PROFESSIONAL SERVICES GUIDE

Quality Care
Pharmacy Program

Supporting Excellence in Pharmacy

Introduction

This Professional Services Guide highlights the actions and requirements needed to prepare your pharmacy for assessment for services within Elements 2 and 3.

This Guide has been developed for pharmacies as an example of what to expect on assessment day. Pharmacies will be required to produce evidence of policies, procedures and records already implemented for their assessor to view on assessment day.

Pharmacies should use this guide in consultation with the corresponding checklists in the QCPP Requirements Manual for actions required to provide this evidence.

Please complete the sections of this guide that relate to the professional services your pharmacy delivers. Pharmacies are not required to deliver all services listed in this guide.

This Guide is a helpful tool but does not replace the need for a comprehensive review of the QCPP Standard.

Orange and italic font indicates a non-mandatory item.

T2A Distance Supply Checklist

- [ ] *Explanation of how the pharmacy supports customers with special needs such as visual/hearing impairment.*
- [ ] Proof the pharmacy has access to current therapeutic information resources.
- [ ] A list of medicines not suitable for delivery by a third party.
- [ ] A list of medicines prohibited for transport by our delivery agent.
- [ ] Proof the pharmacy has promotional information about the service that includes or makes reference to pharmacy details, usual delivery timeframe, delivery charges, any price list having a 'valid to' date, times a pharmacist is available for consultation.
- [ ] An agreement between the internet pharmacy service and the service providers that ensures all intellectual property and access to data remains with the pharmacy.
- [ ] Proof data is protected by encryption for internet pharmacy services.
- [ ] Proof the website caters for user name and password.
- [ ] Proof the opening screen of an internet pharmacy website includes the details of the pharmacy name, contact details, name of the proprietor, times a pharmacist is available for consultation with a customer and the QCPP logo for each accredited pharmacy.
- [ ] Proof the website includes a link to the pharmacy's confidentiality policy.
- [ ] Proof the internet pharmacy website does not include any hyperlinks to promotional web pages for *Pharmacist Only Medicines, Prescription Medicines* or *Controlled Drugs.*
- [ ] Proof adequate and appropriate packaging for supply items to ensure manufacturer's storage and delivery specifications are met.
- [ ] A procedure and recording system for distance supply is followed and maintained.

Notes

T2C Supplying Pharmacy Medicines and Pharmacist Only Medicines Checklist

- [ ] Explanation of how the staffing level provides sufficient resources to maintain timely access to pharmacists and other pharmacy staff.
- [ ] Proof that any items identified as being subject to inappropriate use are stored under the direct supervision of the pharmacist.
- [ ] The procedure for responding to consumers who require access to the pharmacist is followed.
- [ ] Proof that pharmacy staff who are trained in the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* are visible and approachable for consultation in the Professional Services Area at all times.
- [ ] Proof all staff who directly supply *Pharmacy Medicines* or assist the pharmacist with the supply of *Pharmacist Only Medicines* have received initial training via a recognised course and complete at least three hours ongoing refresher training annually, as described in the training requirements for *Pharmacy Medicines* and *Pharmacy Only Medicines*. The list of approved refresher training is available at **www.qcpp.com**.
- [ ] *Proof that pharmacies can identify the Full Time Equivalent (FTE) non-pharmacist staff who have completed or are actively working towards completion of a Certificate III or IV in Community Pharmacy.*
- [ ] Proof the pharmacy has access to current sources of clinical information relating to the provision of *Pharmacy Medicines* and *Pharmacist Only Medicines*, such as PSA Professional Practice Standards and the Standards for the Provision of *Pharmacy Medicines* and *Pharmacist Only Medicines* in Community Pharmacy.
- [ ] Proof consumers have access to current information on *Pharmacy Medicines* and *Pharmacist Only Medicines* and related conditions such as CMI or Self Care Fact Cards.
- [ ] A list of *Pharmacy Medicines* and *Pharmacist Only Medicines* that may be subject to inappropriate use.
- [ ] The procedures and protocols for the supply of *Pharmacy Medicines* and *Pharmacist Only Medicines* to consumers is followed.
- [ ] Proof the system for documenting inappropriate use of *Pharmacy Medicines* and *Pharmacist Only Medicines* is being utilised.
- [ ] Proof all *Pharmacist Only Medicines* are provided to consumers with the direct involvement of the pharmacist.
- [ ] A system of signage within the Professional Services Area of the pharmacy that encourages consumers to seek advice from pharmacy staff regarding *Pharmacy Medicines* and related conditions. This could include shelf talkers, posters or custom made signs, prominently displayed.

