

Section 3: Sale and Supply of Prescription Medicines

| Date Commenced | | Name | Role | |
|---|--|------|------|--|
| <p>Review of the Sale and Supply of Prescription Medicines</p> <p>The purpose of this section is to review how prescription medicines are supplied safely to patients, under the personal supervision of the pharmacist, with sufficient information and advice provided for the proper use and storage of their medicines.</p> <p>How to Complete</p> <p>Review / observe 5 supplies of prescription medicines over a period of time and record your findings.</p> <p>When selecting the supplies, consider selecting:</p> <ul style="list-style-type: none">• A supply that you, or another pharmacist, have recently made to a patient• A supply that you have picked from the pharmacy records (e.g. Controlled Drug Register, Prescription Register (Daily Audit Report) or bundle of recently dispensed prescriptions). <p>Consider selecting supplies of different medicines, for example:</p> <ul style="list-style-type: none">• A High Tech Medicine• A schedule 2, 3 or 4 (Part 1) Controlled Drug• A supply to a patient on long term medication | | | | |

| SUPPLY 1 | | | | | |
|---|------------|---------------|---|-----|----|
| Medicine(s) supplied: | | | Medicine(s) prescribed: | | |
| Date supplied: | | | Date specified on the prescription: | | |
| Prescription Details | | | | | |
| Was the Prescription : | | | | | |
| Available prior to supply? | Yes | No | Correctly written? | Yes | No |
| Retained in the pharmacy? | Yes | No | Endorsed for the supply made? | Yes | No |
| Returned to the patient? Note: Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs. | Yes | No | Accurately recorded in the Prescription Register (date specified on prescription and prescriber)? | Yes | No |
| In date? | Yes | No | | | |
| If the prescription was not available prior to supply, was the supply an Emergency Supply ? | | | | Yes | No |
| Was there an immediate need for the medicine? | Yes | No | Had the patient been prescribed the medicine before? | Yes | No |
| At the request of: | Prescriber | Patient/carer | What quantity was supplied? | | |
| Did it contain a controlled drug (Schedule 1-4) | Yes | No | Was the supply recorded as an emergency, when at the request of the patient? | Yes | No |
| Details of Clinical Review by Pharmacist | | | | | |
| Were any potential therapy problems identified? | | | | Yes | No |
| If yes, record details: | | | | | |

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| If yes, were these communicated to the prescriber / patient? | Yes | No |
| If yes, record details: | | |

Patient Counselling

| | | |
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| Following the clinical review, was counselling offered to the patient? Note: Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested. | Yes | No |
|---|-----|----|

If no, record reason:

Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:

| | | | |
|---|--|--|--|
| The identity of the medicinal product, including information on any changes or substitutions made | | Directions for use, including the dosage, method of administration, duration of therapy and storage | |
| Any special directions and precautions for the administration and use of the medicinal product | | Common severe side effects, adverse reactions or interactions and the action to be taken if they occur | |
| Therapeutic benefit of the medicinal product | | Importance of the need for compliance | |
| Action to be taken in the event of a missed dose | | Methods for the safe disposal in the event of the course of treatment not being completed | |

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| Did a member of the pharmacy team check that the patient understood the information provided? | Yes | No |
|---|-----|----|

| SUPPLY 2 | | | | | |
|---|------------|---------------|---|-----|----|
| Medicine(s) supplied: | | | Medicine(s) prescribed: | | |
| Date supplied: | | | Date specified on the prescription: | | |
| Prescription Details | | | | | |
| Was the Prescription : | | | | | |
| Available prior to supply? | Yes | No | Correctly written? | Yes | No |
| Retained in the pharmacy? | Yes | No | Endorsed for the supply made? | Yes | No |
| Returned to the patient? Note: Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs. | Yes | No | Accurately recorded in the Prescription Register (date specified on prescription and prescriber)? | Yes | No |
| In date? | Yes | No | | | |
| If the prescription was not available prior to supply, was the supply an Emergency Supply ? | | | | Yes | No |
| Was there an immediate need for the medicine? | Yes | No | Had the patient been prescribed the medicine before? | Yes | No |
| At the request of: | Prescriber | Patient/carer | What quantity was supplied? | | |
| Did it contain a controlled drug (Schedule 1-4) | Yes | No | Was the supply recorded as an emergency, when at the request of the patient? | Yes | No |
| Details of Clinical Review by Pharmacist | | | | | |
| Were any potential therapy problems identified? | | | | Yes | No |
| If yes, record details: | | | | | |

