

Pharmaceutical Society of Singapore

Good Pharmacy Practice Guide

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GUIDELINES FOR GOOD PHARMACY PRACTICE

(A) INTRODUCTION

The provision of health services is a team effort involving many professions. The pharmacist is a member of this multi-disciplinary team. The Pharmacist's role is to optimize the use of medication so as to ensure better patient outcomes.

Being the final link in the chain, which is designed to ensure the quality, safety and efficacy of all medicines delivered to the patient, one of his/her most important functions is to ensure that the patient understands how his/her medicines should be taken, what they are for, and the duration of his/her therapy. It is important that the pharmacist reinforces the relevant advice necessary for the proper use of medicines, including providing patients with appropriate information leaflets.

It is also important that the pharmacies should be designed, equipped, organised and maintained to fulfil their essential role in the protection of public health. As a healthcare professional, a pharmacist is duty-bound to continually upgrade himself/herself and to observe the Code Of Ethics.

This "Guidelines for Good Pharmacy Practice" has been drawn up by the Pharmaceutical Society of Singapore to guide pharmacists to provide high standards of pharmaceutical care.

(B) SUITABILITY OF PREMISES

- 1) The pharmacy must always be clean and tidy.
- 2) Waste materials should not be allowed to accumulate and should be collected in suitable receptacles for removal to collection points outside the premises for disposal at regular and suitable intervals.
- 3) The pharmacy should have suitable and effective means of temperature, lighting and ventilation control.
- 4) There should be sufficient space in the dispensing area to allow an efficient flow of work and effective communication and supervision. In addition, where possible, an area should be made available for private and confidential counselling.

- 5) All working surfaces, cupboards and shelves in the dispensing area should be finished with a smooth, impervious and washable material and be well maintained at all times.
 - 6) All cupboards containing scheduled items must meet the legal requirements laid down by the Ministry of Health.
 - 7) No member of the public should be allowed to enter the dispensing area.
 - 8) The working conditions must be specified so as to protect the safety of the public and the people working on the premises.
 - 9) Background music or other broadcasts in the pharmacy must not be played at a volume that may cause distraction.
 - 10) The pharmacy should have a security system that will minimize theft of stocks, records and other assets.
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(C) EQUIPMENT

A pharmacist should ensure that the equipment in the premises is adequate and suitable for all the operations to be carried out therein. All equipment should be kept clean and checked for cleanliness prior to each use.

Equipment inventory should include:

- 1) A bench of adequate size (at least 60cm x 20cm) with a smooth, impervious working top. Such a bench should be used solely for the purpose of dispensing and other related operations.
 - 2) A computer or typewriter for the purpose of generating clear and legible labels.
 - 3) An electronic tablet counter and an electronic weighing balance. They must be serviced regularly for accuracy.
 - 4) A refrigerator unit capable of storing products within a selected temperature range from 2 to 8 degree Celsius. Daily temperature check to be done to ensure that its within the required range. Food and beverages should not be stored in the refrigerator.
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(D) CLEANLINESS AND HYGIENE

- 1) A clean, white coat must always be worn by the pharmacist when on duty. Male pharmacists should also wear a tie.

- 2) Pharmacists and all pharmacy staff engaged in dispensing activities should observe high standards of personal hygiene.
 - 3) Direct contact between the operator's hands and dispensed products should be avoided.
 - 4) No person with open lesions or skin infection should be engaged in the dispensing processes. Any cuts and abrasions on any exposed part of the skin should be covered with a suitable waterproof dressing. Staff should be encouraged to report infection and skin lesions.
 - 5) Smoking is forbidden in any area where medicines are dispensed, sold or supplied. In addition, no meals should be prepared or consumed in these areas.
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(E) STORAGE OF MATERIALS

- 1) Materials must normally be stored in the manufacturer's original container. If in exceptional cases and with due consideration to the nature of the product concerned, the contents need to be transferred to other containers, care must be taken to avoid contamination and all relevant information must be clearly marked on the new container. Relevant information includes proprietary and generic names, strength, quantity, manufacturer's name (optional), batch number and expiry date.
- 2) All materials must be stored under suitable conditions, as stipulated by the manufacturer, with particular attention paid to protection from light, moisture and high temperature. Destroy any materials, which have deteriorated or expired.
- 3) Materials meant for external use should preferably be stored separately from those meant for internal use. In addition, materials should preferably be stored in alphabetical order so as to facilitate picking.
- 4) All materials should be stored in tidy and dust free compartments.

