General Pharmaceutical Council

Controlled Drug Self Assessment Form England and Scotland

About this document

This document is a controlled drug (CD) self assessment form that should be completed prior to the monitoring and inspection visit. In order to ensure that the visit can be undertaken as efficiently as possible, please complete this form prior to my arrival and retain for my inspection. Please complete all questions on this form.

It must be signed and verified by a pharmacist.

The information that you provide will be used by the Inspectorate for assessment purposes. The information must be accurate and complete and may be disclosed to the relevant Accountable Officer at your PCO and/or other appropriate authorities.

This document will next be reviewed in September 2011.

ALL QUESTIONS MUST BE ANSWERED

	Yes/No		Yes/No
Do you have specific written SOPs covering the handling and supply of CDs, appropriate to the activities carried out at the premises?		Are all relevant CDs stored under safe custody so as to prevent unauthorised access?	
		Do you have procedures in place to prevent unauthorised access to CDs?	
Do you have in place procedures for dealing with significant incidents involving CDs?		Do you have evidence of date checking of CD stock?	
Do you have evidence to show that staff involved in the handling and supply of CDs are trained to do so?		Do you have any CDs awaiting destruction?	
Do you have procedures in place to identify and learn from significant incidents involving controlled drugs?		Are patient returned /stock CDs destroyed in accordance with legislation and best practice?	
Are all CDs appropriately labelled?		Is the CD Register maintained in compliance with the Misuse of Drugs Regulations and any relevant guidance?	
Is unwanted (date expired, patient returned, incorrectly prepared stock) appropriately marked and segregated?		Are running balances maintained and audited on a regular basis?	
Do you transport CDs in accordance with a SOP? e.g. deliveries to patients		Do you have a procedure in place to identify discrepancies and investigate?	
Have there been any complaints or significant incidents involving CDs that you are aware of in the last 12 months?		Are there any signs of unusual, excessive or inappropriate prescribing?	

Signature*	
Name (please print)	
Registration Number	
Email address	
Position within organisation	
Date of signing	
Pharmacy Name and Address	

*** This form should be signed by the responsible pharmacist**

Premises ID _____ (Inspector's use only) Date of visit _____ (Inspector's use only)