if they choose an alternative pharmacy.
- 4.9 Make referrals based only on the clinical needs of the patient and accepted pharmacy standards of care.

### Self-dispensing

- 4.10 Pharmacists should avoid self-dispensing. In emergency settings or isolated settings where there is no other qualified pharmacist available, pharmacists may dispense to themselves or family members until another pharmacist becomes available.
- 4.11 Except in emergencies, it is not appropriate for pharmacists to dispense prescriptions for controlled substances for themselves or immediate family members.

### Research

- 4.12 If pharmacists conduct research involving humans, or their data, it must be to improve the care and quality of life for the community. In addition the research must be compliant with the Department of Health Research Governance Framework which includes approval by the BHB Research Ethics Committee and ensures the following standards are upheld:
  - Treat participants with respect
  - Act with integrity and honesty
  - Disclose any potential or actual conflicts of interest to patients
  - Ensure that human participation is voluntary and based on informed consent
  - Monitor research progress and promptly notify authorities of any adverse events or outcomes
  - Allow participants to withdraw from the research at any time without requiring a reason
  - Follow guidelines regarding publication of findings, authorship and peer review

## 5. Relationships with patients

### Confidentiality

- 5.1 Pharmacists must use information obtained during the course of professional practice only for the purposes it was given. As Bermuda is a small community, pharmacists must not disclose information to anyone, including a patient's spouse, children, siblings, family, or anyone else without the patient's consent.
- 5.2 A pharmacist should provide services in a setting that offers appropriate levels of privacy for the patient and the information that could be exchanged. He should also strive to provide information and advice in a manner that ensures the patient's need for privacy and confidentiality.

- 5.3 A pharmacist must maintain patient confidentiality even after a patient's death unless release of information is required by law or public interest considerations or with the consent of the patient. Minors and others where mandatory reporting is required must be advised of limits to confidentiality.

#### Create and maintain patient medication records

- 5.4 Pharmacists have a duty to maintain accurate and up to date patient medication records. This includes maintaining a patient's medication history and other relevant information. Suggested guidelines for record keeping are included in Appendix 1. Pharmacists should record each patient contact using a standard recording format.
- 5.5 Pharmacists must store and handle all records securely and restrict access to authorized personnel. This includes protecting a patient's prescription from being viewed by others. The pharmacist must ensure a documented procedure to destroy and/or dispose of patient medication records in a manner that ensures no breach of privacy occurs.

#### Release of patient medication records

- 5.6 The patient record is a confidential document involving the patient-pharmacist relationship and should not be communicated to a third party without the patient's prior written consent, unless required by law or to protect the welfare of the individual or the community.
- 5.7 If a patient requests pharmacy records in writing, a pharmacist should provide a copy or a summary of the record to the patient or to another pharmacist, an attorney, or other person designated by the patient. Pharmacy records must not be withheld from the patient for any reason.

#### Consent

- 5.8 Pharmacists must give information to patients clearly and accurately. This includes informing patients about all fees and charges related to dispensing, as requested.
- 5.9 The pharmacist should not make assumptions about the level of knowledge the patient has and should allow the patient to ask questions. Patients should be given an opportunity to clarify information before proceeding with filling a prescription.
- 5.10 If a patient lacks capacity to consent, the pharmacist should make all reasonable attempts to reach the person with the legal authority to consent. Where consent cannot be obtained, pharmacy treatment may be provided if in the patient's best interest and is needed to save his/her life or avoid significant deterioration of health.

## Complaints handling

- 5.11 Patients have a right to complain about their care if they are dissatisfied. When possible, pharmacists should work with patients to resolve issues with them that arise regarding the pharmacist's practice and inform patients of their right to complain to the Pharmacy Council. A pharmacist must comply with all relevant laws, Pharmacy Council guidelines, and ensure the complaint does not adversely affect care during the complaints handling process.

## Duty regarding drug therapy problem or interaction

- 5.12 Pharmacists must consider whether a patient has a drug therapy problem or is likely to have a drug therapy problem when dispensing a prescription or behind-the-counter drug, or providing assistance with an over the counter drug. Pharmacists are required to report any adverse drug reactions in keeping with reporting requirements established by the Office of the Chief Medical Officer.

