

Pharmacy Inspection Report: PHARMACY MANAGER INTERVIEW (PMI)

The pharmacy manager's role is critical to ensuring that appropriate policies and practices are established and implemented by the pharmacy for the optimal care and safety of its patients. The Nova Scotia College of Pharmacists (NSCP) routinely interviews pharmacy managers to ensure that they are fully aware of their role and responsibilities as described in the legislation, and to provide them with an opportunity to ask any questions about their role.

Pharmacy Information	
NSCP Inspector Name:	Inspection Date (MM/DD/YY):
Pharmacy Name:	NSCP Pharmacy Licence Number:
Pharmacy Address:	
Pharmacy Manager Name:	NSCP Licence Number:

Pharmacy Manager Declaration		
I have reviewed the responsibilities of the pharmacy manager as described in the following legislation:		
Pharmacy Act		
s.23(1)(a), 26(1-4), 28(1-6), 29, 30(1), 51(7) and 73	O Yes	O No
Registration, Licensing and Professional Accountability Regulations		
" <u>Renewing Pharmacy Licence</u> ": s.27(1-5)	O Yes	O No
"Notifying College of Change of Status of Pharmacy Manager": s.28	O Yes	O No
"Applying for New Pharmacy Licence on Replacement of Pharmacy Manager": s.29(1-4)	O Yes	O No
" <u>Retaining Patient Records</u> ": s.37(1-3)	O Yes	O No
Pharmacy Practice Regulations		
" <u>Changes</u> ": s.18(1-4)	O Yes	O No
"Qualifications of Pharmacy Manager": s.20(1-3)	O Yes	O No
" <u>Responsibilities of the Pharmacy Manager</u> ": s.21(1-2)	O Yes	O No
" <u>Reporting conduct of concern of employees to the College</u> ": s.21(3)	O Yes	O No
" <u>Quality Assurance</u> ": s.22(1-4)	O Yes	O No
"Persons Permitted in Dispensary and Pharmacy": s.23(1-5)	O Yes	O No
" <u>Security</u> ": s.26(1-3)	O Yes	O No
" <u>Closing a Pharmacy</u> ": s.28	O Yes	O No

Policies, Positions and Guidelines						
I have reviewed the policies, positions and guidelines of the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
The pharmacy provides compliance packaging service:	O Yes	O No	If "yes," I have reviewed the NSCP policy " <u>Compliance Packaging</u> ":	O Yes	O No	
The pharmacy stores vaccines as part of its drug inventory:	O Yes	O No	If "yes," I have reviewed the NSCP policy " <u>Refrigeration Policy</u> ":	O Yes	O No	
The pharmacy receives prescriptions by fax:	O Yes	O No	If "yes," I have reviewed the NSCP policy "Transmission of Prescriptions by Facsimile":	O Yes	O No	
The pharmacy provides delivery of prescription service:	O Yes	O No	If "yes," I have reviewed the NSCP policy " <u>Delivery of Prescriptions</u> ":	O Yes	O No	
The pharmacy uses automated pharmacy systems:	O Yes	O No	If "yes," I have reviewed the NSCP position statement " <u>Automated Pharmacy Systems</u> ":	O Yes	O No	
The dispensary is closed at times when the remainder of the store is open:	O Yes	O No	If "yes," I have reviewed the NSCP policy "Pharmacists not Present: Lock and Leave":	O Yes	O No	
I have reviewed the NSCP policy "Currency of Patient Medication Profiles," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy:			O Yes	O No		
I have reviewed the NSCP policy "Destruction of Unused and Expired Controlled Drugs and Substances," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy:			O Yes	O No		
I have reviewed the NSCP policy " <u>Record Retention: Electronic Storage of Prescriptions</u> ," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy:			O Yes	O No		
I have reviewed the "Pharmacy Reference Requirements" adopted by the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
I have reviewed the NSCP policy "Temporary Pharmacy Closures," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy:			O Yes	O No		
I have reviewed the NSCP policy "Practice Policy: Inventory Management of CDSA and Z-Drugs," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy. I understand that I must conduct a narcotic count upon taking up the position as Pharmacy Manager:			O Yes	O No		
I have reviewed the NSCP policy " <u>Releasing Medication to Patients and their Agents</u> ," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with this policy:			O Yes	O No		
Standards of Practice						
The pharmacy provides sterile compounding service:	O Yes	O No	If "yes," I have reviewed the NSCP " <u>Standards for Sterile Compounding</u> ":	O Yes	O No	
I have reviewed the "Standards of Practice: Non-Sterile Compounding" adopted by the NSCP and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
I have reviewed the "Standards of Practice: General Pharmacy Practice" adopted by the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
I have reviewed "Standards of Practice: Opiate Agonist Maintenance Treatment Services" adopted by the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
I have reviewed "Standards of Practice: Drug Administration," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards.			O Yes	O No		
I confirm that registrants providing drugs by administration hold a valid Drug Administration by Injection Permit. O N/A			O Yes	O No		
The Pharmacy use the services of another pharmacy to process prescriptions:	O Yes		If "yes," I have reviewed the NSCP Standard " <u>Centralized Prescription Processing</u> (<u>Central Fill</u>)":	O Yes	O No	

I have reviewed "Standards of Practice: Continuous Quality Assurance Programs in Community Pharmacies," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards:				
For a change in pharmacy manager, I have reviewed the minutes of the pharmacy's last Continuous Quality Assurance meeting: O N/A	0	Yes	O No	
I have reviewed "Standards of Practice: Prescribing of Drugs by Pharmacists," and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards:	0	Yes	O No	
I have reviewed "Standards of Practice: Testing" adopted by the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedur the pharmacy to comply with these standards:	^{res in} O	Yes	O No	
I have reviewed <u>"Supplemental Standards of Practice for Schedule II and III Drugs</u> " adopted by the NSCP, and am aware that I am responsible for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards:	0	Yes	O No	
I have reviewed <u>"Pharmacy Practice Management Systems: Requirements to Support NAPRA's 'Model Standards of Practice for Canadian Pharmacists',"</u> and am aware that I am respons for the development, maintenance and enforcement of policies and procedures in the pharmacy to comply with these standards:	^{sible} O	Yes	O No	
For a change in pharmacy manager, I have reviewed the results of the pharmacy's last Routine Inspection: O N/r	A O	Yes	O No	
I am aware that I am responsible for ensuring that: – I have access to the pharmacy manager email account, so I can receive emails from the NSCP and can keep the pharmacy profile up-to-date in the NSCP database; – the pharmacy manager email account is checked frequently and regularly; and – emails that the pharmacy manager receives from the NSCP are communicated, as appropriate, to all pharmacy staff in a timely manner.	0	Yes	O No	
I am aware that I am responsible for ensuring that all staff members who present themselves as registrants are registered and licensed to practice pharmacy in NS, which includes holdir the appropriate insurance.	^{ng} O	Yes	O No	
Comments				
Pharmacy Manager:				
NSCP Inspector:				

Signature of Pharmacy Manager*: ______

Signature of NSCP Inspector*:

Date (MM/DD/YY): ______

_____ Date (MM/DD/YY): _____

* I understand that typing my name in this field constitutes a legal signature.