- [ ] Proof that *Pharmacy Medicines* are located in the Professional Services Area.
- [ ] A list of recordable *Pharmacist Only Medicines* and that all staff are aware of and have access to the list.
- [ ] The policy for recording the supply of recordable *Pharmacist Only Medicines* and proof the policy has been implemented.
- [ ] Proof that *Pharmacist Only Medicines* are located in the Professional Services Area, are within sight, hearing and supervision of the pharmacist; and consumers do not have direct access and are unable to self-select.

Notes

T2D Supplying Pseudoephedrine Checklist

- [ ] T15B Training records show training has been completed.
- [ ] Proof staff have access to a list of products for sale within their pharmacy that contain pseudoephedrine.
- [ ] Proof that all solid dose "pseudoephedrine plus antihistamine" and single-entity pseudoephedrine products, including sustained release single ingredient products, are placed out of reach and out of sight of customers.
- [ ] Proof that all other pseudoephedrine containing products are placed out of reach, with no direct customer access.
- [ ] Proof that pseudoephedrine containing products are not advertised or promoted.
- [ ] Where products may be displayed, proof that no more than one shelf facing per product type of any pseudoephedrine product is displayed (when visible by the customer).
- [ ] The policy and procedure for the sale of pseudoephedrine established and followed.
- [ ] Proof the pharmacy uses a recording system, such as Project STOP, for recording sales of pseudoephedrine based products.

Notes

T2E Interprofessional Collaboration Checklist

- [ ] T15B Training records or induction checklists show staff have read and understood the Interprofessional Collaboration Policy.
- [ ] *Proof the pharmacy has access to the Pharmacy Code of Conduct for Registered Health Practitioners.*
- [ ] A list of contact details of health professionals (including registered health practitioners) with whom collaboration occurs.
- [ ] P2I Interprofessional Collaboration Policy is in place and is adhered to.
- [ ] Proof there is a recording system for documenting interprofessional collaboration. Proof the records are being maintained.

Notes

T2F Staged Supply Checklist

- [ ] T15B Training record shows the required training has been completed.
- [ ] Proof of access to the staged supply guidelines.
- [ ] Proof the pharmacy uses single use disposable cups when doses are administered in the pharmacy.
- [ ] Proof the area for administration of medicine doses is discreet and there is access to drinking water when doses are administered in the pharmacy.
- [ ] Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.
- [ ] Proof the pharmacy maintains and follows P2K Staged Supply Procedure.
- [ ] Proof there is a recording system for supply made under a staged supply arrangement and records are being maintained.
- [ ] *A signed agreement between the customer and the pharmacy outlining the obligations and rights of the customer participating in the staged supply arrangement.*

Notes

T2G Clinical Interventions Checklist

- [ ] T15B Training record shows the required training has been completed.
- [ ] Proof of access to approved clinical interventions guidelines.
- [ ] Explanation and evidence of how the pharmacy provides clinical interventions as per P2H Clinical Interventions Policy.
- [ ] Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.
- [ ] Proof there is a recording system for clinical interventions and records are being maintained.

Notes

T3A Opioid Substitution Program Checklist

- [ ] T15B Training records show program training has been completed.
- [ ] The current Opioid Substitution Guidelines.
- [ ] Proof the pharmacy has access to current therapeutic information resources.
- [ ] The contact details of other referral and advice services.
- [ ] Proof there is equipment capable of measuring to the necessary degree of accuracy.
- [ ] Proof the pharmacy uses only single use disposable cups and consumers have access to drinking water.
- [ ] Proof take away doses are in child resistant packaging.
- [ ] Proof the pharmacy has a safe of sufficient size.
- [ ] Proof equipment is calibrated as per T5B Equipment Calibration/Maintenance Schedule and Record
- [ ] *Proof equipment is maintained and serviced.*
- [ ] Proof the area for dosing is discreet.