Storage of materials should comply with the Medicines Act, Poisons Act and Misuse of Drugs Act.

NB. Materials in this context include all prescription ingredients, finished products, proprietary preparations and any other medicinal substances purchased for the purpose of dispensing, whether as received or as a component in a preparation to be dispensed.

(F) DISPENSED MEDICINES

Pharmacists should always undertake or directly supervise all dispensing activities including the selection and compounding of medicines as well as counselling.

1) Receipt of Drug Order or Prescription

A pharmacist should review and interpret every drug order or prescription and resolve any problems or ambiguities before it is processed. The pharmacist must ensure that:

- i) The prescription or medication order is not forged or tampered with. For forged or tampered prescriptions, the pharmacist should gather enough information and inform the police as well as the Compliance Branch of the Health Science Authority immediately.
- ii) All legal requirements have been complied with.
- iii) The medication is indicated for the condition being treated.
- iv) The drug regimens (dosage, duration and frequency) are appropriate.
- v) There is no therapeutic duplication in the patient's drug regimen.
- vi) There are no contraindications e.g. allergies.

For any drug order or prescription that is not clear or the pharmacist believes is unacceptable (e.g. very high dose or being used beyond the labelled indications), appropriate interventions with the doctor to be done and documented before processing.

2) Interventions

Any form of intervention should be documented on the drug order or prescription. Details of the recording should include the following:

- i) The name of the doctor involved or clinic assistant if the doctor is unavailable
- ii) The reason(s) for clarification
- iii) The outcome
- iv) The time and date of the intervention
- v) The name of the pharmacist who did the intervention and signed by him or her

3) Packaging and Labelling

- i) Information on Labels

For all dispensed medicines, the label must contain the following information:

- a) The generic or proprietary name, form, strength, and quality of the medicine
- b) The dosing instructions
- c) The name of the patient, or in the case of an animal, the name of the owner of that animal
- d) The date of dispensing
- e) The prescription number or any identification number
- f) The name, address and telephone number of the pharmacy where the medicine is dispensed
- g) The directions for the correct storage (where appropriate) and expiry date (where applicable) of the medicine
- h) The relevant cautionary instructions (e.g. as listed in the British National Formulary) and any other special precautions.

ii) Legibility of Labels

All labels should be printed using computer or typewriter to produce a neat, even, legible print. In the event of a typing error, a new label should be prepared.

iii) Language and Expression

- a) Care should be taken to ensure that the wording used is not ambiguous or confusing.

E.g. Separate dose from frequency –
“Take **ONE** tablet **THREE** times a day”

Avoid using decimals –
“Take 1 ½ ml” rather than “Take 1.5ml”

- b) Use layman terms whenever possible, e.g. “ear” rather than “otic” or “aural”, “eye” rather than “ophthalmic”.
- c) Use appropriate language, e.g. “each night” is not necessarily the same as “at night”; “when needed” is not necessarily the same as “if necessary”.
- d) Use descriptive language when appropriate, e.g. “rub in” liniments, “dab on” lotions, “sip” linctuses.

iv) Dosing Instructions for Pharmacy Only Medicines

The labels for counter-prescribed medicines must bear the indications for use and dosages for all age groups.

v) Dispensing Containers

- a) The manufacturer's original container should be used as far as possible.
- b) When repackaging medicines, dispensing containers used should comply with the manufacturer's specifications or official monographs.

vi) Placement of Labels on Containers

- a) All labels should be firmly attached to the primary container of the medicine with the exception of metered aerosols where the labels may be attached to the outer containers or boxes.
- b) Care should be taken to ensure that labels when placed on containers are not wrinkled or crooked.

