PROCEDURE AND AUDIT CHECKLIST

Primary care prescribing and medicines audit checklist

Source anchors

- CQC Regulation 12, safe care and treatment
- NICE NG5, medicines optimisation
- CQC GP mythbuster 19, Patient Group Directions and Patient Specific Directions
- Human Medicines Regulations 2012 (Patient Group Directions)
- NICE MPG2, Patient Group Directions
- Misuse of Drugs Regulations 2001
- Controlled Drugs (Supervision of Management and Use) Regulations 2013
- CQC, controlled drug accountable officers
- NICE NG15, antimicrobial stewardship

How to use this checklist

This is the **primary care (GP practices and clinics)** version of the medicines checklist. It assumes the service prescribes, may supply or administer medicines under Patient Group Directions, and holds some stock including controlled drugs. For a care home that administers prescribed medicines, use the care home version.

Use it to audit whether the service can show safe medicines management: prescribing governance, Patient Group Directions, high-risk and monitored medicines, controlled drugs, antimicrobial stewardship, storage, and safety and audit. Use it on a stated cadence, after a medicines incident, before a governance review, or before an inspection-readiness review.

Medicines arrangements vary. Check the current legal, professional, pharmacy and product-specific requirements that apply to the service before relying on local defaults.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

Service details

SERVICE NAME	LOCATION
DATE COMPLETED	COMPLETED BY
MEDICINES OR PRESCRIBING LEAD	CONTROLLED-DRUG LEAD, WHERE RELEVANT
PERIOD REVIEWED	

1. Roles, scope and competence

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **A medicines or prescribing lead is named, and a controlled-drug lead where relevant.** **Evidence:** Role list, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Prescribers work within their legal authority, professional scope, competence and the practice formulary.** **Evidence:** Prescriber list, registration check, scope record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Staff only carry out medicines tasks they are trained and assessed competent to do.** **Evidence:** Training matrix, competency assessment.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **The service knows its controlled-drug oversight route: it is not usually a designated body that appoints its own Controlled Drugs Accountable Officer, so it knows the NHS England Accountable Officer and Local Intelligence Network for its area and reports controlled-drug concerns through it.** **Evidence:** Procedure, local CD contacts, reporting route.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Pharmacist or specialist medicines advice is available (for example a practice or PCN pharmacist).** **Evidence:** Advice record, role record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Prescribing governance

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Prescribing follows local and NICE guidance and the practice formulary, with generic prescribing where appropriate.** **Evidence:** Formulary, prescribing guidance, audit.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Repeat prescribing has a defined process: authorisation, quantity and interval, and a clear review point.** **Evidence:** Repeat-prescribing procedure, sample records.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Repeat medicines are reviewed and reauthorised at a stated interval rather than issued indefinitely.** **Evidence:** Medication-review record, reauthorisation log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Prescription security and electronic prescribing are governed, and lost or stolen prescription forms or tokens are reported.** **Evidence:** Security procedure, incident log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Medicines are reconciled at transitions and after clinic or discharge letters.** **Evidence:** Reconciliation record, document workflow.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Patient Group Directions

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Each Patient Group Direction in use is current and within its review period.** **Evidence:** PGD register, review dates.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Each PGD is signed by a doctor (or dentist) and a pharmacist, and authorised by the organisation (Human Medicines Regulations 2012).** **Evidence:** Signed PGD documents.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Only named, registered professionals assessed competent for that PGD use it, and the service holds the authorised-user list.** **Evidence:** Authorised-user list, competency record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **PGDs are used only within their defined clinical scope; a Patient Specific Direction is used where a PGD does not apply.** **Evidence:** PGD scope, PSD records.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. High-risk and monitored medicines

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **High-risk and monitored medicines (for example methotrexate and other DMARDs, anticoagulants, lithium, amiodarone) have monitoring tracked against a shared-care or local protocol.** **Evidence:** Monitoring record, blood-test results, protocol.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Overdue monitoring is identified and acted on before the next issue.** **Evidence:** Overdue-monitoring search, action record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Shared-care agreements are in place and accepted where prescribing is shared with secondary care.** **Evidence:** Shared-care agreement, correspondence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Once-weekly or narrow-margin medicines (for example methotrexate) have specific safety controls.** **Evidence:** Prescribing setup, safety alert evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Controlled drugs

