

Pharmacy Assessment System

Pilot - February 2016

Pharmacy Name		
Pharmacy Address		
Registration Number		
Supervising Pharmacist	Name	Reg. No
Superintendent Pharmacist	Name	Reg. No
Pharmacy Owner(s)	Name	Position

Please refer to the Guide to Completing the PSI Pharmacy Assessment System for additional information

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Section 1: Management and Supervision

Date Commenced:

Completed by:

Part 1: Review of Management and Supervision

The purpose of this part is to review whether the pharmacy has sufficient trained and qualified staff and whether management systems are in place to ensure that patients consistently receive safe care, advice and achieve good outcomes.

How to Complete: When completing the questions below, consider staffing levels, the roles and responsibilities of staff members and training.

Roles, Responsibilities and Training

- 1** Record staff details in the table below, including the role of each staff member, their responsibilities within the pharmacy, their training / qualifications and their average hours worked per week.

Note: if you need additional space to record staff details, please use an additional page

Name	Role	Responsibilities	Relevant training and on-going development	Hours worked per week (average)

- 2** Are staff trained in the pharmacy SOPs relevant to their roles?

Yes ☐ No ☐

How often is staff training undertaken? _____

3	Are records of staff training up-to-date, and available for review at the pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	<p>How is staff training and competence assessed by the supervising pharmacist? For example, training reviews, role play scenarios, verbal/written assessment, observation of work etc.</p> <p><i>Provide details :</i></p>	

Staffing Levels

5	<p>Review staffing levels at your pharmacy, and in particular pharmacist staffing levels, and think about whether staff levels at the pharmacy are sufficient <u>at all times</u> for the level of service provided at the pharmacy.</p> <p>Have you considered the following?</p> <ul style="list-style-type: none"> ▪ The services, including any extended services, provided at the pharmacy Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ The volume of supplies of medicines (prescription and non-prescription) from the pharmacy Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ The requirement for a pharmacist to supervise all supplies of medicines (prescription and non-prescription) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Pharmacist availability for patient counselling Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Staffing levels at busy periods for the pharmacy, e.g. end of month, flu season etc. Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ The Organisation of Working Time Act 1997, including employee entitlements for breaks and rest periods Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Unexpected or unforeseen events which may arise Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>Provide details of the review completed, including if any concerns / risks were identified:</i></p>	
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Pharmacist Staff / Duty Register																								
6	Is an ongoing, contemporaneous record (i.e. Duty Register) of pharmacists working at the pharmacy maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
7	Review the entries in the pharmacy's Duty Register for the past 2 weeks: Date Range: ____ / ____ / ____ to ____ / ____ / ____																							
8	Have entries been made in the Duty Register for all pharmacists / pharmaceutical assistants who have worked in the pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
9	Have all entries been fully completed, reviewed and signed by all relevant pharmacists / pharmaceutical assistants?	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
10	Does a pharmaceutical assistant act on behalf of the registered pharmacist during their temporary absence? Hours worked with a registered pharmacist: _____ Hours worked on behalf of the pharmacist: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Governance and Management																								
11	Are staff meetings held on a regular basis with all members of the pharmacy team? Frequency: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
12	Review the standard operating procedures (SOPs) in place at the pharmacy. Do you have the following recommended procedures in place? <table border="0" style="width: 100%;"> <tbody> <tr> <td>▪ Dispensing of Medicines</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Storage of Medicines</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Sourcing of Medicines</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Expiry Date Checking</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Sale and Supply of Non-Prescription Medicines</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Sale and Supply of Codeine Containing Medicines</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Management of Controlled Drugs</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Medicinal Products Waste Management</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Error and Incident Management (including near misses)</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Locum Procedure</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>▪ Housekeeping and Cleanliness of Pharmacy</td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>		▪ Dispensing of Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Storage of Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Sourcing of Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Expiry Date Checking	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Sale and Supply of Non-Prescription Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Sale and Supply of Codeine Containing Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Management of Controlled Drugs	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Medicinal Products Waste Management	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Error and Incident Management (including near misses)	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Locum Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Housekeeping and Cleanliness of Pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>
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▪ Sourcing of Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
▪ Expiry Date Checking	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
▪ Sale and Supply of Non-Prescription Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
▪ Sale and Supply of Codeine Containing Medicines	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
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▪ Error and Incident Management (including near misses)	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
▪ Locum Procedure	Yes <input type="checkbox"/> No <input type="checkbox"/>																							
▪ Housekeeping and Cleanliness of Pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>																							

	<ul style="list-style-type: none"> ▪ Use of Child Resistant Closures (CRC's) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Pharmacy Key-holding policy Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Use of the Patient Consultation Area Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Management of Additional Services Yes <input type="checkbox"/> No <input type="checkbox"/> 	
13	<p>Have all the documented procedures been implemented and do they have a date of implementation?</p> <p>Note: Documented procedures are considered to be implemented when staff training has been completed and they are actively in use at the pharmacy.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	<p>Are SOPs reviewed?</p> <p>How often is this review undertaken? _____</p> <p>When was the last review undertaken? _____</p> <p>Who completes this review? _____</p> <p>Is the record of the review kept? _____</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	<p>How are SOPs updated at the pharmacy?</p> <p>What prompts updates to the SOPs? For example annual update following a review, changes in legislation, error etc.</p> <p><i>Provide details:</i></p> 	
16	Is there a version control system in operation to organise and archive older procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	<p>How are new SOPs created / implemented? For example, if a new service is introduced or on foot of new PSI Guidance?</p> <p><i>Provide details:</i></p> 	