The following information should be made visible:

- The manufacturer's name
- The instructions on usage, storage and indications for use
- Generic and proprietary names
- Expiry date (unless inappropriate e.g. reconstituted antibiotic mixtures and eye drops)
- Batch number

4) Counselling

It is considered professional and an essential pharmacy practice for pharmacists to impart sufficient information to patients about their medicines to ensure that the medicines are used safely, correctly and effectively.

To perform this task effectively, both oral and written means must be employed in all cases since the use of written means without oral explanation may lead to miscommunication and confusion. Oral counselling without written information can be easily forgotten.

The following points must be emphasised to the patients during counselling:

- i) Drug name and its indication
- ii) Drug regimen (dosage, frequency and duration)
- iii) Special directions for preparation (e.g. freshly boiled and cooled water for reconstitution of antibiotic suspensions)

- iv) Special directions for administration (e.g. correct use of inhalers and transdermal patches)
- v) Potential drug-drug or drug-food interactions and other contraindications
- vi) Common side effects that may be encountered, including their avoidance and the action required if they occur
- vii) Adverse drug reactions
- viii) Action to be taken in the event of a missed dose
- ix) Proper storage
- x) Any other information that is peculiar to the specific patient or drug

Patient information leaflets of the various medicines and manufacturer's patient instruction leaflets should also be routinely used. The product insert(s) for professionals should preferably be removed when dispensing to patients.

(G) DISPENSING ERRORS

Dispensing errors can take many forms and these would include the dispensing of the wrong product, the correct product being wrongly labelled, the incorrect quantity being dispensed, the medication being diluted with the wrong diluent or the patient receiving medication, which was meant for another patient or dispensing of expired products.

The most frequent causes: human error in the selection of the product and incorrect interpretation of the prescription. The employment of procedures, which do not include adequate checking mechanisms designed to detect expired products, or products wrongly selected from the dispensary shelves can also contribute to these errors.

The following are measures that can be taken to minimise these errors.

1) Incorrect Selection

- i) Medicine containers should not be stored according to manufacturer's groups since these products, though different, may be similarly packaged and labelled and so contribute to selection errors, especially during busy dispensing periods.
- ii) Physically separate or clearly highlight drug containers of similar brand names, or products of different strengths with similar packaging.
- iii) Do not allow untrained or inexperienced staff to place prescription ethicals on the shelves, as the wrong product with similarly packaged medicine may sometimes be selected without being noticed.

- iv) Be aware of personal idiosyncratic selection errors, and products with high potential for risk of incorrect selection occurs, e.g. prochlorperazine for prednisolone, Lanoxin for Lanoxin PG.

2) Incorrect Interpretation

Illegible or ambiguous prescriptions are the main causes for misinterpretations. Hence, pharmacists must:

- i) Exercise vigilance when deciphering prescriptions
- ii) Become adept at determining the prescriber's intention
- iii) Discreetly question the patient during counselling

However, if the prescriber's intention remains uncertain, the prescriber must be contacted to determine exactly what is required. It is not enough to be **ALMOST** certain.

3) Control of Expired and Expiring Stocks

Pharmacists must establish procedures to monitor stocks before they expire or must prevent expired stocks from being sold or dispensed.

Various measures can be taken and these would include:

- i) Keeping a record (paper record or computer system) of the expiry dates of the medicines in stock
- ii) Colour-coding expiring stocks (within 3 months)
- iii) Regularly checking stocks with respect to their expiry dates
- iv) Expired and deteriorated stocks must be disposed promptly.

4) Checking Procedures

Errors fall into two main categories – interpretation and selection. Pharmacists must exercise self-discipline to minimise mistakes in dispensing.

Personal checking procedures should include:

- i) Interpretation, where time must be taken to carefully read the prescription in its entirety.
- ii) Selection, where checking should be done on the selection of the product
 - a) When selecting from the shelf

- b) When sticking on the label (during which the label should also be checked with the original prescription)

A final check should be done before handing out the medicine and counselling the patient. This final checking should allow for any errors that may have slipped through earlier checks to be detected and rectified.

