PSI
THE PHARMACEUTICAL SOCIETY OF IRELAND
Cumann Cógaiseoirí na hÉireann
THE PHARMACY REGULATOR

Draft Guidelines on the Sale and Supply of Prescribed Medicinal Products from a Retail Pharmacy Business

The purpose of these Guidelines is to facilitate compliance with the personal supervision requirements of the Pharmacy Act 2007 and the Regulation of Retail Pharmacy Businesses Regulations (S.I. No. 488 of 2008), in particular, Regulation 9

Version 1 XXXXX

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1. Introduction

The primary purpose of these guidelines is to facilitate compliance by pharmacists with the personal supervision requirements of the Pharmacy Act 2007, as they apply to the sale and supply of prescribed medicinal products, including the requirements of Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008). Under Regulation 9, persons responsible[1] for the conduct of retail pharmacy businesses (i.e. pharmacies) need to ensure that, prior to dispensing and prior to the supply of a prescribed medicinal product, a registered pharmacist must review the prescription having regard to the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient. On completion of this review, the registered pharmacist is required under the regulations to offer to discuss with the patient, or with the carer of such a patient, all such matters as the pharmacist, in the exercise of his or her professional judgement, deems significant. It is also the duty of the registered pharmacist to ensure that each patient has sufficient information and advice for the correct use and storage of the prescribed medicinal product(s).

Regulation 9, therefore, provides a legislative basis for the therapeutic and pharmaceutical review that must be undertaken by a registered pharmacist upon receipt of a prescription. As a recognised expert in the use of medicinal products, the pharmacist has a unique opportunity and duty to discharge that responsibility in the course of his or her interaction with patients. If used correctly, medicinal products can greatly enhance the health and wellbeing of patients. However, if used incorrectly or inappropriately, medicinal products have the potential to do great harm. Pharmacists must ensure that their practice, at all times, is guided by the six principles set out in the statutory Code of Conduct, most notably that the practice by a pharmacist of his/her profession must be "directed to maintaining and improving the health, wellbeing, care and safety of the patient". Patient counselling by pharmacists has a prime place in the ever evolving role of the pharmacist. As such, superintendent pharmacists and supervising pharmacists, must ensure that all staff members are aware of the responsibilities of pharmacists, particularly in regard to the obligatory review of medicine therapy to be conducted upon receipt of a prescription and the necessary counselling of patients in their dispensing of any prescribed medicinal products.

2. Legislative Basis

The operation of a retail pharmacy business is governed by the Pharmacy Act 2007 and further detail is provided in the Regulation of Retail Pharmacy Businesses Regulations 2008 (S. I. No. 488 of 2008). These regulations have been made by the Minister for Health under Section 18 of the Pharmacy Act 2007, for the purposes of the health, safety and convenience of the public. Retail pharmacy business owners, superintendent pharmacists and supervising pharmacists are required to conduct their retail pharmacy businesses in full compliance with these regulations.

These guidelines have been prepared with a view to publication in compliance with regulation 14 of the Regulation of Retail Pharmacy Businesses Regulations 2008 which allows the PSI Council to publish detailed guidelines for the purpose of facilitating compliance with these Regulations. In particular these guidelines are intended to facilitate compliance with regulation 9, in the dispensing and supply of

[1] Pharmacy owners, superintendent pharmacists and supervising pharmacists.

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prescribed medicinal products and including the obligatory review of medicine therapy and counselling of patients.

The full text of Regulation 9 is set out below:

'Regulation 9

Review of medicine therapy and counselling of patients in the supply of medicinal products on foot of a prescription

9. *(1) A person carrying on a retail pharmacy business, the superintendent pharmacist and the supervising pharmacist shall ensure that, prior to the dispensing of each prescription and prior to the supply of the medicinal product concerned; a registered pharmacist reviews the prescription having regard to the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient.*

(2) The review provided for in paragraph (1) shall include screening for any potential therapy problems which may arise out of the use of any medicinal product that may have been prescribed and which the registered pharmacist is, or, in the course of his professional practice, ought reasonably to be, aware of. The potential problems to be screened for shall include those which may be due to therapeutic duplication, interactions with other medicinal products (including serious interactions with non-prescription medicinal products, herbal products or foods), incorrect dosage or duration of treatment, allergic reactions, and clinical abuse and/or misuse.