- 5.13 A drug therapy problem can include:

- An untreated condition: requiring a drug but not receiving it
- Drug selection: taking or receiving the wrong drug
- Sub-therapeutic dosage: taking or receiving too little of the right drug
- Over-dosage: taking or receiving too much of the right drug
- Non-adherence: failure to take or receive a drug or taking or receiving a drug inappropriately.
- Adverse Reaction: experiencing an adverse reaction to a drug
- Drug Interaction: experiencing a drug interaction including drug-drug, drug-food, or drug-disease
- No indication: taking or receiving a drug for no medically valid indication or substance abuse

- 5.14 Appropriate responses to a drug therapy problem include:

- Advise the patient or the prescriber or both about the drug therapy problem and suggest an alternative
- Work collaboratively with a health professional to manage the patient's prescription
- Refuse to dispense or sell the drug to the patient
- Report the adverse drug reaction to the Office of the Chief Medical Officer (OCMO)

- 5.15 When dispensing a prescription or behind-the-counter drug, pharmacists must discuss with the patient the relevant safety information pertaining to the drug being dispensed. Pharmacists must also be available to provide assistance to patients who request information about an over-the-counter drug sold in the pharmacy. The relevant safety information discussed with patients must include:

- The proper administration of the drug
- Instructions on how to store the drug
- If the drug is not in a child-resistant package

- Common and important adverse effects that may apply to the patient and ways to minimize these
- Signs and symptoms that indicate a therapeutic response, a failure or adverse reaction
- Caution regarding activities, food or other drugs that may affect the therapeutic effect of the drug or pose a risk to the patient
- When it may become necessary to seek additional care or advice

## 6. Billing

### Advising of prescription fees in advance

- 6.1 Pharmacists should be frank and open regarding any financial transactions with patients. Patients have a right to know how much their prescription and services provided will cost and how much they will be charged before accepting their prescription or the services. A pharmacist must:
- Advise patients about prescription fees and charges before dispensing the prescription. A pharmacist can advertise that prices are subject to change and offer reduced fees to a specific patient for compassionate reasons.
  - Inform patients of any fee to be charged before providing uninsured pharmacy services

### Legislation related to billing and fees

- 6.2 Pharmacists must be aware of any legislation related to fees (including policy standards on coding/billing) that apply to their services. In the absence of a fee schedule, pharmacists who are responsible for setting fees should charge reasonable and customary fees. A pharmacist should:
- Submit health claims on behalf of insured patients
  - Not submit multiple claims for the same service or prescription (unless permitted by claims processing rules and standards) or double bill a patient
  - Not charge or collect fees over and above a legislated fee/charge
- 6.3 Pharmacists, who are operators of a pharmacy, must keep a record of the price at which any Schedule 3 or 4 drugs purchased and sold (s.50, Pharmacy and Poisons Act) as the Minister requests.

## 7. Promotional Advertising

- 7.1 Pharmacists charged with advertising for a pharmacy, are responsible for the content of the advertisements. When advertising or providing information, a pharmacist must:
- Publish or provide factual and verifiable information about his pharmacy services
  - Avoid using or promoting non-evidence based procedures or treatment and experimental treatments

- Reflect fair and accurate information without comparing services to other pharmacists
- Avoid advertisements that guarantee cures, raise unrealistic expectations, or exaggerate claims about the value of a product or service

## 8. Working with colleagues

8.1 Pharmacists must work collaboratively with colleagues and should develop respectful relationships with other pharmacists, physicians, nurses and other regulated health professionals. To maintain a collaborative relationship with colleagues, a pharmacist should:

- Communicate clearly, effectively, respectfully and promptly with colleagues about patient care
- Fulfil obligations to colleagues in a timely manner
- Make appropriate and efficient use of the expertise and availability of colleagues.
- Avoid bullying, harassment or discrimination against colleagues
- Adequately document patient treatment and use this information for referral or transfer of care purposes as appropriate

