**SAMPLE TEMPLATE ONLY**

Audit of Repeat Prescribing Policy

**for**

**Foundation Standard 2022v**

PROCESS

* Identify up to 10 patients per prescriber from the Patient Management System (PMS), who have received repeat prescriptions within a set timeframe, for example select a previous month.
* Select a long-term condition group as indicated below.
* The audit findings should be provided to each prescriber for them to review their performance
* Audit answers are in a Y/N format – with YES being the desirable response. Findings can be collated/graphed and discussed at the Clinical Governance Group meeting where a practice wide initiative may be activated as needed.

*NB: This audit is an example only; each practice should tailor their audit in accordance with their practice’s policy.*

Long Term Condition Group ⬜ CVD ⬜ Diabetes ⬜ Mental Health ⬜ Respiratory ⬜ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person auditing: Date of Audit: / /

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Audit** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Patient NHI** |  |  |  |  |  |  |  |  |  |  |
| **Patient is Māori or Non-Māori: (M or NM)** |  |  |  |  |  |  |  |  |  |  |
| Is the staff member who received the request from the patients authorised to do so in accordance with the Repeat Prescribing Policy? |  |  |  |  |  |  |  |  |  |  |
| Is the date of last medical consultation in accordance with the requirement of the policy? |  |  |  |  |  |  |  |  |  |  |
| Is there a medication review within the past 12 months (to ensure prescription is still appropriate) |  |  |  |  |  |  |  |  |  |  |
| Had the patient’s medicines been reconciled and updated correctly? |  |  |  |  |  |  |  |  |  |  |
| Was the request recorded as per the Repeat Prescribing Policy? |  |  |  |  |  |  |  |  |  |  |
| Did the requested script follow the usual process/steps as per the Repeat Prescribing Policy? |  |  |  |  |  |  |  |  |  |  |
| Is the patient’s condition listed as suitable for repeat prescriptions? |  |  |  |  |  |  |  |  |  |  |
| Is the type of medicine listed as suitable for repeat prescriptions? |  |  |  |  |  |  |  |  |  |  |
| If applicable, has the patient had any specific required blood tests for this prescription type, for example, HbA1c, sodium valproate levels. |  |  |  |  |  |  |  |  |  |  |
| Were the details of the repeat script recorded in the patient’s notes and medication tab as per the policy? |  |  |  |  |  |  |  |  |  |  |
| If there was an error or discrepancy, was it managed according to practice policy? (For instance, documented in the patient’s notes and/or managed according to the Harm Reduction Policy) |  |  |  |  |  |  |  |  |  |  |
| Have the electronic patient notes been clearly marked with a date for the next patient review? |  |  |  |  |  |  |  |  |  |  |
| Was the prescription collected by the patient and dispensed? |  |  |  |  |  |  |  |  |  |  |
| Total number of Y’s |  |  |  |  |  |  |  |  |  |  |
| Total number of N’s |  |  |  |  |  |  |  |  |  |  |