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| If yes, were these communicated to the prescriber / patient? | Yes | No |
| If yes, record details: | | |

Patient Counselling

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| Following the clinical review, was counselling offered to the patient? Note: Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested. | Yes | No |
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| Any special directions and precautions for the administration and use of the medicinal product | | Common severe side effects, adverse reactions or interactions and the action to be taken if they occur | |
| Therapeutic benefit of the medicinal product | | Importance of the need for compliance | |
| Action to be taken in the event of a missed dose | | Methods for the safe disposal in the event of the course of treatment not being completed | |

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| Did a member of the pharmacy team check that the patient understood the information provided? | Yes | No |
|---|-----|----|

| SUPPLY 3 | | | | | |
|---|------------|---------------|---|-----|----|
| Medicine(s) supplied: | | | Medicine(s) prescribed: | | |
| Date supplied: | | | Date specified on the prescription: | | |
| Prescription Details | | | | | |
| Was the Prescription : | | | | | |
| Available prior to supply? | Yes | No | Correctly written? | Yes | No |
| Retained in the pharmacy? | Yes | No | Endorsed for the supply made? | Yes | No |
| Returned to the patient? Note: Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs. | Yes | No | Accurately recorded in the Prescription Register (date specified on prescription and prescriber)? | Yes | No |
| In date? | Yes | No | | | |
| If the prescription was not available prior to supply, was the supply an Emergency Supply ? | | | | Yes | No |
| Was there an immediate need for the medicine? | Yes | No | Had the patient been prescribed the medicine before? | Yes | No |
| At the request of: | Prescriber | Patient/carer | What quantity was supplied? | | |
| Did it contain a controlled drug (Schedule 1-4) | Yes | No | Was the supply recorded as an emergency, when at the request of the patient? | Yes | No |
| Details of Clinical Review by Pharmacist | | | | | |
| Were any potential therapy problems identified? | | | | Yes | No |
| If yes, record details: | | | | | |

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| If yes, were these communicated to the prescriber / patient? | Yes | No |
| If yes, record details: | | |

Patient Counselling

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| Following the clinical review, was counselling offered to the patient? Note: Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested. | Yes | No |
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Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:

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| The identity of the medicinal product, including information on any changes or substitutions made | | Directions for use, including the dosage, method of administration, duration of therapy and storage | |
| Any special directions and precautions for the administration and use of the medicinal product | | Common severe side effects, adverse reactions or interactions and the action to be taken if they occur | |
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| Action to be taken in the event of a missed dose | | Methods for the safe disposal in the event of the course of treatment not being completed | |

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| Did a member of the pharmacy team check that the patient understood the information provided? | Yes | No |
|---|-----|----|

| SUPPLY 4 | | | | | |
|---|------------|---------------|---|-----|----|
| Medicine(s) supplied: | | | Medicine(s) prescribed: | | |
| Date supplied: | | | Date specified on the prescription: | | |
| Prescription Details | | | | | |
| Was the Prescription : | | | | | |
| Available prior to supply? | Yes | No | Correctly written? | Yes | No |
| Retained in the pharmacy? | Yes | No | Endorsed for the supply made? | Yes | No |
| Returned to the patient? Note: Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs. | Yes | No | Accurately recorded in the Prescription Register (date specified on prescription and prescriber)? | Yes | No |
| In date? | Yes | No | | | |
| If the prescription was not available prior to supply, was the supply an Emergency Supply ? | | | | Yes | No |
| Was there an immediate need for the medicine? | Yes | No | Had the patient been prescribed the medicine before? | Yes | No |
| At the request of: | Prescriber | Patient/carer | What quantity was supplied? | | |
| Did it contain a controlled drug (Schedule 1-4) | Yes | No | Was the supply recorded as an emergency, when at the request of the patient? | Yes | No |
| Details of Clinical Review by Pharmacist | | | | | |
| Were any potential therapy problems identified? | | | | Yes | No |
| If yes, record details: | | | | | |