Review of Procedures

18	<p>1. <u>Select</u> one SOP relating to a process in your pharmacy (e.g. the sale/supply of prescription medicines).</p> <p>SOP Name / Process described:</p> <p>_____</p> <p>Version number: _____ Date Implemented: _____</p> <p>2. <u>Read the SOP</u></p> <p>3. <u>Check</u> to see if this corresponds to the way the process is carried out at the pharmacy, by <u>observing the process</u>.</p> <p>4. Note any deviations between the SOP and the process observed.</p>
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19	<i>Record any deviations observed between the SOP and the process observed:</i>
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Communication

20	<p>Is there a process in place for a staff handover (i.e. at end/start of shifts and day-to-day) communication at the pharmacy?</p> <p><i>Provide details:</i></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
21	<p>How does the supervising pharmacist communicate with the superintendent pharmacist?</p> <p><i>Provide details:</i></p>	

22	<p>How does the supervising pharmacist communicate effectively with the pharmacy team and vice versa?</p> <p><i>Provide details:</i></p>
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Additional Observations / Comments:

Part 2: Compliance Assessment - Management and Supervision

Having completed the review in Part 1, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

☐

- Staff are aware of their roles and responsibilities, they have the required qualifications, training and competence to carry out their role within the pharmacy team. Documented training records are maintained, verified and reviewed for each staff member.
- Pharmacy staffing levels are sufficient in both the number of pharmacists and non-pharmacists during all the opening hours of the pharmacy.
- Clear, documented procedures have been implemented at the pharmacy, which reflect the operation of the pharmacy.
- Effective communication procedures supports the work of the pharmacy team.

Mostly Compliant:

☐

- Most staff are aware of their roles and responsibilities and generally have the qualifications, training and competence to carry out these roles. Training is carried out but not always documented.
- Pharmacy staffing levels are mostly sufficient in both the number of pharmacists and non-pharmacists during all the opening hours of the pharmacy.
- Procedures are in place at the pharmacy but are not consistently implemented.
- Communication procedures within the pharmacy team are mostly clear and effective.

Partially Compliant:

☐

- Most staff are aware of their roles and responsibilities, but may not have all the required qualifications, training and competence to carry out these roles. Training is sometimes carried out.
- The pharmacy staffing levels are not always sufficient in both the number of pharmacists and non-pharmacists during all the opening hours of the pharmacy.
- Procedures are in place at the pharmacy but are not implemented and do not reflect the operation of the pharmacy.
- Communication procedures within the pharmacy team is not always carried out or clear.

Non-Compliant:

☐

- Staff are not aware of their own specific roles and do not have the required qualifications, training and competence to carry out these roles. Training is not carried out or documented.
- The pharmacy staffing levels are not sufficient in both the number of pharmacists and non-pharmacists during all the opening hours of the pharmacy.
- Procedures are not in place at the pharmacy.
- Clear and effective procedures to support communication within the pharmacy team are not in place.

Part 3: Action Plan: Management and Supervision

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Section 2: Sale and Supply of Non-Prescription Medicines

Date Commenced:		Completed by:	
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Part 1: Review of the Sale and Supply of Non-Prescription Medicines

The purpose of this part is to review whether patients consistently receive non-prescription medicines with safe care and advice. .

How to Complete: *Observe 5 sales / supplies of non-prescription medicines from the pharmacy and record your findings below*

	Medicine Supplied and/or Patient Symptoms	Details of Interaction with Patient <i>What question(s) were asked?</i>	Referral to Pharmacist <i>Where appropriate, was the patient referred to the pharmacist?</i>	Patient Counselling <i>Was the patient provided with sufficient information to allow them to use their medicine safely and effectively? Was the patient given the opportunity to ask any additional questions?</i>	Improvements <i>Could any aspect of this interaction have been improved?</i>
1	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p> <p><i>Patient Symptom(s):</i></p>	<i>Record details below:</i>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Referral symptom / reason:</i></p>	<i>Record details below:</i>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Record details below:</i></p>

	Medicine Supplied and/or Patient Symptoms	Details of Interaction with Patient	Referral to Pharmacist	Patient Counselling	Improvements
2	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p> <p><i>Patient Symptom(s):</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Referral symptom / reason:</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Record details below:</i></p>
3	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p> <p><i>Patient Symptom(s):</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Referral symptom / reason:</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Record details below:</i></p>

	Medicine Supplied and/or Patient Symptoms	Details of Interaction with Patient	Referral to Pharmacist	Patient Counselling	Improvements
4	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p> <p><i>Patient Symptom(s):</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Referral symptom / reason::</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Record details below:</i></p>
5	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p> <p><i>Patient Symptom(s):</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>Referral symptom / reason:</i></p>	<p><i>Record details below:</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Record details below:</i></p>
<p>Additional Observations / Comments:</p>					

Part 2: Compliance Assessment - Sale and Supply of Non-Prescription Medicines

Having completed the review in Part 1, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

☐

- The sale and supply of non-prescription medicines is always under the personal supervision of a pharmacist, i.e. the pharmacist can see and hear all interactions and can intervene in any sale if necessary.
- All patients are counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, which accurately reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

☐

- The sale and supply of non-prescription medicines is mostly under the personal supervision of a pharmacist.
- Most patients are routinely counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, but this is not consistently followed.

Partially Compliant:

☐

- The sale and supply of non-prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Patients are not routinely counselled on the appropriate use of their medicines.
- There is a documented procedure in place on the sale and supply of non-prescription medicines but this does not reflect practices in the pharmacy.

Non-Compliant:

☐

- The sale and supply of all on-prescription medicines is not carried out under the personal supervision of a pharmacist.
- Patients are not counselled on the appropriate use of their medicines.
- No consistent procedure is in place for the sale and supply of non-prescription medicines from the pharmacy.