(3) Following completion of the review provided for in paragraph (1) the registered pharmacist shall ensure that each patient has sufficient information and advice for the proper use and storage of the prescribed medicinal product and shall offer to discuss with the patient, or with the carer of such a patient, all such matters as the pharmacist, in the exercise of his or her professional judgement, deems significant, and which may include one or more of the following as may be appropriate—

(a) the identity of the medicinal product, its dosage form, the method and route of administration and the duration of therapy;
(b) the therapeutic benefit which may be expected from the use of the medicinal product;
(c) any special directions and precautions for the correct preparation, administration and use of the medicinal product;
(d) the importance of the need for compliance with the directions for use including techniques for self-monitoring during therapy;
(e) any common severe side-effects and adverse reactions or interactions and therapeutic contraindications which may be encountered, including their avoidance and the action to be taken should they occur;
(f) the action to be taken in the event of a missed dose;
(g) the methods for the safe disposal of the medicinal product in the event of the course of treatment not being completed, and
(h) any other matters which may be included or referred to in the summary of product characteristics for the medicinal product concerned.

These requirements are in addition to the requirement provided for throughout the Pharmacy Act 2007 that the sale and supply of medicinal products from a retail pharmacy business be carried out by or under the personal supervision of a registered pharmacist.

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3. Guidance

Pharmacy care involves the responsible supply of medication for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes include managing an illness, slowing of a disease process, preventing a disease from occurring or the relief of a patient's symptoms. Pharmacists, in their role as custodians of medicinal products, should ensure that all dispensing occurs accurately, reflects the prescriber's instructions and is consistent with the needs and safety of the patient. As such the pharmacist must implement robust systems in their pharmacy, reflecting good dispensing practices. The pharmacist should also have regard to supporting the patient in their knowledge and use of their prescribed medicinal products and in this way, empower the patient to make informed decisions regarding their own healthcare needs.

3.1 Initial Review of the Prescription

It is the duty of the registered pharmacist, when presented with a prescription, to fully review the prescription, in order to satisfy their obligations under Regulation 9 of the Regulation of Retail Pharmacy Business Regulations. This involves assessing the contents of the individual prescription as it relates to the patient for which the prescription was issued. All dispensing of medicinal products must be carried out by or under the personal supervision of the pharmacist who bears the associated legal and professional responsibility for the dispensing. Notwithstanding these legal obligations, a suitably trained member of staff may receive a prescription from a patient or their representative. The staff member who accepts a prescription from an individual should ensure that the identifying personal details are legible.

Matters to be considered when reviewing a prescription include, but are not limited to;

Validity of the Prescription

It should be ascertained that the prescription is written in a manner that complies with the legislative requirements in place, in respect of the particular medication requested on the prescription. It must be ascertained that the validity period of the prescription has not elapsed, or that it has not been already fully dispensed. To supply a medication in such an instance would amount to the supply of the medicine without a prescription. The maximum period of validity of a prescription for a human medicinal product is six months and for a veterinary prescription it is 12 months. For schedule 2 and 3 controlled drugs, the period of validity it is 14 days, and where instalments are specified, the first instalment must be dispensed within 14 days. The authenticity of the prescription presented for dispensing should be established prior to supplying any prescribed medicinal product.