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Controlled drugs are prescribed within the Misuse of Drugs Regulations, and private controlled-drug prescriptions use the correct form with the required particulars.** **Evidence:** Prescription sample, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Controlled-drug stock held on site is stored in a controlled-drugs cabinet meeting safe custody, recorded in a register with a running balance, and reconciled.** **Evidence:** CD register, cabinet check, balance check.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Controlled-drug standard operating procedures cover ordering, receipt, storage, administration, incidents, disposal and records.** **Evidence:** CD SOPs.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Disposal or denaturing of controlled drugs is witnessed by a person authorised by the NHS England Accountable Officer, and recorded.** **Evidence:** Disposal record, authorised-witness evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **The service knows whether any of its activities need a Home Office controlled-drug licence (routine prescribing and administering do not; producing, supplying or wholesaling controlled drugs does).** **Evidence:** Activity review, licence record where applicable.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Antimicrobial stewardship

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Antibiotic prescribing follows local and NICE guidance, using first-line agents and durations unless a documented reason applies.** **Evidence:** Prescribing guidance, records.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **The service runs antibiotic prescribing audits and reviews its prescribing data (for example using the TARGET toolkit).** **Evidence:** Audit, prescribing-data report.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Delayed or back-up prescribing is used where appropriate, with self-care advice given.** **Evidence:** Records, patient information.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Antimicrobial stewardship links to the service's infection prevention and control work.** **Evidence:** IPC link, stewardship record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

7. Storage, stock and cold chain

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Stock medicines and vaccines are stored securely and at the correct temperature.** **Evidence:** Storage check, stock procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Fridge and cold-chain medicines have temperature records with escalation when out of range.** **Evidence:** Fridge log, incident record, cold-chain checklist.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Emergency medicines and equipment are in date and checked at a stated frequency.** **Evidence:** Emergency-drugs check log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Expiry checks are completed and acted on, and returns and disposal are recorded.** **Evidence:** Expiry audit, disposal record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

8. Safety, incidents and audit

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Medicines safety alerts and drug recalls are logged, assessed and closed with evidence.** **Evidence:** Alert log, action evidence.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Medicines and prescribing incidents and significant events are reported, reviewed for themes, and learning is shared.** **Evidence:** Incident sample, significant-event review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Harm, duty of candour, safeguarding and CQC statutory notification decisions are considered.** **Evidence:** Linked records, decision notes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
4 **A pharmacist-led or pharmacy-supported prescribing audit runs at a stated cadence, and opioid and other high-risk prescribing is reviewed.** **Evidence:** Audit schedule, completed audits.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Medicines risks are on the risk register, and overdue actions are reviewed at governance.** **Evidence:** Risk register, governance minutes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

9. Summary judgement

Which medicines process carries the highest current risk?

Which medicines record has the weakest evidence trail?

Which prescribing or monitoring theme repeated in the last 12 months?

Which action or audit finding is overdue?

What would a CQC inspector see if they asked for medicines evidence today?

10. Action log

Action	Source check	Owner	Due date	Completion evidence

11. Completion

Sign-off	Name	Date
Completed by		
Reviewed by medicines or prescribing lead		

This checklist is a working tool. It does not replace live regulator guidance, professional advice, pharmacy advice, product-specific requirements, controlled-drug legal advice or clinical judgement.

Related reading

- Article: CQC controlled drugs 2025: evidence for providers
- Lifecycle page: Primary care and GP
- Sector hub: GP and primary care guide
- Sample policy: GP safe prescribing and high-risk medicines policy template
- Cross-sector policy: CQC medication policy template
- Related procedure checklist: Infection prevention and control checklist
- Related procedure checklist: Vaccine storage and cold chain checklist