(H) DISPENSING RESPONSIBILITIES

The pharmacist takes personal responsibility for every prescription dispensed by or supervised by him/her. Hence, all prescription records must bear the initial, signature or name of the pharmacist so that in the event of any error, query or concern, the pharmacist responsible can be identified.

(I) SALE OF MEDICINES FROM A PHARMACY

- 1) Pharmacy Only (P) and General Sales List Medicines (GSL) should preferably be sold by or under the supervision of the pharmacist. However, if the pharmacist is off duty, GSL Medicines may be sold by the pharmacy assistants provided that they have adequate training and up-to-date knowledge of the products they sell.

Sale of P and GSL Medicines under the supervision of the pharmacist would have been complied with if:

- i) The pharmacy assistants have adequate training in the products they sell.
 - ii) The pharmacist is in the pharmacy area i.e. the dispensary and the other parts of the premises from which the pharmaceutical goods or services are provided and intervention is possible.
 - iii) The protocol specifying the circumstances in which referral to the pharmacist is essential is followed (point No. 8)
- 2) All pharmacists and pharmacy staff supplying P and GSL medicines should ensure that the medicines supplied are appropriate for the treatment of the persons for whom it is intended to be used. Furthermore, appropriate counselling should always accompany these sales. This is especially significant for the sale of GSL medicines so as to emphasise the contrast between the pharmacy and any other outlet at which these medicines are currently permitted by law to be sold.
 - 3) Any staff who sells GSL medicines intended for use in young children and the elderly should reinforce the advice given on the label or Patient Information Leaflet (PIL).

- 4) Sale of P medicines intended for use in young children and the elderly should be handled by the pharmacist.
 - 5) When 2 or more medicines with the same therapeutic properties are requested e.g. aspirin and paracetamol, the pharmacist and pharmacy staff should inform the purchaser that they are for the same indication.
 - 6) When 2 or more medicines with a common ingredient are requested e.g. FebsTM and BiogesicTM, the pharmacist and pharmacy staff should inform the purchaser that they contain a common ingredient.
 - 7) Confidentiality and sensitivity to the needs and feelings of the patient should always be maintained.
 - 8) In the following circumstances, pharmacy assistants should always refer patients to the pharmacist:
 - i) When the persons requesting for medicines are children
 - ii) When there are requests for advice on the treatment of symptoms in infants, young children and the elderly
 - iii) When there are requests for newly reclassified medicines within the year and medicines with a high potential for misuse
 - iv) When more than the usual quantity of a particular medicine is required or it is recognised that a person is purchasing a medicine over a prolonged period and the circumstance suggests that professional advice may be needed.
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(J) HEALTH PROMOTION

Pharmacists can and should be involved in health promotion and disease prevention. They have the necessary skills and knowledge to undertake this important role.

Health promotions include smoking cessation counselling, blood cholesterol screening, blood glucose screening and blood pressure screening in pharmacies. Health promotions have been available in community pharmacies and are taken up by members of the public interested in monitoring their own health and by those who are diagnosed by their general medical practitioners as having hyperlipidemia, hypertension, diabetes mellitus or heart disease.

The pharmacist should ensure that such screenings are conducted with due consideration to safety in handling needles, lancets and body fluids, as well as the proper use of diagnostic meters used in the screening. Proper interpretation of results and counselling should be given to the customers.