Part 3: Action Plan: Sale and Supply of Non-Prescription Medicines

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Section 3: Sale and Supply of Prescription Medicines

Date Commenced:		Completed by:		
<p align="center">Part 1: Review of the Sale and Supply of Prescription Medicines</p> <p align="center"><i>The purpose of this part is to ensure that patients receiving prescription medicines are consistently given safe care and advice.</i></p> <p align="center">How to Complete: Review / observe 5 supplies of prescription medicines, including one emergency supply, and record your findings below</p>				
	Medicine(s) Supplied	Details of Prescription	Details of Clinical Review by Pharmacist <i>Was the patient's medicine pharmaceutically and therapeutically appropriate?</i> <i>Were any potential therapy problems identified?</i> <i>Were these communicated to the prescriber / patient?</i>	Patient Counselling <i>Was counselling offered to the patient?</i> <i>How did the patient receive information and advice about their medicine(s)?</i> <i>How did you check that the patient understood the information?</i>
1	Date: Medicine(s) Supplied:	Was the <i>Prescription</i>: <ul style="list-style-type: none"> ▪ Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Returned to the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ In date for the supply made? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Accurately recorded in the Prescription Register (Daily Audit)? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Record details:	Record details:

	Medicine Supplied	Details of Prescription	Details of Clinical Review by Pharmacist	Patient Counselling
2	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p>	<p><i>Was the Prescription:</i></p> <ul style="list-style-type: none"> ▪ Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Returned to the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ In date for the supply made? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Accurately recorded in the Prescription Register (Daily Audit)? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p><i>Record details:</i></p>	<p><i>Record details:</i></p>
3	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p>	<p><i>Was the Prescription:</i></p> <ul style="list-style-type: none"> ▪ Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Returned to the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ In date for the supply made? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Accurately recorded in the Prescription Register (Daily Audit)? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p><i>Record details:</i></p>	<p><i>Record details:</i></p>

	Medicine Supplied	Details of Prescription	Details of Clinical Review by Pharmacist	Patient Counselling
4	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p>	<p><i>Was the Prescription:</i></p> <ul style="list-style-type: none"> ▪ Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Returned to the patient? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ In date for the supply made? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Accurately recorded in the Prescription Register (Daily Audit)? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p><i>Record details:</i></p>	<p><i>Record details:</i></p>
	Medicine Supplied	Details of Emergency Supply	Details of Clinical Review by Pharmacist	Patient Counselling
5	<p><i>Date:</i></p> <p><i>Medicine(s) Supplied:</i></p>	<p><i>Was the Emergency Supply:</i></p> <ul style="list-style-type: none"> ▪ At the request of a prescriber or patient? Patient <input type="checkbox"/> Prescriber <input type="checkbox"/> ▪ Was there an immediate need for the medicine to be supplied? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Did it contain a controlled drug (Schedule 1-4)? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Had the patient been prescribed this medicine before? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<p><i>Record details:</i></p>	<p><i>Record details:</i></p>

		<ul style="list-style-type: none">▪ What quantity was supplied? _____▪ Recorded as an emergency, where required? Yes <input type="checkbox"/> No <input type="checkbox"/>▪ Was the prescription received with 72 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>▪ Accurately recorded in the Prescription Register (Daily Audit)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Additional Observations / Comments:				

Part 2: Compliance Assessment - Sale and Supply of Prescription Medicines

Having completed the review in Part 1, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is always carried out under the personal supervision of a pharmacist.
- A pharmacist reviews each prescription having regard to its validity, the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient, and screens the prescription for any potential problems.
- A pharmacist ensures that each patient has sufficient information and advice for the proper use and storage of the prescribed medicine. Each patient is offered counselling on their medicines.
- There is a clear, documented procedure in place at the pharmacy for the sale and supply of prescription medicines, which reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is carried out under the personal supervision of a pharmacist.
- Most prescriptions are routinely reviewed by the pharmacist having regard to their validity, pharmaceutical and therapeutic appropriateness.
- Most patients are routinely offered counselling on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of prescription medicines, but this is not consistently followed.

Partially Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Most prescriptions are reviewed by the pharmacist having regard to their validity, pharmaceutical and therapeutic appropriateness.
- Patients are not routinely offered counselling on the appropriate use of their medicines.
- There is a documented procedure in place for the sale and supply of prescription medicines, but this does not reflect practices in the pharmacy.

Non-Compliant:

☐

- The preparation, dispensing and supply of all prescription medicines is not carried out under the personal supervision of a pharmacist.
- A registered pharmacist does not review each prescription having regard to its validity, pharmaceutical and therapeutic appropriateness
- Patients are not offered counselling on the appropriate use of their medicines.
- No consistent procedure is in place for the sale and supply of prescription medicines from the pharmacy.

Part 3: Action Plan: Sale and Supply of Prescription Medicines

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Section 4: Documentation and Record Keeping

Date Commenced:

Completed by:

Part 1: Review of Pharmacy Documentation and Record Keeping

The purpose of this section is review whether appropriate policies, procedures and records are in place, and these are maintained and reviewed regularly to protect patient and public safety and to improve your professional service.

Controlled Drugs (CD) Register

1 Is the CD register retained at the pharmacy for 2 years (from the date of the last entry)? Yes ☐ No ☐

2 Select three schedule 2 controlled drugs that are recorded in the CD Register:

Page Number	Schedule 2 Controlled Drug	Register Stock Balance	Stock Balance in CD Safe	Balance Verified as correct?
	1.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.			Yes <input type="checkbox"/> No <input type="checkbox"/>

If any discrepancy was noted, record the steps taken to (i) investigate and (ii) rectify the discrepancy:

3 How often are stock balances recorded in the CD register checked against the physical stock of controlled drugs in the CD safe?

