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 so that the findings can be collated/graphed and discussed at the Clinical Governance Group meeting where a practice wide initiative may be activated.

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 not suitable for repeat prescriptions?									
Is the type of medicine listed as not suitable for repeat prescriptions?									
If applicable, has the patient had any specific required blood tests? 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?									
Was there an error or discrepancy with the repeat prescription identified by the patient or pharmacy?									
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									