

Overview

- The checklist below outlines key considerations for opening a new pharmacy and preparing for accreditation.
- A complete application must be submitted to **Pharmacy Applications and Renewals (PAR)** at least 45 days prior to the planned opening.
- Once an application has been approved, a **Community Operations Advisor (COA)** will contact the **Designated Manager (DM)** of the pharmacy to schedule an assessment prior to the proposed opening date.
- It is important that the pharmacy owner or DM inform the COA as soon as possible regarding any changes to the date of assessment. If the COA does not accredit the pharmacy and another visit is required, the pharmacy will be subject to a second assessment fee and the opening may be delayed.
- It is the responsibility of the owner and/or DM to ensure the pharmacy is in a state that is considered 'ready to open' on the day of the assessment. If it is not, this could result in the denial of accreditation and a second assessment/fee as noted above.
- Issues identified during the assessment will be reviewed with the pharmacist on duty and an action plan may be required. It is recommended that the DM be present or available the day of the assessment.
- After a successful accreditation assessment, the COA will contact the [Ministry of Health](#) with the assessment result and then provide the pharmacist on site with the accreditation number.
- On the agreed opening date, PAR will send the Certificate of Accreditation to the Director Liaison and Designated Manager.
- A follow-up assessment (aka "call-back") will take place in approximately 3-6 months using the [Community Pharmacy Assessment Criteria](#).
- Any future changes to the pharmacy's accredited floor plan/layout are considered a [renovation](#) and must be approved by the College.

Additional resources to be reviewed in conjunction with the Checklist:

- [Opening a Pharmacy](#)
 - [Application for Certificate of Accreditation as a Community Pharmacy](#)
 - [FAQs on Opening and Operating a Pharmacy](#)
- Guidance - [Accreditation and Operation of a Pharmacy](#)
 - [O. Reg. 264/16: Standards of Accreditation](#)
 - [Standards of Operation](#)

For questions about:	Please contact:
Opening a Pharmacy , the accreditation process, application package, status of your application, or pharmacy ownership	Pharmacy Applications & Renewals (PAR) pharmacyapplications@ocpinfo.com or x3600
The Accreditation Assessment Criteria for Community Pharmacies and scheduling the assessment	Your Community Operations Advisor or OCPAssessments@ocpinfo.com
Standards of accreditation, standards of operation, guidance documents and legislative references	Pharmacy Practice pharmacypractice@ocpinfo.com or x2909

Signage		DPRA, O. Reg. 264/16, s.19; DIDFA, O. Reg. 936
☐	Is the Point of Care symbol * displayed in an area easily visible to the public either before or immediately after entering the pharmacy?	
☐	Are the Usual and Customary Fee and Notice to Patients signs* displayed in an area easily seen by a person presenting a prescription to be filled?	
☐	Is a Narcotics Secured in a Time-Delayed Safe sign [§] displayed at each entrance to the pharmacy and in an area easily seen by a person presenting a prescription to be filled?	
☐	Are the hours of operation posted?	
☐	Is the Designated Manager's (DM) certificate of registration or a sign identifying the DM posted in an area visible to the public?	
☐	How will pharmacy staff be identified by name and registrants distinguished from unregulated personnel? (e.g., signage, name badge, lab coat embroidered with name and title, etc.)	
*These mandatory signs are provided by the College after completion of a satisfactory accreditation assessment and are to be posted as soon as possible after they are received. [§] This mandatory sign is available for download from the OCP website Pharmacy Safety Initiative page.		

Standards of Accreditation		DPRA, O. Reg. 264/16, Part IV
Equipment and Technology		
☐	Does the Pharmacy Practice Management (computer) System (PPMS) meet the NAPRA standards for PPMS?	
☐	Is the PPMS set up and operational?	
☐	Is there equipment available which allows the pharmacy to receive, send and make accurate copies of electronic and non-electronic documents? (e.g., fax machine, scanner, etc.)	
☐	Does the pharmacy have equipment to scan prescriptions and other documents and store them electronically?	
☐	Is the PPMS configured securely to ensure that only authorized users have access?	
☐	Is each authorized user uniquely identified? Unique identifiers must not be shared or used by others.	
☐	Does the PPMS control which functions can be accessed by specific authorized user?	
☐	Can the PPMS create an accurate audit trail of each authorized user's access and modifications?	
☐	Is there a backup and recovery system for the PPMS? (Note: Backup should be done daily and may be stored off site in a secure and retrievable location, or in a fireproof and burglar-resistant safe. Electronic data must be adequately encrypted and secure to prevent unauthorized disclosure of personal health information.)	
Accredited Area and Dispensary		
☐	What is the total size of the accredited area? (Minimum of 18.6 m ² or 200 ft ²)	m ² / ft ²
☐	What is the dispensary floor area? (Minimum of 9.3 m ² or 100 ft ²)	m ² / ft ²
☐	What is the work surface area for the preparation, dispensing and compounding of drugs? (Minimum of 1.12m ² or 12 ft ²)	m ² / ft ²
☐	Is the dispensary designed, constructed, and maintained in a way that is not accessible to the public?	
☐	Is there a separate and distinct patient consultation area offering 'acoustical privacy'?	