Guidelines on Health Promotion

1. The pharmacist should obtain sufficient information pertaining to the customer's condition such as the following prior to any health screening:
 - a. Age of customer
 - b. Sex of customer
 - c. Does the customer have a personal or family history of heart or circulatory disorder, diabetes mellitus, hypertension?
 - d. Is the customer a smoker or non-smoker?
 - e. Does the customer consume alcoholic beverages and what is his/her average intake?
 2. The pharmacist, when conducting the screening, should ensure that:
 - a. A clean working area of sufficient size with a smooth impervious working top is used.
 - b. Gloves are worn at all times during the screening.
 - c. If the gloves are contaminated with body fluids, they should be replaced.
 - d. Disposable lancets, alcohol swabs and test strips should be discarded into a waste container and sealed prior to disposal by incineration.
 3. The customer must be provided with the results in a written form (see Appendix II). Where the results are not within the desirable range with regard to local expert practice or national recommendations, the customer should be given a referral letter (see Appendix III) and advised to seek medical advice, taking the results with them. The following references can be used:
 - a. WHO Diagnostic Criteria for Diabetes Mellitus.
 - b. American Diabetic Association. Standards of medical care in diabetes 2008. Diabetes Care 2008. 31: S12-S54.
 - c. AHA Scientific statement. Treatment of Hypertension in the prevention and management of ischemic heart disease. Circulation 2007; 115: 2761-2768
 4. The results, with full patient identification details, must be retained in the pharmacy.
 5. Where risk factors are present or results of the screening are out of the desirable range, counselling on general diet, reduction of risk factors should be given. Where appropriate, pharmacist should supply suitable printed information leaflets where these are available.
 6. The pharmacist must respect the confidentiality of the information acquired in the course of the health promotions.
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(K) CONTINUING EDUCATION

Please refer to the following website for more details.

[http://www.spb.gov.sg/html/MungoBlobs/695/590/CPE%20Guidebook%20for%20Pharmacists%20V\(1.0\).pdf](http://www.spb.gov.sg/html/MungoBlobs/695/590/CPE%20Guidebook%20for%20Pharmacists%20V(1.0).pdf)

(L) PHARMACEUTICAL CARE

Pharmaceutical care is the direct responsible provision of medication-related care for the purpose of achieving (pre-defined) definite outcomes that improve a patient's quality of life. Pharmacists should strive to provide patients with the highest standard of pharmaceutical care as far as possible.

Guidelines for the Provision of Pharmaceutical Care

- 1) The pharmacist should establish a direct professional relationship with his/her patient whom he/she provides personal care to, using his/her specialised knowledge of drugs.
- 2) The pharmacist should monitor the patient's medication therapy by doing patient medication recording and calling up the patient when necessary for follow-up or to discuss drug related issues.
- 3) The pharmacist should be alert to drug related problems that interfere with an optimum outcome for the patient. Examples of drug related problems include untreated indications, improper drug selection, sub-therapeutic dosage, failure to receive medication, overdosage, adverse drug reactions, drug interactions and medication use without indication. When detected, such problems should be discussed with the patient's doctor and corrective actions taken.
- 4) The pharmacist should record any interventions on the patient's medication record (see Appendix I) together with the significance of the intervention on improving the quality of patient care.
- 5) The pharmacist should routinely check up on the patient's compliance to the drug regimen. Non-compliant patients should be told the importance of adherence to the drug regimen.
- 6) Pharmacists should provide patients with appropriate medication related information and counselling.
- 7) Pharmacists should monitor the use of medicines, which are prone to misuse (e.g. codeine preparations, sedatives and laxatives). Where misuse is evident, appropriate counselling and action should be taken. Any adverse drug reactions experienced by patients should be reported. For Prescription Only Medicines, pharmacists must inform the patient's doctor as soon as possible.

- 8) Pharmacists should ensure that the requirements of patients with special needs are met when medicines are being repackaged and that instructions are given for their use.
 - 9) When approached by a customer or patient to advise on symptoms, the following should be observed:
 - i) The request should preferably be dealt with by the pharmacist personally or if not possible, by a suitably trained staff. In the latter case, arrangements should ensure that intervention by a pharmacist could be made at an appropriate stage when necessary.
 - ii) The pharmacist should assess the patient's condition based on the information obtained from him/her and recommend the appropriate medicine where necessary. If, in the pharmacist's opinion, the patient's condition warrants medical attention, he/she should refer the patient to a doctor.
 - 10) For the sale of newly reclassified medicines, the pharmacists should follow the protocols promulgated by the Pharmaceutical Society of Singapore.
 - 11) Pharmacy Only Medicines should only be sold by or under the supervision of the pharmacist. Pharmacy assistants involved in the sale of Pharmacy Only Medicines should have received appropriate training in the handling and sales of these medicines, with the sale done under the supervision of pharmacist.
 - 12) Where appropriate and indicated, pharmacists should advise patients on healthy lifestyle, promote healthcare and preventive medicine.
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(M) CODE OF ETHICS FOR PHARMACISTS