Patient Details

Legislation[2]requires that the name and address of the patient must be stated on the prescription. The pharmacist may wish to request other information from the patient to be included in the patient medication record (PMR); to facilitate contacting the patient, if that were to become necessary. In the case of a prescription for infants or children under the age of 12 years, the child's age must be written on the prescription (this may be done by the pharmacist if

[2] Regulation 7 of the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 (as amended)

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the prescriber has not already done so). Best practice indicates that the date of birth for such children is ascertained and entered in the PMR. Any recording of patient data must be done in line with the provisions of the Data Protection Act 1988 and 2003.

Details of Prescribing Practitioner[3]

The pharmacist must be satisfied that the prescription is issued and signed by a practitioner, whose address is included on the prescription, authorised to do so and that the prescription is authentic and can be legally dispensed in Ireland.

Items to be dispensed

The pharmacist should use their professional judgement to consider if the supply of the medicinal product is appropriate for the patient at this point in time. The pharmacist should also be mindful that if the patient is not requesting all the medicines on their prescription that this could be a sign of non-adherence, which could jeopardize the patients therapeutic outcome. Reasons for requesting a medicine too early or not at all should be discussed with the patient and the patient should be counselled appropriately.

Repeat Supply

When the supply requested is on foot of a repeatable prescription, pharmacists should be cognisant of the legal scheduling of the prescribed medicinal product (i.e. S1A, S1B[2]). Please note that schedule 2 and 3 controlled medicinal products may not be repeated.

Accuracy of PMR

Where possible the PMR should detail if the patient has any known allergies or has experienced any adverse drug reactions (ADRs) in the past. The PMR should be up to date and contain all information that the pharmacist deems necessary for the safe supply of medicinal products to the patient.

There should be a standard operating procedure for reviewing the prescription, to ensure that all prescription reviews are conducted consistently, accurately and completely.

3.2 Pharmaceutical and Therapeutic Assessment of the Prescription by the Pharmacist

The original prescription must be clinically reviewed by the pharmacist before *each* dispensing to ensure the medicine is safe and appropriate for the patient to take. Medicines must never be dispensed from the patient's PMR, as this can compound an error made in the first dispensing. The pharmacist should conduct a drug use evaluation for new and repeat prescriptions at each dispensing and make a clinical assessment as to the appropriateness of the prescribed medicine therapy for the individual concerned. The pharmacist must be satisfied that the medicine prescribed is safe and appropriate for the patient and in doing so they may review the prescription, being mindful of the following points:

- Appropriate dose and route of administration
- Suitability of formulation prescribed for the patient
- Appropriate directions for use
- Appropriate duration of treatment

[3] Prescribing practitioner includes: any medical practitioner, dentist, nurse prescriber or any such prescribing practitioner as may be registered and authorised to prescribe in the EEA Member State where the practitioner is practising.

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- Potential duplication of therapy
- Interactions with other medicinal products
- Contraindications, as defined by the relevant literature
- Precautions for use
- Known drug allergies
- Food-drug interactions
- Incorrect omission of any other medicinal product(s)
- Known and potential misuse of a medicinal product

In addition to the pharmacist's interaction check, the pharmacy should utilize a computer programme that can identify significant drug interactions. (The PSI's *Guidelines on the Equipment Requirements of a Retail Pharmacy Business* offers further advice in this area). The supervising pharmacist and superintendent pharmacist are, inter alia, responsible for assuring that the computer system adequately flags and warns the dispensary staff of any occurrence of potentially significant drug interactions or significant side effects. The pharmacist is responsible for ensuring that the patient or representative is appropriately counselled on these interactions with verbal and, where appropriate, written information. It is the pharmacist's responsibility to monitor the patient's medication therapy and to discuss with the patient's prescribing practitioner any concerns they may have.

The points addressed above are not exhaustive, and the pharmacist, in the exercise of his/her professional judgement, may deem it necessary to screen for additional issues when supplying the prescribed medicinal products.

3.3 The Dispensing Process

The pharmacist is responsible for overseeing all steps in the process including dispensing, labelling, packaging and ultimate supply to the patient.