Frequency: _____

If any discrepancies or omissions were noted, please record details of the discrepancy:

Review of Prescription Register (Daily Audit / Dispensing Report)

6	Review the last <u>two weeks</u> of prescription registers available at the pharmacy:																												
	<ul style="list-style-type: none"> Is there a prescription register available for every day the pharmacy was open? 	Yes <input type="checkbox"/> No <input type="checkbox"/>																											
	<ul style="list-style-type: none"> Where the prescription register is maintained as a computer print-out, is it printed, signed and dated by a pharmacist on the day to which it relates, or within 24 hours? 	Yes <input type="checkbox"/> No <input type="checkbox"/>																											
	<p>For the same two week period, review the entries in the prescription registers and check to see if the following required details are recorded for every entry:</p> <table border="0"> <tr> <td>▪ Date on which product was supplied</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>▪ Name / quantity / form / strength of product supplied</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>▪ Name of prescriber (and address, if required)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>▪ Name and address of patient</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>▪ Date written on prescription</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>▪ If Emergency Supply at request of patient:</td> <td></td> <td></td> </tr> <tr> <td> – Reason for the emergency supply</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td> – Previous prescriber (and address, if required)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td> – Previous supplying pharmacy (where applicable)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table> <p><i>If any discrepancies or omissions were noted, please record details of the discrepancy:</i></p>		▪ Date on which product was supplied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▪ Name / quantity / form / strength of product supplied	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▪ Name of prescriber (and address, if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▪ Name and address of patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▪ Date written on prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>	▪ If Emergency Supply at request of patient:			– Reason for the emergency supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>	– Previous prescriber (and address, if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	– Previous supplying pharmacy (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
▪ Date on which product was supplied	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
▪ Name / quantity / form / strength of product supplied	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
▪ Name of prescriber (and address, if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
▪ Name and address of patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
▪ Date written on prescription	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
▪ If Emergency Supply at request of patient:																													
– Reason for the emergency supply	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
– Previous prescriber (and address, if required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
– Previous supplying pharmacy (where applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>																											
7	Is the prescription register retained at the pharmacy for 2 years (from the date of last entry or date of printing)?																												
		Yes <input type="checkbox"/> No <input type="checkbox"/>																											
Error Management (including Near Misses)																													
8	Does the pharmacy have policies and procedures to assist all members of staff in dealing with medication errors?																												
		Yes <input type="checkbox"/> No <input type="checkbox"/>																											
9	Are records of medication errors (i.e. errors which reach the patient) systematically recorded and maintained in the pharmacy?																												
		Yes <input type="checkbox"/> No <input type="checkbox"/>																											
10	<p>How regularly are error records reviewed by the supervising pharmacist?</p> <p>Frequency: _____</p> <p><i>Provide details of reviews carried out:</i></p>																												

11	How are errors reported to the supervising and superintendent pharmacists? <i>Provide details:</i>	
12	What actions are taken to ensure that the impact to the patient, of any error, is minimised? <i>Provide details:</i>	
13	How are preventative actions identified and implemented to prevent recurrence of errors? <i>Provide details:</i>	
14	Are records of 'near misses' (i.e. errors which do not reach the patient) being systematically recorded and maintained in the pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Are records of 'near misses' regularly reviewed by the supervising pharmacist? <i>Frequency:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	How are lessons learnt, corrective actions and preventative actions from errors and near misses communicated with the whole Pharmacy Team? <i>Provide details:</i>	
Expiry Date Management (including Management of Waste Medicines)		
17	How often are expiry dates of medicines checked at the pharmacy? Frequency: _____ Date of last check: _____	

18	Are records of expiry date checks maintained at the pharmacy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Are out of date medicines segregated from 'live' stock? Segregated storage location: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
20	Are patient-returned medicines segregated from 'live' stock? Segregated storage location: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>
21	How are out-of-date medicines disposed of? Waste management company: _____ Date of last collection: _____		
22	Pick the following medicines from your stock and check that they are all in date:		
		Any Expired Medicines?	If Yes, record details:
	3 medicines from shelves in the dispensary	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3 controlled drugs from the CD safe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3 medicines from the pharmacy fridge	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3 non-prescription medicines from the medicines counter	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	3 medicines from the storage area (<i>if applicable</i>)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Data Protection			
23	Is the pharmacy registered with the Data Protection Commissioner (www.dataprotection.ie) as a Data Controller?		Yes <input type="checkbox"/> No <input type="checkbox"/>
24	Are systems in place to ensure the security of sensitive personal information (including information relating to patients' physical and/or mental health) and are only disclosed in accordance with PSI data protection guidance? <i>Provide details:</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Delivery (Only complete this section if your pharmacy provides a delivery service)		
25	For each delivery of medicines made to a patient using a delivery system, does the pharmacist first assess whether the request for delivery is appropriate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26	For each delivery of medicines made to a patient using a delivery system, does the pharmacist first assess whether or not the necessary review, including patient contact and counselling, can be achieved without face to face contact with the patient /carer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27	<p>When delivering medicines to patients are you, as supervising pharmacist, satisfied that the delivery method meets the following:</p> <ul style="list-style-type: none"> <div style="display: flex; justify-content: space-between;"> ▪ The delivery method is secure, safe and prompt, and access to medicines and confidential information is restricted to authorised personnel only Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> ▪ The delivery method maintains the integrity of the medicines and prevents their deterioration while in transit Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> ▪ The delivery method includes a signed, itemised and verifiable audit trail for all medicines delivered, from the pharmacy to the carer/patient Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> ▪ The delivery of Schedule 2 and Schedule 3 CDs is appropriately receipted and recorded Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> ▪ Delivery records are maintained and available for review at the pharmacy Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <p><i>If any of the above is not fully satisfactory, please record details of concerns / issues identified:</i></p>	
Additional Observations / Comments:		

Part 2: Compliance Assessment - Documentation and Record Keeping

Having completed the review in Part 1, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy.