### Providing direction and supervision to others

8.2 Pharmacists who provide direction to pharmacy technicians and assistants and supervise others must do so responsibly. When providing direction and supervising others, a pharmacist must:

- Ensure the technician or assistant operates under the pharmacist's direction and supervision
- Be available to evaluate each prescription and provide guidance and assistance as required

8.3 A pharmacist must not delegate:

- The professional check of a prescription, both legal and clinical
- The sale and supply of Schedule 2 (Misuse of Drugs Act); and Schedule 3, and 4 Part II drugs (Pharmacy and Poisons Act)
- Emergency supplies

8.4 A pharmacist may delegate:

- The generation of pharmacy labels
- Taking medicine off the shelf
- The assembly or counting of medicines
- The sale of Schedule 4 Part I drugs (Pharmacy and Poisons Act)

## Closing a pharmacy practice

8.5 Pharmacists must give advance notice to patients, when possible, about the closing of a pharmacy practice. When closing a pharmacy practice a pharmacist should:

- Where possible, notify patients that the practice will cease to exist and inform them of the pharmacy's provisions to facilitate ongoing patient care and regarding the individual patient's records
- Ensure the Ministry of Health and Environment is informed in writing about the closure, provisions for ongoing patient care and the location and disposition of patient records
- Comply with guidelines regarding pharmacy closure issued by the Ministry of Health and Environment

End.

## Appendix I – Patient Record Standards

Patient record includes paper-based and electronic formats.

- A. A patient record should contain enough information for any pharmacist or other regulated health professional to be sufficiently informed of the care being provided including prescription history.
- B. A patient medication record must contain or provide reference to the following minimum information:
  - 1. Patient’s name, address, phone number, date of birth, gender,
  - 2. Dates seen and identity of the pharmacist attending to the patient
  - 3. Current medications, allergies and drug sensitivity
  - 4. Prescription record (when issued, the dose of medication, frequency of administration, duration the patient is to take the medicine, whether there are refills)
  - 5. Relevant social history including alcohol or drug use or abuse
- C. In addition a patient record should be legible, written in English and with alterations and corrections to the patient record clearly identified showing the identity of the person making the alteration and the date.
- D. Patient medication records and physical prescriptions should be stored for a minimum of ten (10) years<sup>3</sup> following the date of last service or in the case of minors, ten years or until two years after the age of majority – whichever is longer.

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<sup>3</sup> In the case of civil actions, the Limitation Act 1984 requires pharmacists to keep patient records for six (6) years. Malpractice insurance policies may stipulate longer storage requirements and pharmacists are encouraged to verify this information directly with the insurer.

## Bibliography

Alberta College of Pharmacists. 2011. *Standards of Practice for Pharmacists and Pharmacy Technicians*. Last accessed 22<sup>nd</sup> October 2013 at

<https://pharmacists.ab.ca/npharmacistResources/StandardsofPractice.aspx>

General Pharmaceutical Council. 2012. *Standards of Conduct, Ethics and Performance*. Last accessed 22<sup>nd</sup> October 2013 at <http://www.pharmacyregulation.org/standards/conduct-ethics-and-performance>

National Association of Pharmacy Regulatory Authorities. 2009. *Model Standards of Practice for Canadian Pharmacists*. Last accessed 22<sup>nd</sup> October 2013 at [http://napra.ca/Content\\_Files/Files/Model\\_Standards\\_of\\_Prac\\_for\\_Cdn\\_Pharm\\_March09\\_Final\\_b.pdf](http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_Pharm_March09_Final_b.pdf)

Pharmaceutical Society of Australia. 2010. *Professional Practice Standards Version 4*. Last accessed 22<sup>nd</sup> October 2013 at <http://www.psa.org.au/supporting-practice/professional-practice-standards/version-4>

Pharmaceutical Society of Ireland. 2008. *Pharmacy Practice Guidance Manual: A self-audit tool for pharmacists and pharmacy owners*. Last accessed 22<sup>nd</sup> October 2013 at <http://www.thepsi.ie/tns/publications/practice-guidance.aspx>