Assembly of Medicinal Products

Assembly of the medicinal products includes selecting the prescribed medicinal products from the appropriate storage area within the dispensary. Assembly areas should be kept clean and free of clutter. The expiry dates of all medicinal products should be checked prior to dispensing.

Labelling of Medicinal Products

Labelling of dispensed medicinal products should be clear and legible and should be computer generated. The label must contain the information which allows the safe and effective use of the product as well as any cautionary or warning labels needed for the prescribed medicinal product concerned. When affixing the label, important information found on the manufacturer's original pack should not be obscured, if the product is being supplied in this packaging. This also includes any braille markings that may be present on the manufacturer's original packaging. Where possible "As directed" as a standalone instruction should not be used, and all labelling of a medicinal product should be clear and easily understood to avoid any confusion arising. Particular attention should be paid to ensure that the correct labels are on the correct container and that all prescriptions' instructions are clear and understandable to the patient

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Packaging of Medicinal Products

The pharmacist should endeavour to dispense all prescribed medicinal products in the manufacturer's original pack (where practical), and include the Package Leaflet (PL) for the prescribed medicinal product concerned. If an original pack has to be split, the pharmacist should ensure that any relevant information is relayed to the patient via additional labelling, counselling and the inclusion of a PL. Additional PL's can be printed from the Health Products Regulatory Authority's website. Child Resistant Closures (CRCs) should be used where possible. Where a preparation is supplied in a manufacturer's original pack, which is not a CRC, the pharmacist should replace it with a CRC unless this is not appropriate for the particular patient. Any patient receiving a product that does not have a CRC should be advised of the imperative to keep this out of the reach of children.

Endorsement of Prescriptions

Where the dispensing of a prescription is complete, it must be endorsed with the date of supply and the word 'dispensed'. Where there are still items to be dispensed on the prescription, and/or it is a repeatable prescription, it must also be endorsed with the name and address of the supplying pharmacy, the quantity of each product supplied and the prescription reference number. If the prescription is written generically, the name of the product dispensed should be specified on the back of the prescription.

Checking of Prescriptions

A thorough and robust checking mechanism should be utilised by the pharmacist, who is responsible for ensuring that, where possible, a double check system is employed. When checking a prescription (particularly in situations where the pharmacist did not personally enter the prescription into the PMR), pharmacists should refer back to the patient history at the point of checking in order to complete the therapeutic review. The final check should involve reviewing the prescription, against the label and against the product. Once dispensed and checked the medication should be placed in a pharmacy bag that is labelled with the patient's name and address. It is imperative that the product being put into the bag is checked against the prescription to ensure only medication intended for the named individual is placed ready for collection. There should be an individual process in place to alert the pharmacist as to particular issues that are required to be discussed with the patient or their representative when they collect the prescribed medicinal products.

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3.4 Counselling on Prescribed Medicinal Products by Pharmacists

The amount and type of counselling required to be provided to patients by pharmacists varies depending on the patient's individual needs, and the individual situation in question. In order to comply with Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations, the pharmacist must offer to discuss with the patient or their representative all such matters as the pharmacist, in the exercise of his or her professional judgement, deems significant. Pharmacists are reminded that they have a duty of care to their patients, and must at all times act in the best interests of their patients, exercising due diligence and his/her own professional judgement.

The pharmacist must be satisfied that the patient has sufficient information to take their medicine safely and as prescribed, and that they know how to store the medicine. Patient counselling is a key component of pharmacy-based care. It is vital that pharmacists are in a position to give appropriate, reliable and trustworthy information to patients regarding their usage of prescribed medicinal products. Pharmacists should be readily identifiable when working in the retail pharmacy business and should be highly visible to members of the public so that they can answer concerns and queries patients may have about their medications.