A. A PHARMACIST SHALL REGARD THE HEALTH OF THE PATIENT AS HIS/HER FIRST CONSIDERATION

- 1) A pharmacist should not supply to any member of the public any substance, medicinal product or medicinal appliance which the pharmacist knows or has reason to believe is intended to be used in a manner which would be detrimental to health
- 2) A pharmacist should seek consultation with a professional colleague and with other health professionals when deemed to be in the best interest of the patient.
- 3) A pharmacist should not encourage a member of the public to purchase or obtain more of a medicinal product than he may reasonably require.

B. A PHARMACIST SHALL STRIVE TO ACHIEVE AND MAINTAIN THE HIGHEST STANDARD OF PROFESSIONAL SERVICES PROVIDED FOR THE PUBLIC.

- 1) A high standard of professional conduct in pharmacy and an efficient pharmaceutical service for the general public is necessary in the public interest. Every pharmacist should play his/her part in providing such a service and should avoid any act or omission which would prejudice the providing of such a service or impair confidence in the pharmaceutical profession as a whole.
- 2) A pharmacist must supply professional advice and counselling on medication at every opportunity, and shall only refrain from doing so when deemed to be in the best interest of the patient.
- 3) When premises are registered under the Medicines Act 1975, and opened a pharmacy, a reasonable comprehensive pharmaceutical service should be provided.
- 4) The conditions in a pharmacy should be such as to minimise the risk of error or contamination in the preparation, dispensing and supply of medicinal products.
- 5) Employment as the sole pharmacist should not be offered to nor accepted by a pharmacist who is not able or required by his/her employer to perform the full duties of a pharmacist in charge of that pharmacy.

C. A PHARMACIST SHALL RESPECT THE TRUST AND CONFIDENTIALITY OF HIS/HER PROFESSIONAL RELATIONSHIP WITH THE PATIENT.

The nature of the ailment and treatment of a patient should not be divulged to a third party except by order of a court of law

D. A PHARMACIST SHALL ALWAYS REINFORCE THE CONFIDENCE AND TRUST PLACED IN HIS/HER COLLEAGUES BY PATIENTS.

- 1) The therapeutic efficacy of prescriptions should not be discussed with patients or others in such a manner as to impair their confidence in the prescriber.
- 2) A pharmacist who has accepted a prescription for dispensing will dispense the prescription exactly in accordance with the prescriber's wishes and, in particular will not (except with approval of the prescriber or in an emergency) substitute any other product for a specifically named product even if the therapeutic effect and quality of the other product are identical.
- 3) In cases of dosage error or drug interactions, the pharmacist must inform the prescriber immediately and discreetly without alarming the patient.

E. A PHARMACIST SHALL ALWAYS ASSIST HIS/HER COLLEAGUES AND OTHER HEALTH PROFESSIONAL WHEN CALLED UPON FOR ADVICE OR HELP

A pharmacist should at all times be ready to help other pharmacists in providing an efficient pharmaceutical service.

F. A PHARMACIST SHALL MAINTAIN EFFECTIVE PROFESSIONAL RELATIONSHIPS WITH HIS/HER COLLEAGUES AND OTHER HEALTH PROFESSIONALS, AND PAY DUE REGARD TO THEIR OPINIONS AND ACHIEVEMENTS.

While the closest professional co-operation between pharmacist and doctor is desirable, a pharmacist should not recommend a medical practitioner or medical practice unless requested by member of the public seeking advice.

