

**Pharmacy Information** 

Pharmacy Name

## PHARMACY MANAGER INTERVIEW REPORT

NSPR Licence # (pharmacy)

The pharmacy manager's role is critical to ensure that appropriate policies and practices are established and implemented in the pharmacy for the optimal care and safety of its patients. The Nova Scotia Pharmacy Regulator (NSPR) 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.

Thannasy name	THE RESIDENT (PREMITESY)		
Pharmacy Address			
Pharmacy Manager Name	nager Name NSPR Licence #		
NSPR Inspector Name	NSPR Inspector Name  Date (mm/dd/yy)		
I have reviewed the responsibilities	of the pharmacy as described in the following legislation:		
<u>Pharmacy Regulations</u> s. 30 (1)(b), 32, 36 (1-4), 39 (1)			
NSPR Bylaws			
Statement of Disclosure Reporting Offenses s. 51 (specifically 51.2)			
Renewing Pharmacy Licence: s. 62			
Notifying the NSPR of Change in Status of Pharmacy Manager: s. 63			
Applying for New Pharmacy Licence on Replacement of Pharmacy Manager: s. 64			
Qualifications of Pharmacy Manager: s. 83.1			
Responsibilities of the Pharmacy Manager: s. 84.1, 84.2			

Reporting conduct of concern to the Regulator: s. 84.3	
Changes: s. 85.1	
Persons permitted in Dispensary and Pharmacy: s. 89	
Security: s. 90	
Closing a Pharmacy: s. 67	

Policies, Positions, and Guidelines		
I have reviewed the Policies, Position Statements, and Guidelines of the NSPR and am aware that I am responsible for the development, maintenance, and enforcement of policies and procedures in the pharmacy to ensure that the pharmacy operates in compliance with them. (Choose N/A if not applicable to the pharmacy)		
Note: The list below is not an exhaustive one. Pharmacy managers should ensure that they are aware of the requirements in all NSPR Policies, Position Statements, and Guidelines.	YES	N/A
Automated Pharmacy Systems		
Compliance Packaging		
Delivery of Prescriptions		
Destruction of Unusable and Expired Controlled Drugs and Substances		
Inventory Management of CDSA and Z-Drugs-I understand that I must conduct a narcotic count upon taking up the position of Pharmacy Manager.		
Patient Records		
Pharmacy Reference Requirements		

Pharmacist Not Present: Lock and Leave		
Record Retention: Electronic Storage of Prescriptions		
Refrigeration of Drugs, Vaccines, and Biologics		
Releasing Medications to Patients and their Agents		
Temporary Pharmacy Closures		

Standards of Practice		
I have reviewed the Standards of Practice of the NSPR, and I am aware that I am responsible for the development, maintenance, and enforcement of policies and procedures in the pharmacy to ensure that the pharmacy operates in compliance with them. (Choose N/A if not applicable to the pharmacy)	YES	N/A
NAPRA Model Standards of Practice for Sterile Compounding (including Hazardous if applicable):		
Standards of Practice: Non-Sterile Compounding (Note: all pharmacies in Nova Scotia are expected to be prepared to compound basic non-sterile compounds traditional to community pharmacy practice)		
Standards of Practice: General Pharmacy Practice		
Standards of Practice: Drug Therapy for the Treatment of Opioid Use Disorder		
Standards of Practice: Drug Administration		
I confirm that registrants providing drugs by administration hold a valid Drug Administration by Injection Permit.		
Standards of Practice: Continuous Quality Assurance Programs in Community Pharmacies		
Standards of Practice: Centralized Prescription Processing		
Standards of Practice: Prescribing Drugs		

Standards of Practice: Testing		
Supplemental Standards of Practice for Schedule II and III Drugs		
I am aware that I am responsible for ensuring that all pharmacy staff are kept informed about communications that come from the NSPR, including when there are changes to standards and policies that impact pharmacy practice.		
I am aware that I am responsible for ensuring that all individuals that work in the pharmacy are appropriately licensed and insured.		

Pharmacy Manager Declaration:		
I declare that I have reviewed the legislation, standards, and polices and requirements referenced in this document and that I am aware that I am responsible for the development, maintenance, and enforcement of policies and procedures in the pharmacy to ensure that the pharmacy operates in compliance with them.  (Note: Making a false declaration is considered professional misconduct and could be subject to the professional conduct process)		
Signature of Pharmacy Manager:		Date (mm/dd/yy)
I understand that typing my name in this field constitutes a legal signature.		