3.4.1 Counselling Considerations

The main aim of effective patient counselling is to enable and encourage the safe and proper use of medications by patients in order to achieve the required therapeutic outcomes. To achieve such positive results, a pharmacist may undertake to counsel the patient or his/her representative on the following matters, as deemed appropriate:

- the nature and use of the medicine
- the directions for use
    - how to take/administer it
    - duration of treatment
- the therapeutic benefit which may be expected from the use of the medicinal product
- potential side effects that are likely to be experienced and how to deal with them
- any special precautions to be taken while using the medication
    - special regard for food or drink
        - which foods to avoid
        - which drinks to avoid
        - take with(out) food
        - take with(out) drink
    - which other medicinal products to avoid
- the importance of the need for compliance with the directions for use
- storage of the medicine
- what to do if they think the medicine is not working
- what to do in the event of a missed dose
- what to do in the event of an overdose
- the correct use of therapeutic devices (including demonstration, if applicable)
- if the patient is using the medication long term, whether they are experiencing any difficulties with it
- counselling on change to medication or any new medications being introduced

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- any other matters which may be included or referred to in the Summary of Product Characteristics (SmPC) for the medicinal product concerned
- what to do with any previously dispensed medicinal product(s), no longer required (i.e. disposal of medicine)

Counselling, in the pharmacy setting, is a one-to-one interaction between a pharmacist and a patient and/or caregiver. To this end, the pharmacist, in the exercise of their professional judgement may wish to:

- encourage patients to provide more information
- repeat pertinent information to the patient if necessary
- use positive reinforcement (e.g. nodding, sustained eye contact)

The pharmacist should aim to confirm patient understanding at regular intervals in the counselling process, assessing whether or not the information was understood as intended. The pharmacist should ensure that the patient understands how to use the information furnished to them in order to improve the probability of positive therapeutic outcomes.

3.4.2 Overcoming Potential Barriers to Communication

Counselling patients may, on occasion, prove difficult and communication may be hampered due to a variety of factors. Time constraints, the patient's perceived embarrassment, emotional issues, low literacy and numeracy skills and language hesitancy are examples of barriers that can impact on and diminish the effectiveness of pharmacist-patient communication. Pharmacists should be mindful that the patient may be only newly diagnosed and may require further and additional attention and counselling. In order to deliver effective counselling to patients, the pharmacist may decide to use appropriate information resources, such as pictograms and models. Contact information for some useful resources and organisations to help pharmacists meet the needs of their patients can be found under the Links Section on the PSI website. Any such additional material should complement the counselling already delivered by the pharmacist, with a view to helping the patient recall at a later stage what was said during the counselling session and to aid patient concordance.

The pharmacist may also decide to utilise demonstration models (e.g. of inhalers, insulin pens). In this way the pharmacist can demonstrate the correct use of the product, and personally observe the patient correctly using it.

To meet their obligations under Regulation 9 of the Regulation of Retail Pharmacy Business Regulations, the pharmacist:

- must be available to provide counselling to patients
- must provide counselling that is supported by current, evidence-based practice from reliable resources
- should use the Patient Consultation Area if necessary (For details please consult the PSI's *Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses*)
- should provide a level of counselling according to the needs of the patient
- should adequately explain and/or demonstrate the use of therapeutic devices to the patient
- should systematically record counselling events that are considered clinically important

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- may wish to utilise a range of communication methods to supplement oral counselling, to ensure that overall the counselling is effective

The counselling process if properly implemented and consistently maintained should result in the safe supply of prescribed medicinal products and ensure that they are used rationally and appropriately. Medicinal products may only be supplied to a patient or their representative by or under the supervision of a pharmacist. Counselling by the pharmacist must be available, accessible and offered to the patient in respect of the dispensed medicine. The pharmacist should hand out all prescriptions, where possible.