G. A PHARMACIST SHALL REFRAIN FROM PUBLICLY CRITICISING HIS/HER COLLEAGUES OR OTHER HEALTHCARE PROFESSIONALS

Improper act and conduct by members of the profession should not be allowed to go unchallenged. Complaints of such act and misconduct must be directed confidentially to the Presidents of the Pharmaceutical Society and the Singapore Pharmacy Council

H. A PHARMACIST SHALL REFRAIN FROM ATTRACTING CLIENTELE TO HIMSELF/HERSELF FROM HIS/HER COLLEAGUES OTHER THAN BY THE ESTABLISHMENT OF A SOUND PROFESSIONAL REPUTATION.

- 1) Canvassing to promote dispensing of any other professional service, or to promote the sale by retail of medicinal products, other than veterinary drugs, should not be undertaken.
- 2) A discreet notice, relating to Pregnancy Testing Services, Urinalysis, or Patient Counselling Services may be exhibited at the premises.
- 3) A dispensing pharmacist may wear nametag bearing his name and designation as 'pharmacist' or 'dispensing chemist'.
- 4) The display of qualification(s) of a pharmacist on stationery, as well as on any part of his/her premises, must be discreet, and should be no more than the qualification(s) or higher qualification(s) officially entered in the Register of Pharmacists.

- 5) No payment should be made to a medical practitioner by way of commission or any other material consideration in connection with a prescription.
- 6) No inducement such as a price or gift should be offered to encourage the public to bring prescriptions to a pharmacy, or encourage the sale of medicinal products.
- 7) No advertisement or representation should be made in any manner calculated to suggest that the professional skill of a pharmacist or his/her facilities for pharmaceutical services are of a higher order than those of other pharmacists, or in a manner reflecting adversely on the skill or ability or professional service rendered by other pharmacists.
- 8) A pharmacist should not allow others to use his/her name, qualifications, address or photograph in connection with the advertisement or representation of any medicinal product to the public.

I. A PHARMACIST SHALL OBSERVE THE LAWS RELEVANT TO THE PRACTICE OF HIS/HER PROFESSION AT ALL TIMES AND MUST ALWAYS DISSOCIATE HIMSELF/HERSELF FROM FRAUDULENT AND UNETHICAL PRACTICES.

- 1) A pharmacist must not lend his/her name and qualification to an unregistered person or corporate body to be used as a cloak or cover to carry on the business of a pharmacist.
- 2) A pharmacist must not allow his/her licenses issued under the relevant Acts and Rules for any purpose other than in connection with his/her own business or business of his/her employer.
- 3) Secret or cipher prescriptions should not be dispensed and a pharmacist should not in any way be a part of the use of such prescriptions.
- 4) Information regarding professional services and cost should be given to the patient truthfully, accurately and fully.

J. A PHARMACIST SHALL CONCERN HIMSELF/HERSELF WITH THE FACILITIES AND METHODS OF EDUCATING AND TRAINING FUTURE PRACTITIONERS.

- 1) A pharmacist who is a registered master under an agreement of pupilage must maintain the facilities and equipment of his practice to a required standard as laid down by the Singapore Pharmacy Council
- 2) A pharmacist should not withhold any known professional information with respect to the art and science of pharmacy from either his/her colleagues or any pupil pharmacist under his/her supervision.

K. A PHARMACIST SHALL KEEP ABREAST OF THE PROCESS OF PHARMACEUTICAL KNOWLEDGE IN ORDER TO MAINTAIN THE HIGHEST STANDARDS OF PROFESSIONAL COMPETENCE.

L. A PHARMACIST SHALL REFRAIN FROM ACCEPTING CONDITIONS OF SERVICE, WHICH DO NOT ENSURE HIS/HER PROFESSIONAL INDEPENDENCE.

(N) PHARMACY ASSISTANTS / ASSISTANTS

The role of a pharmacy assistant or technician is to assist the pharmacist with some parts of the dispensing process provided that:

- 1) The responsibilities and activities of the assistant or technician do not involve the exercise of professional judgement and
- 2) The assistant or technician is personally supervised at all times by the pharmacist.

