**STANDARD OPERATING PROCEDURE TEMPLATE (SOP)**

**Enter Practice Name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Standard Operating Procedure (SOP): Management of Controlled Drugs in GP dispensing practices**

|  |
| --- |
| Written by: **Provide details of all contributors** Date written: **Enter date**Approved by: **Name & Signature of Responsible GP**  Review Date: **Enter date,**  |

**1. Purpose**

**2. Scope**

**3. Responsible Persons**

|  |  |
| --- | --- |
| **Accountable Officer (AO)** | The Accountable Officer is **insert name, address and telephone number.** |
| **Responsible GP** |  |
| **Authorised Witness** | The local Authorised Witness is **insert name, address and telephone number.** |

**4. Responsibilities**

|  |  |
| --- | --- |
|  | Authorised staff **enter name(s).** |
|  | Authorised staff **enter name(s).** |
|  | Authorised staff **enter name(s).** |
|  | Authorised staff **enter names(s).** |
|  | Describe system. |
|  |

**5. Obtaining Stock Schedule 2 and 3 Controlled Drugs**

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**6. Receipt of Schedule 2 CDs**

|  |  |
| --- | --- |
|  | **Specify names,** **of all who may accept delivery of CDs.** |
|  | **Specify all locations and the process to be followed and also any process to be followed in the event of being unable to immediately access the correct receptacle.** |
|  |  |

**7. Safe Storage of Controlled Drugs**

|  |  |
| --- | --- |
|  | **Specify all storage locations.** |
|  |  |
|  |  |
|  |  |
|  |  |

**8. Safe Storage of Prescription Stationery**

|  |  |
| --- | --- |
|  | **Specify all locations and how storage is secured.** |
|  |  |
|  |  |
|  |  |
|  |  |

**9. Prescribing**

|  |  |
| --- | --- |
|  | **Specify names, or refer to responsibilities section above.** |
|  |  |
|  |  |
|  |  |

**10. Dispensing**

|  |  |
| --- | --- |
|  | **Enter names.** |
|  |  |
|  |  |
|  |  |

**11. Collection and Delivery of CDs**

|  |  |
| --- | --- |
|  | **Detail practice process including responsibilities, system and record keeping.** |
|  |  |
|  |  |

**12. Stock Checks**

|  |  |
| --- | --- |
|  | **Detail practice process including frequency of checks.** |
|  |  |
|  |  |

**13. Destruction and Disposal of CDs**

|  |  |
| --- | --- |
|  | Contact details are at Section 1.4 of this document (Authorised Witness).  |
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|  |  |
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**14. Incidents/Near Misses and Concerns involving CDs**

These are reported to:

|  |  |  |
| --- | --- | --- |
| Name | Role | Timescale |
|  | Responsible person within practice for CDs | Immediately aware  |
|  | Deputy | When responsible person not available |
|  | NHS AO | Within 2 working days |

**15. Training**

|  |  |
| --- | --- |
|  | **Detail practice process.**  |
|  |  |
|  |  |

**Example of a Training Log for Standard Operating Procedure (SOP)**

**Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read and understood the SOP relating to management of Controlled Drugs and undertaken any identified training:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Name** | **Job Title** | **Signature** |
|  |  |  |  |
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