



Clinic governance self-check

For UK clinics offering cannabis-based medicines: fifteen areas and 53 questions, with what the law and good practice expect in Scotland and England. Allow about an hour, with the right people in the room.

How to score

Yes 2 points: in place, and you could show an inspector

Partly 1 point: started, patchy or not written down

No 0 points

Not sure 0 points, and finding out is your first action

Add up each area, then copy the totals into the summary on page 4.

What the tags mean

LAW A legal requirement in at least one UK nation. The small print says which law, and where Scotland and England differ.

STANDARD A professional regulator's standard, such as the GMC's. Not law, but your clinicians are held to it.

GUIDANCE Good practice from government, the MCCS or experience. Not law, but inspectors look for it.

Before you start

Do it together: the registered manager, the clinical lead, a prescriber and a nurse. Be honest. "Partly" is useful, and "Not sure" is a finding in itself.

Clinic _____

Done by _____

Date _____

1 Registration and regulator requirements

	Yes	Partly	No	Not sure
What good looks like: you're registered with the regulator for the nation you run the service from, for exactly what you do, and you can show it on the day.				
Points _____ of 8				
1.1 LAW The service is registered with the regulator for the nation it is run from, and everything you do, remote consultations included, is within that registration and its conditions. → Scotland: HIS, 1978 Act ss10P, 10Q(2) and 10Z9. England: CQC, HSCA 2008 s10. Wales: HIW. Northern Ireland: RQIA.	☐	☐	☐	☐
1.2 LAW A registered manager is in post, and the regulator was told about the appointment and about any change or long absence. → Scotland: SSI 2011/182 reg 14. England: SI 2009/3112 regs 5, 14 and 15.	☐	☐	☐	☐
1.3 LAW Notifications and returns reach the regulator on time, and staff know the triggers (in Scotland, for example, controlled drug incidents within 2 working days). → Scotland: SSI 2011/35 reg 5; HIS notification guidance. England: SI 2009/3112 regs 16 to 18.	☐	☐	☐	☐
1.4 LAW Scotland: the HIS certificate is displayed at each premises and the main office. England: once rated, your latest CQC rating is shown on your premises and website. → Scotland: 1978 Act s10Q(5). England: SI 2014/2936 reg 20A.	☐	☐	☐	☐

2 Prescriber eligibility and the Specialist Register

	Yes	Partly	No	Not sure
What good looks like: every decision to prescribe is made by a doctor on the GMC Specialist Register, working in their own field, and you check that rather than assume it.				
Points _____ of 8				
2.1 LAW Every unlicensed cannabis-based medicine is prescribed under the prescription or direction of a doctor on the GMC Specialist Register, checked when they join and every year. → MDR 2001 reg 16A(1)(a) and (6).	☐	☐	☐	☐
2.2 GUIDANCE Each specialist decides only within their own area of practice and training. → CMO 2018; NHS England CBPM guidance.	☐	☐	☐	☐
2.3 STANDARD Any later prescriptions by other prescribers follow a written shared care arrangement that sets out the specialist's direction and when to refer back. → GMC GPP paras 73 to 81. NHS England advises that the specialist initiates and signs prescriptions.	☐	☐	☐	☐
2.4 LAW Private controlled drug prescriptions use the right form and prescriber number (FP10PCD in England, the Health Board's PPCD(1) in Scotland), and indemnity covers all practice. → MDR 2001 reg 15(1)(aa) and (ab); GMC GMP para 101.	☐	☐	☐	☐

3 Eligibility screening and clinical decisions

	Yes	Partly	No	Not sure
What good looks like: screening is a clinical judgement rather than a form, and your MDT records real discussion and sometimes says no, or not yet.				
Points _____ of 8				
3.1 GUIDANCE A clinician, usually a nurse, screens every referral before a consultation is booked, uses the same validated tools each time and records the reasoning. → MCCS s4.	☐	☐	☐	☐
3.2 STANDARD The prescriber has the patient's relevant records (a GP summary or equivalent) before prescribing. → GMC GPP para 59; MCCS s4.1.	☐	☐	☐	☐
3.3 GUIDANCE A multidisciplinary team of more than two clinicians agrees every new prescription before it is issued, and the minutes record the discussion, not just the outcome. → CMO 2018; NHS England; MCCS s9.1 and 9.2.	☐	☐	☐	☐
3.4 GUIDANCE Higher-risk cases (a history of psychosis, substance use, complex medicines, high-THC plans) get closer MDT scrutiny and contact with the patient's other specialists. → MCCS s4.5, 9.3 and 11.1.	☐	☐	☐	☐