Compliant:

☐

- Pharmacy records, including the CD register and prescription register, are consistently maintained in accordance with legislative requirements. Regular reviews of pharmacy records support this.
- All medication errors and near misses are recorded and reviewed. Corrective and preventative actions implemented by the pharmacy team.
- Clear, documented procedures for the management and destruction of medicines are in place at the pharmacy, including out of date and patient returned medicines.
- The security and privacy of sensitive personal information is assured in accordance with data protection guidance.
- The pharmacy's delivery service fully meets the requirements of PSI guidance.

Mostly Compliant:

☐

- Pharmacy records are mostly maintained in accordance with legislative requirements.
- Most medication errors and near misses are recorded and reviewed and some corrective and preventative actions implemented.
- Procedures are in place for the management and destruction of medicines at the pharmacy but are not consistently implemented.
- Procedures are in place to assure the security and privacy of sensitive personal information but are not consistently implemented.
- The pharmacy's delivery service mostly meets the requirements of PSI guidance.

Partially Compliant:

☐

- Pharmacy records are partially maintained in accordance with legislative requirements.
- Some medication errors and near misses are recorded but these are not consistently reviewed and corrective / preventative actions are not identified or implemented.
- Procedures for the management and destruction of medicines at the pharmacy but do not reflect the operation of the pharmacy.
- Procedures are in place to assure the security and privacy of sensitive personal information but do not reflect the operation of the pharmacy.
- The pharmacy's delivery service partially meets the requirements of PSI guidance.

Non-Compliant:

☐

- Pharmacy records are not maintained in accordance with legislative requirements.
- Records of medication errors and near misses are not recorded or reviewed.
- Procedures are not in place for the management and destruction of medicines at the pharmacy.
- Procedures are not in place to assure the security and privacy of sensitive personal information.
- The pharmacy's delivery service does not meet the requirements of PSI guidance.

Part 3: Action Plan: Pharmacy Documentation and Record Keeping

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Section 5: Premises, Equipment, and Storage

Date Commenced:

Completed by:

Part 1: Review of Premises, Equipment and Storage

The purpose of this section is to help you review your premises and equipment, and how medicines are stored.

Storage of Medicines

- 1** Review your premises and storage areas to make sure that medicines are stored safely and appropriately in your pharmacy. Then, answer the questions below:
- Are all medicines stored within the registered pharmacy premises, i.e. the area identified on the floorplan submitted to the PSI? Yes ☐ No ☐
 - Are all prescription medicines (including medicines awaiting collection by patients) stored in the dispensary, or a storeroom under the control of the pharmacist? Yes ☐ No ☐
 - Are all medicines requiring refrigeration stored in a pharmaceutical grade fridge? Yes ☐ No ☐
 - Are medicines kept in the manufacturer's original packaging, where possible? Yes ☐ No ☐
 - Are any medicines removed from their original packaging? Yes ☐ No ☐
 - Are all medicines that are removed from their original packaging, labelled with the name, strength, marketing authorisation number, batch number, expiry date and name of supplier? Yes ☐ No ☐
 - Are all medicines stored in areas designated for their storage, i.e. not on floors, in toilets, stairways, passageways, patient consultation areas? Yes ☐ No ☐
 - Are all areas used for the storage of medicines clean? Yes ☐ No ☐

If you have answered 'no' to any of the above details, record additional comments below:

2	Are temperature records maintained for all areas of the pharmacy in which medicines are stored, and are these records reviewed by the pharmacist?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Review the pharmacy's temperature records for the last month:			
		Pharmaceutical grade fridge(s)	Dispensary	Other medicines storage areas
	Are temperatures monitored and recorded every day the pharmacy is open?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are both the maximum and minimum temperatures recorded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are temperatures records reviewed by the pharmacist?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Were there any temperature deviations i.e. temperatures outside of the required range?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>If any temperature deviations were noted, please outline the steps taken to (i) investigate and (ii) rectify the discrepancy:</i>			
4	Are all schedule 2 and 3 controlled drug medicines stored in a locked controlled drugs safe which is bolted to the floor or wall?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Is a medicinal product waste bin available at the pharmacy? Note: A sharps bin may also be required.			Yes <input type="checkbox"/> No <input type="checkbox"/>
6	Are all waste medicinal products stored in a designated area of the registered pharmacy, segregated from other 'in date' stock and under the control of the pharmacist?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Layout				
7	Does the physical layout of the pharmacy allow the pharmacist to personally supervise (i.e. to see <u>and</u> to hear) what is occurring at the medicines counter, and intervene in any sale of a non-prescription medicine, if necessary?			Yes <input type="checkbox"/> No <input type="checkbox"/>