When supplying prescribed medicinal products to patients at a distance, the pharmacist should exercise his/her professional judgement to ensure that the safety of the patient is protected, and that the obligatory review of medicines therapy and counselling of patients is effectively carried out, as appropriate. Further information on the supply of prescribed medicinal products at a distance can be found in the PSI's *Guidance on the Delivery of Medicines Dispensed on Foot of a Prescription from a Retail Pharmacy Business.*

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4. Steps in the Dispensing Process on the Presentation of a Prescription

Receive Prescription

Receive

- Is the prescription in date?
- Are Prescriber details correct?
- Are Patient details correct?
- Identify all items on the prescription
- Identify the prescribed items the patients wishes to be dispensed
- Does the prescription comply with the legislative requirements in place, in respect of the particular medication requested on the prescription?

Review and Screen

- Does the prescribing practitioner have authority to prescribe the medicinal products detailed on the prescription?
- Is it the patient's usual prescriber?
- Review each prescription for suitablilty, safety and appropriateness:
  - Is the dose appropriate?
  - Is the formulation of the product appropriate?
  - Are there any contraindications with the medicinal products prescribed?
  - How appropriate is the prescribed medicinal product for age, weight etc. of patient?
- Review patient PMR against prescription ,checking for:
  - New or changed medication
  - Duplication of therapy, unusual use/misuse of medicinal products
  - Interactions
  - Patient age, allergies, health conditions, pregnancy, breastfeeding

Prepare, Gather and Check

- Consider the legal classification of the medicinal product(s)
- Consider authorisation status of the product(s) requested, if appropriate
- Consider how to manage exempt medicinal product(s) etc.
- Select appropriate brand,formulation, strength, quantity of medicine
- Review the prescription, against the label, against the product, against the prescription
- Perform a double check
- Review expiry dates, instructions, cautionary labels
- Ensure PMR is updated accurately
- Gather any demonstration aids (e.g. placebo inhalers etc.) that will help counselling process

Counsel and Supply

- Is it the correct patient?
- Have the correct medicinal products been dispensed?
- Is the prescribed product licensed for the indication (if known)?
- Is the PL included?
- Counsel patient/carer on safe and appropriate use as the pharmacist, in the exercise of their professional judgement deems necessary
- Have the storage/disposal requirements been explained?
- Clarfiy patient/carer understanding

Supply Prescribed Medicinal Product(s)

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5. Documentation

Where at all possible, and in line with best practice, the pharmacist should systematically record any counselling events considered clinically important. The PMR provides an ideal place to record such interactions; however the pharmacist may choose an alternative way to record these interactions. When considered important, in situations where the patient refuses to be counselled, or the pharmacist decides not to provide counselling, these should be documented. If a pharmacist decides not to dispense any of the prescribed medicinal products, this too should be documented. Additionally, any follow up conversations should be noted, along with conversations with other healthcare professionals regarding the patient's care. If a problem is suspected and the prescribing practitioner is informed, the pharmacist in the exercise of his/her professional judgement may wish to formally document this interaction. The record of this interaction should be maintained in an easily retrievable form. All pharmacists must ensure that the following information is recorded in the prescription book/daily audit - the date of supply; the name, quantity, form and strength of the product supplied; name of the prescribing practitioner and, where practitioner is not known to the pharmacist, his/her address; the name and address of the patient; the date of the prescription.

6. Policies and Procedures

Standard Operating Procedures (SOPs) should be in place, detailing all aspects of the dispensing process, from taking in a prescription, dispensing, labelling, clinical review and checking a dispensed item to counselling the patient concerned. The superintendent pharmacist and supervising pharmacist must be satisfied that all pharmacists practising in the pharmacy, and relevant staff members, are trained on, and are following, the relevant and up-to-date policies and procedures pertaining to the safe dispensing of medicinal products. When compiling their SOPs and in-house policies, all pharmacists should be cognisant of the evolving healthcare landscape. If robotic automated dispensing is employed in the pharmacy, procedures should be in place to guide staff in the safe and appropriate use of such devices. As personal patient information can be sensitive, due diligence must be applied when handling prescriptions and all staff must be cognisant of their duties under the Data Protection Acts 1988 and 2003 when dealing with confidential data. Further information for pharmacists and pharmacy staff regarding compliance with Data Protection legislation can be found in the PSI's *Guidance on Data Protection for Pharmacists*.

