

1 PREMISES RETENTION FORM 2012

SECTION 1 - TRADING DETAILS OF INDIVIDUAL PHARMACY

PLEASE ENSURE THAT ALL RELEVANT SECTIONS OF THIS FORM ARE COMPLETED. PLEASE ENSURE ANY INCORRECT INFORMATION IS STRUCK THROUGH WITH A LINE AND CORRECT INFORMATION IS SUPPLIED IN THE SHADED BOX TO THE SIDE IN BLOCK CAPITALS.

* INDICATES A MANDATORY FIELD. BLUE TEXT INDICATES A NON MANDATORY FIELD

* TRADING NAME

* ADDRESS LINE 1

* TOWN

* COUNTY

* POST CODE

FAX NUMBER

* EMAIL ADDRESS

* TELEPHONE NO.

PREMISES NUMBER

2 SECTION 2 (a) - SOLE TRADERS.

* OWNER NAME IN FULL

* REGISTRATION NUMBER OF OWNER

SECTION 2 (b) - PARTNERSHIPS. The Medicines Act (1968) does not recognise a non-pharmacist partnership. Please do not include any lay person when completing this section of the form.

* OWNER NAME

* PARTNER NO.1 (SURNAME)

* PARTNER NO.1 (FORENAME)

* REGISTRATION NUMBER

* PARTNER NO.2 (SURNAME)

* PARTNER NO.2 (FORENAME)

2

(cont...)

* **REGISTRATION NUMBER*** **ANY OTHER PHARMACIST PARTNERS**

Name

Registration Number

SECTION 2 (c) – BODY CORPORATES/LIMITED COMPANIES. The Medicines Act (1968) states that a Body Corporate must appoint a superintendent pharmacist who must not act in a similar capacity for any other body corporate.* **REGISTERED NAME*** **ADDRESS OF HEAD OFFICE*** **SUPERINTENDENT'S FULL NAME*** **REGISTRATION NUMBER*** **IS THE SUPERINTENDENT A MEMBER OF THE BOARD DIRECTORS? (PLEASE TICK)**

YES

NO

LIST ANY OTHER PHARMACIST MEMBERS REGISTERED WITH PSNI ON THE BOARD OF DIRECTORS AND THEIR REG NUMBERS

Name

Registration Number

SECTION 2 (d) – WEBSITES**DOES YOUR PHARMACY/BODYCORPORATE MAINTAIN A WEBSITE? IF YES PLEASE STATE WEB ADDRESS.****ARE INTERNET PHARMACY SERVICES PROVIDED FROM A PSNI REGISTERED PHARMACY PREMISES?**

YES

NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE PROVIDE THE NAME AND ADDRESS OF THE REGISTERED PREMISES.**3****SECTION 3 – RESPONSIBLE PHARMACIST PROCEDURES & PHARMACY RECORD.**

Please confirm that the following pharmacy procedures, in place in the pharmacy cover the following:

(Please note that these are the procedures listed in the Responsible Pharmacist Regulations and the responsible pharmacist has a statutory duty to establish, maintain and review these pharmacy procedures.)

* (a) 1. Arrangements to ensure that medicinal products are:- (Please tick)

YES NO

* Ordered;

* Stored;

* Prepared;

* Sold by retail;

* Supplied in circumstances corresponding to retail sale;

* Delivered outside the pharmacy; and,

* Disposed of, in a safe and effective manner.

* 2. Circumstances in which a member of the pharmacy staff, who is not a pharmacist, may give advice about medicinal products;

* 3. Identification of members of pharmacy staff who are, in the view of the responsible pharmacist, competent to perform specified tasks relating to the pharmacy business;

* 4. Maintenance of records about the matters mentioned above;

* 5. Arrangements which are to apply during the absence of the responsible pharmacist from the premises;

* 6. Steps to be taken when there is a change of responsible pharmacist at the premises;

* 7. The procedure which is to be followed if a complaint is made about the pharmacy business;

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(cont...)

* 8. The procedure which is to be followed if an incident occurs which may indicate that the pharmacy business is not running in a safe and effective manner; and

* (c) The procedures are available for inspection by-

* 9. The manner in which changes to the pharmacy procedures are to be notified to the staff.

* i. The person carrying on the pharmacy business

* ii. The superintendent, if any;

* iii. The responsible pharmacist; and

* (b) The procedures are recorded in written/ electronic form.

