

Tasmanian Pharmacy UTI Pilot - Premises Application Form

Pharmacy Details	
Pharmacy Premises Name:	
Business Premises Number*:	
Responsible Pharmacist Name:	
Postal Address:	
Suburb:	Postcode:
Phone:	
Pharmacy Email:	

* This number is available on the *Certificate of Registration of Pharmacy Business Premises* issued by the Tasmanian Pharmacy Authority. The Department of Health will share and receive information about pharmacy premises applications with the TPA as part of the assessment process.

Policy / Insurance	
It is the pharmacist in charge’s responsibility to ensure that the business operates within relevant regulatory frameworks. Does this pharmacy have sufficient indemnity insurance cover appropriate to the prescribing services provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Consultation Area	
Does the pharmacy premises have a private room to conduct clinical consultations? This room must: <ul style="list-style-type: none"> - not be used as a dispensary, storeroom, staff room or retail area - provide adequate visual and auditory privacy (a divider or curtain is not acceptable) - have adequate lighting - be maintained at a comfortable ambient temperature - have sufficient floor area, clear of equipment and furniture, to accommodate the person receiving the consultation, and the pharmacist 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pharmacies that do not have a private consultation room AND are in rural and regional areas in Tasmania (Modified Monash Model 4-7) AND who wish to be able to provide the UTI service – please complete the entire form, select “No” for the above criteria. The project team from the Department of Health will be in contact with you to assess your premises suitability for involvement.	

For the purposes of reporting on the UTI pilot, it will be necessary for the Project Team to access data from the pharmacy's electronic systems.

Does your pharmacy have software for documentation of clinical consultations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide the name of the software that will be used for this purpose:	
Does the electronic system comply with Australian Standard 2828 parts 1 and 2 (or equivalent) for confidentially documenting and digitally retaining patient health information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your pharmacy have systems in place to maintain contemporary standards of IT security (including password protection, antiviral and malware protection)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can your software provide printed and electronic consultation summaries for supply to patients and medical practitioners?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Which of the following can you retrieve from your clinical consultation IT system?	
Date of service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact and demographic details for the patient	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication prescribed (if any)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of usual/ nominated general practitioner/practice	Yes <input type="checkbox"/> No <input type="checkbox"/>

Training

Will the pharmacy ensure that all pharmacists who may provide UTI assessments and antibiotic prescribing have completed UTI training and been endorsed <i>authorised health professionals</i> by the Department of Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Declaration

Signature: _____ Date: _____

Contact details for support and for the return this completed application form.

Pharmacy Scope of Practice team - Email: pharmacyscope@health.tas.gov.au