Standards of Accreditation (continued) DPRA, O. Reg. 264/16, Part IV

Accredited Area and Dispensary (continued)

☐	Is the accredited area part of a larger area (e.g., part of a medical centre)? If so, how is the accredited area kept secure/physically separated from the non-accredited portion of the premises? (<i>Note: This is not the same as a "lock and leave" defined in legislation and described on the next page.</i>)
☐	Are there two sinks (or one double sink) within the dispensary?
☐	Does the dispensary have a sink with hot and cold running water?
☐	Is there an adequate supply of soap?
☐	Is there a refrigerator of sufficient size, dedicated to the storage of drugs and other medications? (must not be used to store anything else)
☐	Is there a device to accurately display the temperature inside the refrigerator (must be maintained between 2-8 °C)?
☐	Is there sufficient equipment (e.g., Graduated cylinders, spatulas, etc.) for the operation of the dispensary?
☐	Is there a torsion or electronic balance? If electronic, sensitivity needs to be appropriate to meet the needs of the specific compounding practice and it must be calibrated according to manufacturer specifications.
☐	Is there a sufficient supply of the following consumable materials? ☐ Bottles and caps, ointment jars and caps ☐ Plastic vials with caps, including child resistant and light resistant vials ☐ Distilled or de-ionized water, or water purified using reverse osmosis technology

Standards of Operation DPRA, O. Reg. 264/16, Part IV

☐	Is the pharmacy area clean, free from clutter and ready for opening to the public?
☐	Can all surface areas be easily cleaned and disinfected?
☐	Is there an appropriate waste disposal service for unserviceable stock of drugs and other products?
☐	Will the pharmacy be participating in the Ontario Medications Return and/or Sharps Collection Program for post-consumer product returns from the public?
☐	Is there a shredder or service for proper disposal of confidential personal health information?
☐	Does the location of the computer/printer/fax machine/etc. protect patient confidentiality?

Library

☐	Are all the required references accessible to the registrant(s) working in the pharmacy? ☐ Are there texts appropriate to the specialty practice of the pharmacy (e.g., geriatric dosage handbook for those servicing long-term care or retirement facilities, pediatric dosing guide, etc.)? ☐ Is there on-line access to internet sites including but not limited to the legislation, OCP website (including Pharmacy Connection), and the ODB Formulary?
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Drug Schedules/Inventory DPRA, O. Reg 264/16, Part II

☐	Are all Schedule II drugs located in the dispensary or an area with no public access and no opportunity for patient self-selection?
☐	Are non-prescription narcotics (i.e., low-dose, exempted codeine preparations) located away from public view?
☐	Are all Schedule III drugs located in the dispensary or an area within 10m (30 ft) of the dispensary (Professional Products Area)?
☐	Is there a time-delayed safe to store narcotics?
☐	How will controlled drugs, benzodiazepines and other targeted substances be kept to ensure they are 'reasonably secure'?

Lock and Leave DPRA, O. Reg 264/16, Part IV

☐	Is the pharmacy operating as a lock and leave ?
☐	If yes, does the area completely restrict public access to the Schedule I, II and III drugs when a pharmacist is not present? <i>Note: Lock and Leave must be operational and ready for approval at opening assessment.</i>

Prescription Label DPRA, s156

☐	Does the prescription label contain the following information?
☐	☐ Trading name and ownership name as filed with OCP
☐	☐ Address and telephone number (including area code) of the pharmacy

Specialty Services

☐	Will the pharmacy offer any of the services described in Pharmacy Services (Section I) of the Application for Certificate of Accreditation as a Community Pharmacy ? <i>(Note: This information is not made public and is used to determine the frequency of routine assessments based on the risk of harm to the public.)</i>
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