* iv. Pharmacy staff

*(d) PLEASE CONFIRM THAT THE PHARMACY RECORD (A LEGAL REQUIREMENT OF THE MEDICINES (PHARMACIES) (RESPONSIBLE PHARMACIST) REGULATIONS 2008) IS MAINTAINED DAILY AND DISPLAYS THE FOLLOWING:

YES NO

* The name of the Responsible Pharmacist

In relation to absence from the premises by the Responsible Pharmacist:

YES NO

* Their registration number

* The date of the absence

* The date and time at which the Responsible Pharmacist became the Responsible Pharmacist

* The time at which the absence commenced

* The date and time at which the Responsible Pharmacist ceased to be the Responsible Pharmacist

* The time at which they returned to the premises

Please note that failure to keep and preserve the Pharmacy Record is an offence and will be subject to prosecution resulting in the payment of a statutory fine. Responsibility to maintain the record rests with the Responsible Pharmacist and the pharmacy owner

Certified by {authorised signature}

Name and position

NB. If you have answered 'no' to any of the above please submit an explanation in writing to the Registrar.

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SECTION 4 - PHARMACY SERVICES (IF APPLICABLE)

DOES THE PHARMACY PROVIDE THE FOLLOWING SERVICES?

YES NO

YES NO

DISPENSING NHS PRESCRIPTIONS (WRITTEN BY GP)

SMOKING CESSATION

DISPENSING PRIVATE PRESCRIPTIONS

NEEDLE EXCHANGE

REPEAT DISPENSING

MEDICINES MANAGEMENT

OXYGEN THERAPY

PUBLIC HEALTH CAMPAIGNS

MINOR AILMENTS

PALLIATIVE CARE

SUBSTITUTE DISPENSING EG (METHADONE)

EMERGENCY HORMONAL CONTRACEPTION (SALES)

OUT OF HOURS ROTA

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SECTION 5 - PHARMACY WORKFORCE DATA

RESPONSIBLE PHARMACIST NORMALLY IN CONTROL OF PREMISES

* FULL NAME

* REGISTRATION NUMBER

PLEASE DETAIL THE FOLLOWING INFORMATION FOR THE WORKFORCE OF THE INDIVIDUAL PREMISES. ADD ADDITIONAL PAGES IF NECESSARY.

REGISTERED PHARMACISTS

SURNAME

FORENAME

MAIDEN NAME

REGISTRATION NO.

TICK IF LOCUM

SURNAME	FORENAME	MAIDEN NAME	REGISTRATION NO.	TICK IF LOCUM

5

(cont...)

PHARMACY TECHNICIANS

SURNAME	FORENAME	MAIDEN NAME	BTEC Please Tick	NVQ3 Please Tick	DATE ATTAINED

PHARMACY ASSISTANTS

SURNAME	FORENAME	MAIDEN NAME	COURSE TITLE	DATE ATTAINED

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SECTION 6 – EMPLOYER CHECKS

(a) CONTINUING PROFESSIONAL DEVELOPMENT [CPD] COMPLIANCE

AS AN EMPLOYER OF REGISTERED PHARMACISTS DO YOU CHECK/MONITOR THEIR COMPLIANCE WITH CONTINUING PROFESSIONAL DEVELOPMENT OBLIGATION?

YES NO

(b) REGISTRATION CHECKS

AS AN EMPLOYER OF REGISTERED PHARMACISTS HOW OFTEN DO YOU CHECK ON THE REGISTERED STATUS OF ALL PHARMACIST EMPLOYEES?

ANNUALLY ON 1ST SEPTEMBER WHEN FIRST EMPLOYED NOT AT ALL

IF YES PLEASE STATE HOW THESE CHECKS WERE UNDERTAKEN

TELEPHONE SOCIETY ONLINE REGISTER

(c) EMPLOYER INDEMNITY INSURANCE

DOES THIS REGISTERED PREMISES HAVE PROFESSIONAL INDEMNITY INSURANCE COVER? YES NO

IF YOU HAVE TICKED 'YES' PLEASE STATE THE NAME OF THE INDEMNITY INSURANCE PROVIDER.

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SECTION 7 – ADDITIONAL INFORMATION REGARDING THE PREMISES

(a) PRIVACY & CONFIDENTIALITY

DOES YOUR PHARMACY HAVE A DEDICATED AREA FOR CONSULTATIONS WHICH AFFORDS PATIENTS PRIVACY AND CONFIDENTIALITY?

YES NO

(b) PREMISES LOCATION

HAS THE PREMISES BEEN SITUATED AT ITS CURRENT LOCATION FOR THE LAST 3 YEARS? This relates to the EU Directive 2005/36-EC concerning the legal right of EU registered pharmacists in taking personal control of the premises.

YES NO

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SECTION 8 – CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND HEREBY APPLY FOR THE REGISTRATION OF THE ABOVE PREMISES TO BE RETAINED FOR THE YEAR ENDING 31ST DECEMBER 2012.

* PRINT NAME * SIGNATURE

* POSITION (PLEASE CIRCLE) OWNER PARTNER DIRECTOR SUPERINTENDENT RESPONSIBLE PHARMACIST

* DATE