

# Quality assurance checklist for medicines training processes in adult community settings

**NICE recommendation**

**Describe the ways our current practice/processes work in line with the NICE recommendation**

1.11.1 (continued)

1.11.1 (continued)

1.11.1 (continued)

1.11.1 (continued)



Can evidence be provided to demonstrate the practice/process that is described above?

Reflect on the answers.

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NICE

Name of community setting / provider (and branch if applicable):

Name of staff member completing the checklist:

Job title of staff member completing the checklist:

Date(s) checklist was completed:

2 G , A. (2013). A E . R E 2014