8	<p>Review the size and layout of the dispensary, and think about whether it supports a safe and efficient workflow. Then answer the questions below:</p> <ul style="list-style-type: none"> ▪ Is there adequate clear, uncluttered bench space available to accommodate all dispensing activities, including assembly of medicines, labelling, pharmacist checking, extemporaneous compounding and preparation of monitored dosage systems (if appropriate)? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Is the dispensing bench clean and impervious to dirt and moisture? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Does the layout allow the pharmacist to supervise staff, where necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Is there a sink in the dispensary, with both hot and cold water? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Is the dispensary well-lit and sufficiently ventilated? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>If you have answered 'no' to any of the above details, record additional comments below:</i></p>
9	<p>What arrangements are in place to ensure that all areas of the pharmacy are kept clean, well maintained and professionally presented, in keeping with the hygiene standards expected from a healthcare facility?</p> <p><i>Record details:</i></p>
10	<p>Are toilet and hand washing facilities available for pharmacy staff?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Patient Consultation Area</p>	
11	<p>Do patients have access to a designated, private consultation area, which is accessible from the public part of the pharmacy?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
12	<p>Is this area regularly used by the pharmacist to discuss issues with the patient about their medication and general health matters, when necessary? And are staff trained to direct patients to this area, when necessary?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Security and Access to Premises		
13	Are security arrangements in place at the pharmacy to ensure the safety of staff at the pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Are security arrangements in place as per PSI's Security Assessment Template to prevent burglaries or other unauthorised access to the pharmacy premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Is the pharmacy premises accessible for all patients including wheelchair users, those with mobility difficulties and sight difficulties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment and Reference Materials		
16	<p>Review the pharmacy's equipment, including equipment for extemporaneous dispensing to see if all the required equipment is present in the pharmacy:</p> <ul style="list-style-type: none"> ▪ Telephone, internet and email Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Printer, photocopier, scanner and fax machine Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Computerised patient medication record system, including label printer Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Containers for the dispensing of tablets / capsules, liquids, creams, ointments and pastes Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ A range of Child Resistant Closures (CRCs) and non-CRCs Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ A range of spoons and/or syringes for measuring oral liquid doses Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ A range of graduated Type A glass measures and appropriate measuring devices to measure volumes from 0.05ml to 500ml e.g. pipettes / syringes Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ A supply of disposable plastic cups Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Tablet / capsule counter or counting triangle Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Electronic weighing apparatus Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Set of certified metric weights (appropriately maintained and calibrated) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Weighing boats Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Mortar and pestle (ceramic and glass) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Ointment slab, glass or marble Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Glass stirrer and stainless steel spatula Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Protective gloves, masks, hair nets Yes <input type="checkbox"/> No <input type="checkbox"/> 	

17	<p>Review the pharmacy's reference materials (electronic or hard copy) to see if all the required reference materials are present in the pharmacy:</p> <ul style="list-style-type: none"> ▪ A complete drug reference source, e.g. Martindale Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ British National Formulary (BNF) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Reference for medicinal products authorised in Ireland e.g. Irish Medicines Formulary or Health Products Regulatory Authority (HPRA) website, www.hpra.ie Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Paediatrics reference, e.g. BNF for Children, Paediatric Formulary (Guy's, St. Thomas' and Lewisham Hospitals) Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Drug interaction reference, e.g. Stockley's Drug Interactions Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Drug Interaction Alert functionality as part of computer dispensing system Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Pharmacy and Medicines Legislation: available at www.psi.ie and www.irishstatutebook.ie Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Summary of Product Characteristics (SmPCs) for medicinal products authorised in Ireland: available at www.hpra.ie, www.medicines.ie Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ PSI Guidelines, alerts and other publications: available at www.psi.ie Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ National Medicines Information Centre (NMIC) information: available at www.nmic.ie Yes <input type="checkbox"/> No <input type="checkbox"/> <p>Relevant additional references may also be required, depending on services offered at your pharmacy.</p> <p><i>Record details of additional references available:</i></p>
18	<p>Can patients in the public area of the pharmacy easily see and read the current certificates of registration for:</p> <ul style="list-style-type: none"> ▪ The pharmacy: Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ The Supervising Pharmacist: Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Additional Observations / Comments:</p>	

Part 2: Compliance Assessment

Premises, Equipment, and Storage

Having completed the review in Part 1, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

☐

- Medicines are stored safely and appropriately, with relevant temperature records continuously maintained.
- The layout of the pharmacy premises supports a safe and efficient workflow and facilitates the pharmacist to supervise the sale and supply of medicines.
- All required equipment is available and serviced / calibrated and reference materials are available and up-to-date.
- All areas of the pharmacy premises are clean, well maintained and professionally presented.

Mostly Compliant:

☐

- Medicines are stored safely and appropriately, with relevant temperature records mostly maintained.
- The layout of the pharmacy premises supports a safe and efficient workflow and facilitates the pharmacist to supervise the sale and supply of medicines.
- Most of the required equipment and reference materials are available at the pharmacy. Equipment has been serviced / calibrated and references are up-to-date.
- Most areas of the pharmacy premises are clean, well maintained and professionally presented.

Partially Compliant:

☐

- Medicines are not always stored safely and appropriately. Relevant temperature records are generally not maintained.
- The layout of the pharmacy premises does not always support a safe and efficient workflow and does not facilitate the pharmacist to supervise the sale and supply of medicines.
- Some of the required equipment and reference materials are available at the pharmacy. Equipment is not all serviced / calibrated and not all references are up-to-date.
- Most areas of the pharmacy premises are not clean, well maintained and professionally presented.

Non-Compliant:

☐

- Medicines are not stored safely or appropriately. Temperature records are not maintained.
- The layout of the pharmacy premises does not support a safe and efficient workflow and does not facilitate the pharmacist to supervise the sale and supply of medicines.
- Not all required equipment and reference material is available at the pharmacy.
- The pharmacy premises is not clean, well maintained and professionally presented.

Part 3: Action Plan: Premises, Equipment and Storage

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Section 6: Supply of Medicines to Patients in Residential Care Settings

Date Commenced:

Completed by:

Part 1(a): Review of the Supply of Medicines to Patients in Residential Care Settings

The purpose of this section is to ensure that the same level of professional care and attention is provided to patients in residential care as to those patients who attend personally at the pharmacy

How to Complete: If your pharmacy supplies medicines to patients in residential care settings, review and record your findings to the questions outlined below.

Review of Services Provided

1 Record details of the Residential Care Settings your pharmacy supplies pharmacy services to in the table below:

	Residential Care Setting Name	HIQA Registration	Number of Residents
1			
2			
3			
4			

2 Review the standard operating procedures (SOPs) in place at the pharmacy for the supply to patients in residential care settings.

Do your procedures cover the following?