| | | |
|--|-----|----|
| If yes, were these communicated to the prescriber / patient? | Yes | No |
| If yes, record details: | | |

| Patient Counselling | | |
|---|-----|----|
| Following the clinical review, was counselling offered to the patient? | Yes | No |
| Note: Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested. | | |
| If no, record reason: | | |

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| Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply: | | | |
| The identity of the medicinal product, including information on any changes or substitutions made | | Directions for use, including the dosage, method of administration, duration of therapy and storage | |
| Any special directions and precautions for the administration and use of the medicinal product | | Common severe side effects, adverse reactions or interactions and the action to be taken if they occur | |
| Therapeutic benefit of the medicinal product | | Importance of the need for compliance | |
| Action to be taken in the event of a missed dose | | Methods for the safe disposal in the event of the course of treatment not being completed | |
| Did a member of the pharmacy team check that the patient understood the information provided? | | | Yes No |

| SUPPLY 5 | | | | | |
|---|------------|---------------|---|-----|----|
| Medicine(s) supplied: | | | Medicine(s) prescribed: | | |
| Date supplied: | | | Date specified on the prescription: | | |
| Prescription Details | | | | | |
| Was the Prescription : | | | | | |
| Available prior to supply? | Yes | No | Correctly written? | Yes | No |
| Retained in the pharmacy? | Yes | No | Endorsed for the supply made? | Yes | No |
| Returned to the patient? Note: Remember to keep a copy with endorsements for Schedule 4 Part 1 CDs. | Yes | No | Accurately recorded in the Prescription Register (date specified on prescription and prescriber)? | Yes | No |
| In date? | Yes | No | | | |
| If the prescription was not available prior to supply, was the supply an Emergency Supply ? | | | | Yes | No |
| Was there an immediate need for the medicine? | Yes | No | Had the patient been prescribed the medicine before? | Yes | No |
| At the request of: | Prescriber | Patient/carer | What quantity was supplied? | | |
| Did it contain a controlled drug (Schedule 1-4) | Yes | No | Was the supply recorded as an emergency, when at the request of the patient? | Yes | No |
| Details of Clinical Review by Pharmacist | | | | | |
| Were any potential therapy problems identified? | | | | Yes | No |
| If yes, record details: | | | | | |

| | | |
|--|-----|----|
| If yes, were these communicated to the prescriber / patient? | Yes | No |
| If yes, record details: | | |

Patient Counselling

| | | |
|---|-----|----|
| Following the clinical review, was counselling offered to the patient? Note: Patients should be informed of their entitlement to a private consultation and to direct them to the consultation area if requested. | Yes | No |
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If no, record reason:

Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:

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| The identity of the medicinal product, including information on any changes or substitutions made | | Directions for use, including the dosage, method of administration, duration of therapy and storage | |
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| Action to be taken in the event of a missed dose | | Methods for the safe disposal in the event of the course of treatment not being completed | |

| | | |
|---|-----|----|
| Did a member of the pharmacy team check that the patient understood the information provided? | Yes | No |
|---|-----|----|

Compliance Assessment – Sale and Supply of Prescription Medicines

Having completed the review, 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. |
| | 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 procedure is in place for the sale and supply of prescription medicines from the pharmacy. |

When you have completed this, move on to the Action Plan Booklet

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