Medication Management and Reconciliation Policy

1. Policy Title

Medication Management and Reconciliation Policy

2. Purpose

This policy describes how [Practice Name] ensures safe prescribing, dispensing, administration, and reconciliation of medicines. It aligns with criterion CG4 – Provision of clinical and medicines guidelines of the RACGP Standards for general practices (6th edition).

3. Scope

This policy applies to all clinical staff at [Practice Name] involved in prescribing, dispensing, administering, or reconciling medicines, including sample medications.

4. Definitions

- Medication reconciliation: The process of identifying the most accurate list of a patient's medicines and comparing it against current orders to identify and resolve discrepancies.
- High-risk medicines: Medicines with a heightened risk of significant harm when used in error (e.g., insulin, opioids, anticoagulants, methotrexate).
- Medicine samples: complimentary starter packs supplied by pharmaceutical companies.
- Adverse drug event: Any injury resulting from medical intervention related to a drug.

5. Principles

[Practice Name] commits to the following medicines management principles:

- Patient safety at every step of the medicines pathway.
- Accurate, current medication records reconciled at transitions of care.
- Safe storage, handling, and disposal of medicines.
- Electronic prescribing and clinical decision support used to reduce error.

- Continuous monitoring and improvement of medicines-related safety events.

6. Medication Reconciliation

Medication reconciliation must occur at defined points, including new patient registration, hospital discharge, and after specialist review:

- Collect a best-possible medication history (including over-the-counter and complementary medicines).
- Confirm the history with at least one other source (e.g., dispensing record, hospital discharge summary, My Health Record, carer).
- Document the reconciled medicine list in the patient's electronic health record using SNOMED CT-AU coded entries.
- Identify and resolve discrepancies in collaboration with the treating GP.

7. Prescribing

- Prescriptions are generated through the clinical software using current, SNOMED CT-AU coded medicine entries.
- Clinical decision support (allergy and interaction checking) must not be overridden without clinical justification documented in the record.
- High-risk medicines require additional safeguards, including dose verification and, where appropriate, a second-clinician check.
- Adverse drug reactions are recorded in the patient's record and reconciled at each visit.

8. Storage and Handling

- Medicines stored securely with access restricted to authorised staff.
- S8 (controlled) and S4 (restricted) medicines stored in a locked, fixed safe/cabinet with a current drug register.
- Vaccines and cold chain-dependent medicines managed under the Cold Chain Management Policy.
- Emergency medicines (e.g., oxygen, adrenaline for anaphylaxis) kept in a clearly marked, accessible location and checked monthly for expiry and stock levels.
- Expired and unwanted medicines disposed of via an authorised waste contractor; stock destroyed under supervision and recorded.

9. Sample Medications

- Sample medications are stored securely and recorded on a stock register.
- Samples are not used past their expiry date.
- Distribution to patients is documented in the patient's clinical record.

10. Roles and Responsibilities

GPs:

- Prescribe medicines in accordance with current Therapeutic Guidelines.
- Reconcile medicines at transitions of care.

Practice nurses:

- Support medication reconciliation by collecting medication histories.
- Manage medication samples and emergency drug stock checks.

Practice Manager:

- Ensure secure storage, drug register currency, and audit compliance.
- Maintain this policy and ensure staff training.

11. Education and Training

- All clinical staff receive medicines safety training at induction.
- Annual refresher training on high-risk medicines, allergies, and reconciliation.

12. Monitoring, Audit, and Review

- Quarterly audit of medication samples, emergency drug stock, and S8/S4 registers.
- Review of all medicines-related incidents and near misses.
- Annual review of this policy.

13. Documentation and Record Keeping

The practice maintains:

- Reconciled medication lists in each patient's electronic health record.
- S8 and S4 drug registers.
- Stock registers for samples and emergency medicines.

- Medication incident reports and outcomes.
- Staff training records.

14. References

- The Royal Australian College of General Practitioners. Standards for general practices (6th edition). East Melbourne, Vic: RACGP; published 26 August 2026. Available at: https://www.racgp.org.au/running-a-practice/practice-standards/standards-6th-edition
- Therapeutic Guidelines. Available at: https://www.tg.org.au
- Australian Commission on Safety and Quality in Health Care. National Medication Management Plan. Available at: https://www.safetyandquality.gov.au
- NPS MedicineWise. Available at: https://www.nps.org.au

Version Control

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