

# PATIENT-CENTRED REGULATORY AUDITS IN COMMUNITY PHARMACY

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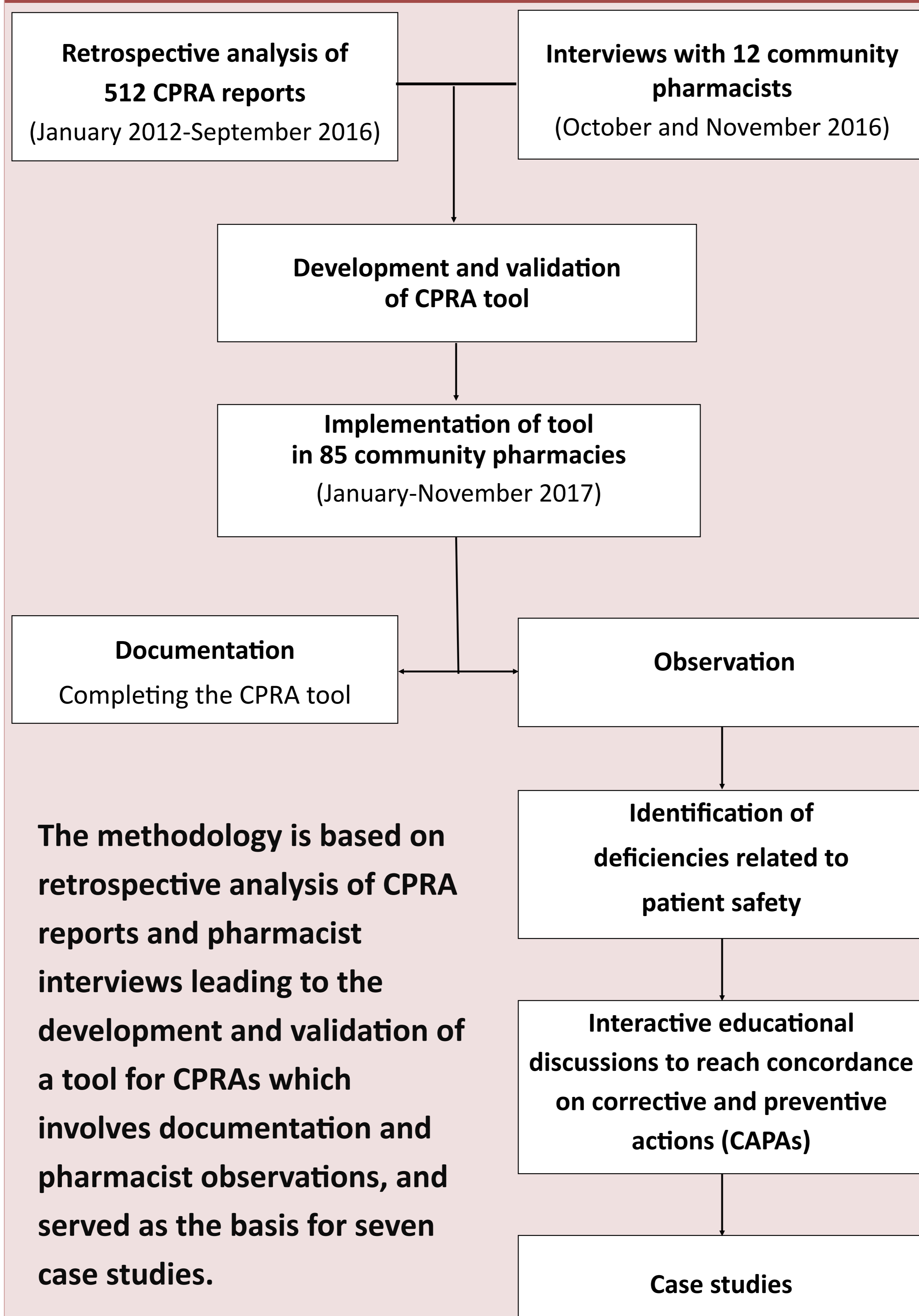
## INTRODUCTION

Regulatory audits often take the form of a policing exercise. This method may not always produce optimal outcomes. In parallel with the pharmaceutical patient advice process, advancing from compliance, adherence to concordance, an exercise is carried out to examine the application of this concept in regulatory policies.

## AIMS

- To develop and implement a tool for community pharmacy regulatory audits (CPRAs)
- To evaluate case studies from CPRAs to recommend improvements to patient safety

## METHOD



## RESULTS

Seven case studies were evaluated relating to dispensing problems (n=4), inventory deficiencies (n=2) and inequity of treatment (n=1). The educational discussions led to reaching concordance with the pharmacists on 46 CAPAs to address the deficiencies identified (Table 1).

Table 1: Corrective and Preventive Actions for the case studies evaluated (N=46)

Case study	CAPAs	Examples of CAPAs
1 Dispensing error of methotrexate 2.5mg instead of methyldopa 250mg	7	Cytotoxic drugs stored alphabetically in a labelled, separate cupboard; separators between 'look-alike' and 'sound-alike' medicines installed
2 Near-miss medication error	3	SOP for referral of patients to the pharmacist for ailments involving medicine dispensing developed and implemented; 'near-miss' medication error log developed and implemented as an error management system
3 Dispensing a POM without a prescription	7	Patient contacted by pharmacist to confirm practice of effective contraception and to exclude pregnancy risk; Pregnancy Prevention Programme reviewed with patient; retinoid therapy acknowledgement forms made available in pharmacy
4 Filling of prescriptions by non-pharmacist staff	6	Training of non-pharmacist staff with regards to referral of patients to the pharmacist for ailments requiring medicine dispensing and training records made available
5 Expired vaccines	8	Point-of-sale system reviewed to identify whether any expired vaccines were dispensed; methods of alert implemented to identify short-dated medicines e.g. use of coloured labels
6 Inappropriate storage temperature: Refrigerator temperature below 2°C	11	Temperature monitoring SOP developed and implemented; medicines exposed to temperature excursions to be separated in container labelled 'DO NOT DISPENSE'
7 Inequity of treatment between private and government-sponsored patients	4	Pharmacy technician employed; prioritisation of activities related to medical ailments irrespective of private and government-sponsored patients

## CONCLUSION

The seven case studies of dispensing problems, inventory deficiencies and inequity of treatment exemplified a positive interaction between the pharmacists and the auditor in CPRAs to reach concordance on how to address deficiencies related to patient safety, through an approach involving interactive educational discussions. An educational approach by the auditor, reaching concordance to regulation as distinct from punitive enforcement, may improve pharmacist motivation and patient care outcomes.

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