Orange and italic font indicates a non-mandatory item.

- ☐ The procedure for dispensing and dosing opioid substitution therapy is established, is available in the dispensary and is followed.
- ☐ The procedure for preparation and supply of take away opioid substitution therapy is established and followed.
- ☐ Explanation of how the pharmacy communicates with prescribers and other relevant health care professionals as per P2I Interprofessional Collaboration Policy.
- ☐ Proof there is a recording system for opioid substitution therapy and the records are being maintained.
- ☐ *Proof there is a clinical day book.*
- ☐ A signed agreement with photograph to participate in the program, showing the customer understands their obligations and rights for participating.

Notes

T3B Dose Administration Aids Checklist

- ☐ Explanation of how there are adequate resources to cover the DAA service, through T14A Staff Roster.
- ☐ A contract with any other pharmacist not employed by the pharmacy (e.g. employed in a medication packing company) who checks a DAA on behalf of the pharmacy, that includes a guarantee of the delivery of their legal and professional obligations.
- ☐ T15B Training record shows the required training has been completed.
- ☐ A list of items not suitable to be packed in DAAs.
- ☐ Proof of access to the approved guidelines for providing dose administration aids.
- ☐ Proof the equipment needed for the DAA packing system is present. Applicable if any equipment is used in delivery of service including computers.
- ☐ Proof staff members have access to appropriate protective items.
- ☐ Proof equipment is calibrated, maintained and serviced as per T5B Equipment Calibration/Maintenance Schedule and Record.
- ☐ Packing area is clean and free from food and drink.
- ☐ *Packing area is free from interruptions when DAAs are being packed.*
- ☐ Ensure staff packing DAAs have hand hygine facilities and hand hygine procedures available.
- ☐ Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.
- ☐ The procedure for providing DAAs is established and followed.
- ☐ Maintain and follow a system for recording the filling of DAAs.
- ☐ Proof the classification of patient's residential setting is recorded accurately.

Notes

T3C Screening and Risk Assessment Checklist

- ☐ T15B Training records show program training has been completed.
- ☐ Proof the pharmacy has access to current information resources.
- ☐ Proof equipment complies with the appropriate Australian Standard or is listed on the Australian Register of Therapeutic Goods.
- ☐ Proof there are disposal containers for the disposal of clinical waste and/or sharps when skin penetration occurs.
- ☐ Proof staff have access to appropriate protective items.
- ☐ Proof equipment is calibrated, maintained and serviced as per T5B Equipment Calibration/Maintenance Schedule and Record.
- ☐ Proof the area for screening and risk assessment is appropriate.
- ☐ Proof the sharps container is located in an area that cannot be easily accessed by unsupervised children when skin penetration occurs.
- ☐ The procedures for screening and risk assessment services are established and followed.
- ☐ Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.
- ☐ The procedure for infection control is established and followed.
- ☐ Proof there is a recording system for screening and risk assessment as outlined in the T3C Screening and Risk Assessment Checklist.

Notes

T3D Needle and Syringe Program Checklist

- ☐ T15B Training records show program training has been completed.
- ☐ Proof the pharmacy has access to current information resources and program guidelines.
- ☐ A list of other health professionals and support organisations.
- ☐ *Proof there are small sharps containers for sale in the pharmacy.*
- ☐ Proof the sharps containers have appropriate warning labels.
- ☐ Proof the sharps container is located in an area that cannot be easily accessed by unsupervised children.
- ☐ The procedure for infection control is established and followed.
- ☐ The procedure for needle and syringe program is established and followed.
- ☐ The system for recording and reporting needle stick injuries.