- | | |
|--|--|
| ▪ Receipt of prescriptions | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Dispensing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Preparation of monitored dosage systems (MDS), if applicable | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Therapeutic Review | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Patient Counselling | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Delivery | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Medication Monitoring and Reviews | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| ▪ Disposal of Unwanted Medicinal Products | Yes <input type="checkbox"/> No <input type="checkbox"/> |

3	<p>How do you assure yourself that each stage of the dispensing process, including any delegated tasks, are carried out under the personal supervision of a pharmacist?</p> <p><i>Provide details:</i></p>	
4	<p>If medicines are supplied to patients in residential care centres in Monitored Dosage Systems (MDS), have you considered the following?</p> <ul style="list-style-type: none"> ▪ Has an assessment of individual patient's needs been completed by the pharmacist, in collaboration with patient's prescriber and extended healthcare team? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Does the supply of medicines in MDS meet the needs of individual patients? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Has an assessment of each medicine's suitability for inclusion in a MDS been completed? This should assess the potential impact of MDS dispensing on the medicine's quality, safety and efficacy. Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Is each stage of the MDS assembly process subject to robust quality control measures and carried out under the personal supervision of a pharmacist? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Are all MDS labelled with all required information for all medicines? Yes <input type="checkbox"/> No <input type="checkbox"/> <p><i>Provide details of any additional considerations (if necessary):</i></p>	
5	<p>How is individual counselling offered by the pharmacist, to each patient or to their carer, on the proper use and storage of their medicine?</p> <p><i>Provide details:</i></p>	
6	<p>Are records of patient counselling including offers and attendance maintained in the pharmacy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

7	Has a pharmacist participated in an interdisciplinary review of each patient within the last three months, in line with HIQA standards? <i>Provide details:</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
8	Are records of interdisciplinary reviews of patients retained at the pharmacy?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
9	When delivering medicines to the residential care setting, is the supervising pharmacist satisfied that the delivery method meets the following: <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"> ▪ The delivery method is secure, safe and prompt, and access to medicines and confidential information is restricted to authorised personnel only </td> <td style="width: 20%; text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td> ▪ The delivery method maintains the integrity of the medicines and prevents their deterioration while in transit </td> <td style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td> ▪ The delivery method includes a signed, itemised and verifiable audit trail for all medicines delivered, from the pharmacy to the carer/patient </td> <td style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td> ▪ The delivery of Schedule 2 and Schedule 3 CDs is appropriately receipted and recorded </td> <td style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> <tr> <td> ▪ Delivery records are maintained and available for review at the pharmacy </td> <td style="text-align: right;"> Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table> <p><i>If any of the above is not fully satisfactory, please record details of concerns / issues identified:</i></p>		▪ The delivery method is secure, safe and prompt, and access to medicines and confidential information is restricted to authorised personnel only	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ The delivery method maintains the integrity of the medicines and prevents their deterioration while in transit	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ The delivery method includes a signed, itemised and verifiable audit trail for all medicines delivered, from the pharmacy to the carer/patient	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ The delivery of Schedule 2 and Schedule 3 CDs is appropriately receipted and recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>	▪ Delivery records are maintained and available for review at the pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>
▪ The delivery method is secure, safe and prompt, and access to medicines and confidential information is restricted to authorised personnel only	Yes <input type="checkbox"/> No <input type="checkbox"/>											
▪ The delivery method maintains the integrity of the medicines and prevents their deterioration while in transit	Yes <input type="checkbox"/> No <input type="checkbox"/>											
▪ The delivery method includes a signed, itemised and verifiable audit trail for all medicines delivered, from the pharmacy to the carer/patient	Yes <input type="checkbox"/> No <input type="checkbox"/>											
▪ The delivery of Schedule 2 and Schedule 3 CDs is appropriately receipted and recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>											
▪ Delivery records are maintained and available for review at the pharmacy	Yes <input type="checkbox"/> No <input type="checkbox"/>											
10	Are appropriate arrangements in place for segregation and safe disposal of unused, out of date medicinal products which are received from the residential care settings?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Additional Observations / Comments:												

How to Complete: Review 3 supplies of prescription medicines from the pharmacy to patients in residential care settings (including a controlled drug, a monthly supply, and a supply of another medicine) and record your findings below.

	Medicine(s) supplied	Details of Prescription	Details of Clinical Review by Pharmacist <i>Was the patient's medicine pharmaceutically and therapeutically appropriate?</i>	Patient Counselling
1	Date:	Was the <i>Prescription</i>: <ul style="list-style-type: none"> Available at the pharmacy prior to supply? Yes <input type="checkbox"/> No <input type="checkbox"/> Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> In date? Yes <input type="checkbox"/> No <input type="checkbox"/> Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> Accurately recorded? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Record details:	Record details:
	Medicine(s) Supplied:	If supply was an <i>Emergency Supply</i>: <ul style="list-style-type: none"> Was there an immediate need for the medicine? Yes <input type="checkbox"/> No <input type="checkbox"/> At the request of: Prescriber <input type="checkbox"/> Patient/Carer <input type="checkbox"/> Did it contain a controlled drug (Schedule 1-4)? Yes <input type="checkbox"/> No <input type="checkbox"/> Had the patient been prescribed medicine before? Yes <input type="checkbox"/> No <input type="checkbox"/> What quantity was supplied? _____ Was the supply recorded as an emergency, where required? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Interdisciplinary Review	Delivery
			Date of Last Review: _____ <ul style="list-style-type: none"> Is a record of this available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> Were any issues identified resolved? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Is there a record of the delivery of these medicines available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>