4 Consent and information for patients		Yes	Partly	No	Not sure
What good looks like: patients understand what they're agreeing to before the first prescription, including the awkward bits, and you can show they had the information.		Points <u> </u> of 8			
4.1	LAW Consent covers material risks, alternatives, the unlicensed status, the limits of the evidence, and a time-limited trial with agreed outcome measures. → Montgomery [2015] UKSC 11; GMC GPP paras 105 to 108; MCCS s10.1.	☐	☐	☐	☐
4.2	GUIDANCE Written information on driving, workplace testing, travel, storage at home, stock shortages and stopping is given before the first prescription, and you record it. → MCCS s10.1.	☐	☐	☐	☐
4.3	LAW Staff know which capacity law applies and follow it: the Adults with Incapacity (Scotland) Act 2000, or the Mental Capacity Act 2005 in England and Wales. → AWI Act 2000 Part 5, s47; MCA 2005 s68(4).	☐	☐	☐	☐
4.4	STANDARD Patients get named contacts and the full costs before they commit, and know they can use any pharmacy able to dispense. → GMC GPP para 62; MCCS s10.3 and 12.3.	☐	☐	☐	☐
5 Unlicensed specials and controlled drugs governance		Yes	Partly	No	Not sure
What good looks like: you can show why each unlicensed product was chosen for that patient, and you know who oversees your controlled drug prescribing.		Points <u> </u> of 8			
5.1	LAW Each prescription meets a named patient's special needs, records why a licensed medicine won't do, and meets the Schedule 2 prescription rules. → HMR 2012 reg 167; MDR 2001 reg 15; GMC GPP paras 103 to 105.	☐	☐	☐	☐
5.2	LAW You know which controlled drugs accountable officer (CDAO) oversees your prescribers, answer their requests and report concerns to them. → CD Regs 2013 regs 3 to 8: hospitals with 10 or more people appoint their own; other clinics come under NHS England or the Health Board. England and Scotland only.	☐	☐	☐	☐
5.3	LAW If you hold any stock (most remote clinics don't), you keep a controlled drugs register and follow the storage and destruction rules. In Scotland, HIS needs a month's notice before a service introduces controlled drugs, including prescribing them for a community pharmacy to supply. → MDR 2001 reg 19; HIS notification guidance.	☐	☐	☐	☐
5.4	STANDARD No commercial interest affects the choice of product or pharmacy, interests are declared, and nobody is steered to one pharmacy without a clinical reason. → GMC GMP paras 94 to 96; MCCS s12.3.	☐	☐	☐	☐
6 Follow-up and nurse-led review		Yes	Partly	No	Not sure
What good looks like: every patient leaves the first consultation with a named follow-up already booked, and a nurse-led review service does the routine work so consultants see the patients who need them.		Points <u> </u> of 8			
6.1	GUIDANCE A follow-up date and a named contact are booked before the patient leaves, and the specialist sees them at least at the first follow-up. → MCCS s1.3.	☐	☐	☐	☐
6.2	GUIDANCE Reviews come every 2 to 4 weeks while the dose is adjusted, then about every 3 months once stable, using the same outcome measures each time. → MCCS s10.2 and 11.3.	☐	☐	☐	☐
6.3	GUIDANCE Nurse-led reviews follow a written protocol with escalation to a prescriber and written criteria for reducing or stopping, and missed reviews are chased. → MCCS s8.5.	☐	☐	☐	☐
6.4	STANDARD The GP is told what was prescribed, why, for how long and who is monitoring it. → GMC GPP para 55.	☐	☐	☐	☐
7 Safeguarding		Yes	Partly	No	Not sure
What good looks like: everyone knows what to do with a concern on the day it arises, who to tell, and how to record it.		Points <u> </u> of 6			
7.1	LAW A safeguarding policy names a lead and the local referral routes for adults and children under your nation's law, and concerns reach the regulator on time. → Scotland: ASP Act 2007; Child Protection Guidance 2021 (updated 2023); SSI 2011/182 reg 3. England: SI 2014/2936 reg 13.	☐	☐	☐	☐
7.2	LAW Scotland: PVG membership for regulated roles (membership lasts five years for anyone joining since 1 April 2026), and nobody barred works in the service. England: DBS checks suited to the role. → Scotland: SSI 2011/182 regs 8 and 9; PVG Act 2007. England: SI 2014/2936 reg 19.	☐	☐	☐	☐
7.3	GUIDANCE Assessment asks about children or vulnerable adults at home and about safe storage, and staff are trained to the level their role needs. → MCCS s4.3 and 10.4.3.	☐	☐	☐	☐
8 Adverse events and Yellow Card reporting		Yes	Partly	No	Not sure
What good looks like: every suspected side effect is reported, not only the serious ones, and patients know they can report too.		Points <u> </u> of 6			
8.1	GUIDANCE All suspected reactions, serious or not and including lack of effect, go to Yellow Card, naming the manufacturer and stating that the product is unlicensed. → MHRA CBPM guidance; CMO 2018; GMC GPP para 86.	☐	☐	☐	☐
8.2	STANDARD Patients are told how to report side effects themselves, and reactions are shared with the GP, the pharmacy and, where relevant, the CDAO. → GMC GPP paras 88 and 90.	☐	☐	☐	☐
8.3	GUIDANCE A side effect log, with Yellow Card references, is reviewed every month for patterns.	☐	☐	☐	☐