Notes

T3E Smoking Cessation Service Checklist

- ☐ T15B Training record shows the required training has been completed.
- ☐ Proof the pharmacy has access to relevant resources.
- ☐ Proof equipment complies with the appropriate Australian Standard or is listed on the Australian Register of Therapeutic Goods.
- ☐ Proof equipment is calibrated, maintained and serviced as per T5B Equipment Calibration/Maintenance Schedule and Record.
- ☐ The procedure for delivering a smoking cessation service is established and followed.
- ☐ *Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.*
- ☐ *Proof there is a recording system for the smoking cessation service and records are being maintained.*

Notes

T3F Medication Management Review Checklist

- ☐ Proof that the medication review is acted upon within two weeks of receiving the referral. Alternatively, proof that the referring health care provider has been notified if there is to be a delay.
- ☐ Proof the pharmacists involved in the MMR process maintain appropriate accreditation.
- ☐ Explanation of how a third party provider was engaged as per P11G Selecting Third Party Service Provider Policy.
- ☐ *T15B Training records show successful completion of an approved communication module.*
- ☐ Proof the pharmacy has access to clinical pharmacy resources.
- ☐ *Proof that the pharmacy has access to the relevant HMR and RMMR guidelines.*
- ☐ Proof the accredited pharmacist has access to current sources of information on pharmacology, therapeutic management of disease states, medicines and therapeutic devices, general health topics, self-medication and self care issues.
- ☐ A list that defines which task(s) will be performed by the accredited pharmacist and which tasks will be performed by the community pharmacist.
- ☐ The procedure for HMR is established and followed.
- ☐ *The procedure for RMMR is established and followed.*
- ☐ Proof there is a recording system for MMRs and the records are being maintained.
- ☐ Proof there is a standard recording system used for recording relevant details in the patient's medication profile.
- ☐ Proof that records are maintained securely and are capable of storage for seven years.

Notes

T3G Services to Residential Care Facilities Checklist

- ☐ Proof of appropriate accreditation of pharmacists conducting RMMRs.
- ☐ Proof the pharmacy has access to current information resources.
- ☐ The procedure for services to residential care facilities is established and followed.
- ☐ The records of medicines for residents.
- ☐ The system for recording and reporting medication related incidents as per T7C Incident Register.
- ☐ Proof there are contracts for each facility serviced as outlined in the T3G Services to Residential Care Facilities Checklist.

Notes

T3H Health Promotion Checklist

- ☐ T15B Training record shows the appropriate pharmacy staff have undertaken skills development and/or training in health promotion.
- ☐ *Explanation of how you maintain relationships with other organisations to facilitate and deliver training in health promotion.*
- ☐ Proof the pharmacy has access to current evidence based information resources.
- ☐ *Proof patients have access to current evidence based information resources in the pharmacy.*
- ☐ Explanation and evidence of the system used to undertake health promotion.
- ☐ *Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.*
- ☐ Proof there is a recording system for health promotions and the records are being maintained.
- ☐ Proof consumers have access to current evidence based information resources.

Notes

T3I Disease State Management Checklist

- ☐ Proof pharmacists, other personnel and the pharmacy can access the current resources and program guidelines required to provide that service.
- ☐ T15B Training records show program training has been completed.
- ☐ Explanation of how a third party provider was engaged as per P11G Selecting Third Party Service Provider Policy.
- ☐ Proof equipment complies with the appropriate Australian Standard or is listed on the Australian Register of Therapeutic Goods.
- ☐ Proof there are disposal containers for the disposal of clinical waste and/or sharps when skin penetration occurs.
- ☐ Proof staff have access to appropriate protective items.

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- [ ] For an IT supported service, maintain an easily accessible computer system and ensure the software meets the minimum requirements for the disease state management service.
- [ ] Proof equipment is calibrated, maintained and serviced as per T5B Equipment Calibration/Maintenance Schedule and Record.
- [ ] Proof that an appropriate consultation area is provided:
  a. Allows for confidential sit down consultations between the pharmacist and patient/agent.
  b. Allows the pharmacist and patient to talk at normal speaking volumes without being overheard by others.
  c. Is not within the dispensary.
- [ ] The procedures for providing disease state management services are established and followed.
- [ ] *Explanation of how the pharmacy interfaces disease state management services with the dispensing system.*
- [ ] *Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.*
- [ ] Proof the pharmacy uses a recording system to document the delivery of the disease state management service.
- [ ] The number of consumers who have participated in each disease state management service offered by the pharmacy.