	Medicine(s) supplied	Details of Prescription	Details of Clinical Review by Pharmacist <i>Was the patient's medicine pharmaceutically and therapeutically appropriate?</i>	Patient Counselling
2	<i>Date:</i> <i>Medicine(s) Supplied:</i>	<i>Was the Prescription:</i> <ul style="list-style-type: none"> Available at the pharmacy prior to supply? Yes <input type="checkbox"/> No <input type="checkbox"/> Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> In date? Yes <input type="checkbox"/> No <input type="checkbox"/> Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> Accurately recorded? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If supply was an Emergency Supply:</i> <ul style="list-style-type: none"> Was there an immediate need for the medicine? Yes <input type="checkbox"/> No <input type="checkbox"/> At the request of: Prescriber <input type="checkbox"/> Patient/Carer <input type="checkbox"/> <ul style="list-style-type: none"> Did it contain a controlled drug (Schedule 1-4)? Yes <input type="checkbox"/> No <input type="checkbox"/> Had the patient been prescribed medicine before? Yes <input type="checkbox"/> No <input type="checkbox"/> What quantity was supplied? _____ Was the supply recorded as an emergency, where required? Yes <input type="checkbox"/> No <input type="checkbox"/> 	<i>Record details:</i>	<i>Record details:</i>
			Interdisciplinary Review	Delivery
			Date of Last Review: _____ <ul style="list-style-type: none"> Is a record of this available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> Were any issues identified resolved? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Is there a record of the delivery of these medicines available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>

	Medicine(s) supplied	Details of Prescription	Details of Clinical Review by Pharmacist <i>Was the patient's medicine pharmaceutically and therapeutically appropriate?</i>	Patient Counselling
3	Date: Medicine(s) Supplied:	<p>Was the <i>Prescription</i>:</p> <ul style="list-style-type: none"> ▪ Available at the pharmacy prior to supply? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Retained in the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ In date? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Correctly written? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Accurately recorded? Yes <input type="checkbox"/> No <input type="checkbox"/> <p>If supply was an <i>Emergency Supply</i>:</p> <ul style="list-style-type: none"> ▪ Was there an immediate need for the medicine? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ At the request of: Prescriber <input type="checkbox"/> Patient/Carer <input type="checkbox"/> ▪ Did it contain a controlled drug (Schedule 1-4)? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Had the patient been prescribed medicine before? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ What quantity was supplied? _____ ▪ Was the supply recorded as an emergency, where required? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Record details:	Record details:
			Interdisciplinary Review	Delivery
			Date of Last Review: _____ <ul style="list-style-type: none"> ▪ Is a record of this available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Were any issues identified resolved? Yes <input type="checkbox"/> No <input type="checkbox"/> 	Is there a record of the delivery of these medicines available at the pharmacy? Yes <input type="checkbox"/> No <input type="checkbox"/>

Part 2: Compliance Assessment - Supply of Medicines to Patients in Residential Care Settings

Having completed the Review in Part 1(a) and Part 1(b) above, please consider the statements listed below and select the level of compliance that best represents your pharmacy

Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is always carried out under the personal supervision of a pharmacist.
- A pharmacist reviews each prescription for its validity, the pharmaceutical and therapeutic appropriateness of the medicine for the patient, and screens the prescription for any potential problems. Each patient and/or their carer(s) is offered counselling on their medicines.
- There is a clear, documented procedure for the supply of prescription medicines to patients in residential care settings, which reflects practices in place in the pharmacy.
- The supply of medicines to patients in residential care setting fully meets the requirements of PSI guidance.

Mostly Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is carried out under the personal supervision of a pharmacist
- Most prescriptions are routinely reviewed by the pharmacist for their validity, pharmaceutical and therapeutic appropriateness. Most patients and/or their carer(s) are routinely offered counselling on their medicines.
- There is a clear, documented procedure for the supply of prescription medicines to patients in residential care settings, but this is not consistently followed.
- The supply of medicines to patients in residential care setting mostly meets the requirements of PSI guidance.

Partially Compliant:

☐

- The preparation, dispensing and supply of prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Most prescriptions are reviewed by the pharmacist for their validity, pharmaceutical and therapeutic appropriateness. Patients and/or their carer(s) are not routinely offered counselling on their medicines.
- There is a clear, documented procedure for the supply of prescription medicines to patients in residential care settings, but this does not reflect practices in the pharmacy.
- The supply of medicines to patients in residential care setting partially meets the requirements of PSI guidance.

Major Non-Compliance:

☐

- The preparation, dispensing and supply of all prescription medicines is not carried out under the personal supervision of a pharmacist.
- A pharmacist does not review each prescription for its validity, pharmaceutical and therapeutic appropriateness. Patients and/or their carer(s) are not offered counselling on their medicines.
- No consistent procedure in place for the supply of prescription medicines to patients in residential care settings.
- The supply of medicines to patients in residential care setting does not meet the requirements of PSI guidance.

Part 3: Action Plan: Supply of Medicines to Patients in Residential Care Settings

Recommendations for Improvement <i>What changes need to be made?</i>	Action(s) <i>How will you make the changes?</i>	Responsible Person <i>Who will be the lead person for this action?</i>	Timescale <i>Date action will be started and completed</i>	Date Action Completed and Signature of Supervising Pharmacist
Approval of Action Plan by Supervising Pharmacist		Signature:		Date:
Communication of Action Plan with the Pharmacy Team				Date

Approval of Action Plans by Superintendent Pharmacist

To be completed after Pharmacy Assessment System

Have you reviewed all sections of the completed Pharmacy Assessment System?

Yes ☐

No ☐

What support was provided to assist the supervising pharmacist in completing the Pharmacy Assessment System and implementing the action plans:

Have you identified any additional areas where improvement is needed to facilitate on going compliance at the pharmacy?

Yes ☐

No ☐

Provide details:

Superintendent Pharmacist

Signature

Date

Additional Comments

Approval of Action Plans by Pharmacy Owner(s)

To be completed after Pharmacy Assessment System

Have you reviewed all sections of the completed Pharmacy Assessment System?

Yes ☐

No ☐

What support was provided to assist the supervising pharmacist in completing the Pharmacy Assessment System and implementing the action plans:

Have you identified any additional areas where improvement is needed to facilitate on going compliance at the pharmacy?

Yes ☐

No ☐

Provide details:

Name(s)

Signature

Position

Date

Additional Comments