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7. References

- Pharmacy Act 2007
- Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008)
- Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988) (as amended)
- Medicinal Products (Prescription and Control of Supply) Regulations 2003 (S.I. No. 540 of 2003) (as amended)
- PSI Guidance on Data Protection for Pharmacists
- PSI Guidelines on Patient Consultation Areas in Retail Pharmacy Businesses
- PSI Guidance on the Supply by Pharmacists in Retail Pharmacy Businesses of Medicinal products to Patients in Residential Care Settings/Nursing Homes.
- PSI Guidance on the Delivery of Medicines Dispensed on Foot of a Prescription from a Retail Pharmacy Business.
- PSI Guidelines on the Equipment Requirements of a Retail Pharmacy Business

Relevant legislation can be accessed through the PSI website and is also available from www.irishstatutebook.ie

8. Other Useful Resources

Contact information for some useful resources and organisations to help pharmacists meet the needs of their patients can be found under the Links Section on the PSI website.

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9. Self-Assessment Checklist

This self-assessment checklist is a practical tool intended to aid compliance with this guidance and to assist superintendent and supervising pharmacists in drawing up the relevant policies and SOPs. The checklist captures many important elements of the guidance; it is not exhaustive and should only be used to assess pharmacy practice in combination with this guidance and all other relevant guidance and requirements.

Ask Yourself	Yes	No	Required Action
Are all dispensary staff members trained in all aspects and steps of the dispensing process?			
Does a written dispensing procedure exist?			
Are all prescriptions checked for legibility and reviewed with the patient on receipt to check name, address, needs and understanding of the patient?			
Do all staff members routinely ascertain if the prescription is for a child and if so, ask the age of the child?			
Is the prescription assessed routinely for validity?			
Is the prescription routinely assessed for authenticity?			
Does the label used clearly indicate ➢ patient name? ➢ name and address of supplying pharmacy? ➢ date of dispensing? ➢ name of the preparation, its form and its strength, where applicable? ➢ directions for use including dosage, frequency of use and method of administration? ➢ the words 'keep out of reach of children' ? ➢ for external medicinal products, words such as 'Not to be Taken' or 'For External Use Only'?			
Is the font size used on the label easy for patients to read?			
Are labels placed on medicine packaging in a way that does not obscure important information?			
Are all dispensed items labelled appropriately, i.e. the label is affixed to the actual container and one label is affixed to every container?			
Are all dispensed prescriptions endorsed as required?			
Does the pharmacist obtain all relevant patient information before dispensing the prescription?			
Does the pharmacist review the prescription for possible problems prior to dispensing?			
Are all medicinal products checked for expiry dates in routine management of the dispensary and during each and every dispensing process?			

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Is the following information recorded in the prescription book/daily audit? ➢ the date of supply. ➢ the name, quantity, form and strength of the product supplied. ➢ name of the prescriber and, where the prescriber is not known to the pharmacist, his/her address. ➢ the name and address of the patient. ➢ the date of prescription. For Repeat Prescriptions: ➢ date of supply. ➢ reference number of the original entry in the register or all the particulars required for the original prescription.			
Are all staff aware of their duties under the Data Protection Acts 1988 and 2003 when managing patient data?			
Are suitable containers used for packing of prescription medicinal products? Are CRC closures used?			
When a prescriber is contacted to clarify a prescription, is a record maintained in an easily retrievable form?			
Is a secure area available, under the control of the pharmacist, where prescriptions awaiting collection are stored in a safe manner?			
Does the pharmacist hand out the medication to the patient, whenever possible?			
Is the patient offered counselling when the prescription is handed out?			
Is counselling carried out in a manner which preserves patient confidentiality, using the patient consultation area as necessary?			

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