Notes

T3J Medicine Adherence Checklist

- [ ] Staff roster or documented process for ensuring the trained pharmacist can focus on delivering the adherence program services and is not directly supervising dispensing or undertaking other professional duties during consumer consultations.
- [ ] *T15B Training records show adherence program training has been completed by participating pharmacists.*
- [ ] *T15B Training records show that the required training has been completed by all other personnel involved, including understanding the limitations of their role.*
- [ ] Proof the pharmacy has access to current information resources and program guidelines. This may include reference texts regarding adherence, program guidelines and rules or information on motivational interviewing.
- [ ] *Equipment in place and meets any specified requirements of the program.*
- [ ] Proof a system is maintained and followed.
- [ ] *Explanation and evidence of how the pharmacy communicates with other health professionals as per P2I Interprofessional Collaboration Policy.*
- [ ] *The procedure for the medicine adherence service is established and followed.*
- [ ] An explanation of how the program service is documented and recorded.
- [ ] Proof the recording system includes record of patient consent.

Notes

T3K In-Pharmacy Medicine Review Checklist

- [ ] Proof that there are adequate resources to provide the in-pharmacy medicine review service.
- [ ] Proof the pharmacy has access to current information resources and guidelines.
- [ ] Equipment in place and easily accessible.
- [ ] Software meets any specified requirements of the service.
- [ ] Proof that an appropriate consultation area is provided.
- [ ] The procedure for the in-pharmacy medicine review service is established and followed.
- [ ] Explanation and evidence of how the pharmacy communicates with prescribers and other relevant health care professionals as per P2I Interprofessional Collaboration Policy.
- [ ] Proof there is a recording system for in-pharmacy medicine reviews and records are maintained securely and are capable of being appropriately stored for seven years.

Notes

T3L Absence From Work Certificates Checklist

- [ ] T15B Training record shows the required training has been completed.
- [ ] Proof the pharmacy has access to approved reference material.
- [ ] Proof that an appropriate consultation area is provided.
- [ ] Proof there is a recording system for issuing absence from work certificates. Proof the records are being maintained.
- [ ] The procedure for issuing absence from work certificates is established and followed.

Notes

T3M Vaccination Services in the Pharmacy Checklist

- [ ] Explanation of how the resources are sufficient to cover the vaccination service.
- [ ] Proof suitably qualified personnel are providing the service.
- [ ] The contract with any other qualified person not employed by the pharmacy (e.g. employed by a registered vaccination provider) that includes a guarantee of the delivery of their legal and professional obligations as per P11G Selecting Third Party Service Policy.
- [ ] *T15B Training record shows the required training on the pharmacy's procedure has been completed, including responding to a medical emergency.*
- [ ] Proof the pharmacy has access to approved references and guidelines.
- [ ] Proof the equipment needed for the vaccination service is present.
- [ ] Proof personnel have access to appropriate protective items.
- [ ] Proof the emergency first aid equipment for the vaccination service is available.

- ☐ Proof equipment is calibrated, maintained and serviced as per T5B Equipment Calibration/Maintenance Schedule and Record.
- ☐ Proof there is a dedicated area to enable the vaccination service to be provided.
- ☐ The hand hygiene procedure and access to hand hygiene facilities.
- ☐ The procedure for hosting a vaccination service is established and followed.
- ☐ Proof there is a recording system for hosting a vaccination service.

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Are You QCPP Ready?

Before your QCPP Assessment

- ☐ Visit the QCPP Knowledge Hub for up to date information regarding your upcoming assessment
- ☐ Review QCPP materials and ensure your Requirements Manual (blue folder) includes all updates
- ☐ Review your Operations Manual (e.g. green folder or intranet) and update documents as necessary
- ☐ Ensure you have a QCPP compliant vaccine refrigerator and test the daily maximum and minimum temperatures
- ☐ Complete your Cold Chain Testing Centre requirements and maintain copies of your certificate
- ☐ Review staff training plans and ensure the necessary training requirements will be met in time for assessment
- ☐ Ensure evidence is readily available for review on the day of assessment.

After your QCPP Assessment

- ☐ Provide evidence that remedial actions have been completed to your assessor as soon as possible, no later than three months after assessment
- ☐ Finalise payment of the QCPP invoice

Are you QCPP ready?

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