Where possible, pharmacy assistants and technicians should be given tasks that are routine in order that the pharmacist can avail himself/herself to his/her patient. In-house training should be provided for pharmacy assistants and technicians. Where relevant, they should be sent for training courses to acquire pertinent knowledge and skills required of their job.

(O) REFERENCES

Pharmacists must keep appropriate reference books and drug information resources in their pharmacies.

The Ministry of Health recommends the following basic references, preferably the latest editions, to be kept in all retail pharmacies:

- 1) Martindale, the Extra Pharmacopoeia
 - 2) British National Formulary
 - 3) Drug Index for Malaysia and Singapore
 - 4) Gazette of registered medicinal practitioners in Singapore
 - 5) The Medicines (Sale and Supply by Pharmacy) Notification
 - 6) The Medicines (Prescription Only) Order
 - 7) The Medicines (General Sales List) Order
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APPENDIX I

Patient Medication Record

1. Patient Medication Records (PMR) serves to document the actions implemented by the pharmacist to ensure safe and effective use of drugs for the patient. To deliver Pharmaceutical Care professional and effectively, the pharmacist needs to document his/her actions for justification as “what is not written, is not done”.
2. The following information should be entered into Patient Medication Records:
 - a. Patient’s biodata;
 - b. Concurrent medical conditions and medications;
 - c. Any known drug allergy;
 - d. Name, dose and quantity of medications dispensed;
 - e. Recommendation;
 - f. Counselling
3. Please see sample patient medication record on the following page.

Sample of a Patient Medication Record

Surname		Name			
Address					
Tel no.			Date		
Age		Sex		M/F	
Current Medications					
Drug Allergy (if any)					
SYMPTOMS					
Date					
Date	Recommendation	Dose	Quantity Supplied	Counselling	*Outcomes upon follow-up

Footnote

*Outcome classified as:

- '+' : Signs and symptoms have improved
- '-' : Signs and symptoms have gotten worse
- '—' : Signs and symptoms remained the same
- 'No reply' : Failed to contact the physician or the patient



APPENDIX II

Sample of a Customer Health Screening Record

Date : _____ Sex : _____
Name : _____ Age : _____
I/C : _____
Address : _____
Tel : _____
Occupation : _____
Race : _____

(A) Background Information

- Current Medical Condition : _____
- Current Medication (s) : _____
- Family History : _____
- Smoker : Y / N
- Alcohol : Y / N
- Exercise : Y / N

(B) Body Mass Index

- Weight : _____ kg
- Height : _____ m
- BMI : _____ kg/m²
- Outcome : (Overweight / Ideal Weight / Underweight)

(C) Blood Glucose [1 mmol/l : 18mg / dl]

- Length of Time after last meal: _____
- Blood Glucose Level : _____ mmol / l
- Outcome : Normal/Borderline/High
- Recommendation : Lifestyle modification Refer to Doctor

(D) Blood Cholesterol [1 mmol/l : 40mg / dl]

- Blood Cholesterol Level : _____ mg / dl
- Outcome : Normal/Borderline/High
- Recommendation : Lifestyle modification Refer to Doctor

(E) Blood Pressure

- Blood Pressure : ____/____ mmHg (1) ____/____ mmHg (2)
- Outcome : Normal/Borderline/High

- Recommendation : Lifestyle modification Refer to Doctor

These tests are not meant to be confirmation or exclusion of disease. Please check with your doctor if you have any doubts.

Branch Chop

Name/Signature of Pharmacist

APPENDIX III

Physician Referral Letter

1. The pharmacist should always utilise a physician referral letter when he/she detects certain drug-related problems, which require medical attention by a physician, or patients who asked for a referral. It helps to furnish the relevant and important information about the patient and aids the physician to rule in and rule out possibilities.
2. The physician referral letter should preferably be in triplicate: one copy to the physician, a second copy to the patient for his or her own reference and the third copy should be retained in the pharmacy.

REFERRAL LETTER

Dear Doctor _____

Pharmacist: _____

Place of Practice : _____