**9 Incidents and duty of candour**

Yes Partly No Not sure

What good looks like: incidents get reported because nothing bad happens to the person who reports them, and someone looks at the log every month.		Points of 6			
9.1	LAW Staff use an incident and near miss system that is reviewed monthly, with actions followed through. → Scotland: SSI 2011/182 reg 13(2)(a). England: SI 2014/2936 reg 17(2)(b).	☐	☐	☐	☐
9.2	LAW Duty of candour is followed. Scotland: it applies to providers that are not individuals, with an annual report published and HIS told. England: reg 20. → 2016 Act ss21 to 25; SSI 2018/57; SI 2014/2936 reg 20.	☐	☐	☐	☐
9.3	GUIDANCE Controlled drug incidents and medication errors are investigated, shared with the CDAO and notified to the regulator where required. → GMC GPP para 90; HIS notification guidance.	☐	☐	☐	☐

10 Complaints

Yes Partly No Not sure

What good looks like: a complaints process with a clear owner, a deadline and an escalation route, not one person's inbox.		Points of 6			
10.1	LAW Every patient gets the written complaints procedure. In Scotland it includes HIS's name and address and how to complain to HIS. → Scotland: SSI 2011/182 reg 15(5) and (6). England: SI 2014/2936 reg 16.	☐	☐	☐	☐
10.2	LAW Complaints are fully investigated, action is confirmed within 20 working days in Scotland, and a 12-month summary is ready if the regulator asks. → SSI 2011/182 reg 15(3), (4) and (7); SI 2014/2936 reg 16(3).	☐	☐	☐	☐
10.3	GUIDANCE Complaints are reviewed for themes, learning is shared, and patients are told their next step (in England, ISCAS if you subscribe).	☐	☐	☐	☐

11 Records and information governance

Yes Partly No Not sure

What good looks like: records are complete, made at the time and easy to find, and you know where every copy of a patient's data goes.		Points of 8			
11.1	LAW Each patient has a record, made at the time, of every consultation, its outcome, treatment and medicine. → Scotland: SSI 2011/182 reg 4. England: SI 2014/2936 reg 17(2)(c).	☐	☐	☐	☐
11.2	LAW A lawful basis and an Article 9 condition for health data, a record of processing, impact assessments where risk is high, a current privacy notice, and the fee paid. → UK GDPR Articles 6, 9, 13, 30 and 35; Charges Regulations 2018.	☐	☐	☐	☐
11.3	LAW Requests for records are answered free and usually within a month, and data protection complaints are acknowledged within 30 days. → UK GDPR Articles 12 and 15; DPA 2018 s164A.	☐	☐	☐	☐
11.4	GUIDANCE Retention follows your nation's records code, and sharing with pharmacies, registries and researchers is covered by agreements. → Scottish records code v4.0 (2024); NHS England records code.	☐	☐	☐	☐

12 Staff competence and training

Yes Partly No Not sure

What good looks like: you can show that everyone is registered, trained for the role they actually do, and supervised.		Points of 6			
12.1	LAW Registration (GMC, NMC, GPhC) and indemnity are checked at appointment and every year, and each person's skills and experience fit the role. → SSI 2011/182 reg 8; SI 2014/2936 reg 19; GMC GMP para 101.	☐	☐	☐	☐
12.2	LAW Everyone has an induction, appraisal and training for their work, and people you don't employ directly are supervised. → SSI 2011/182 reg 12; SI 2014/2936 reg 18.	☐	☐	☐	☐
12.3	GUIDANCE Prescribers complete recognised training before initiating and take part in peer review, and nurses are signed off as competent for screening and review. → MCCC s13.	☐	☐	☐	☐

13 Policies and review dates

Yes Partly No Not sure

What good looks like: policies describe what you actually do, each has an owner and a review date, and staff can find them.		Points of 6			
13.1	LAW Written procedures cover medicines and controlled drugs, safeguarding, consent, complaints, incidents, records, eligibility and MDT, and follow-up. → SSI 2011/182 reg 3(d); SI 2014/2936 reg 17; CD Regs 2013 reg 11(3) (c) where you have your own CDAO.	☐	☐	☐	☐
13.2	GUIDANCE Every policy has an owner, a version, a date and a review date, and none is overdue.	☐	☐	☐	☐
13.3	GUIDANCE A change in law or guidance triggers a review, and staff confirm they've read the policies that apply to them.	☐	☐	☐	☐



14 Audit

Yes Partly No Not sure

What good looks like: a short annual audit cycle that people actually complete: consent, screening, prescribing against criteria, follow-up attendance and outcomes.

Points _____ of 6

14.1	LAW	You review the quality of the service with patients' input and keep a written record (in Scotland, available to HIS and to patients). → SSI 2011/182 reg 13(2)(b) and (c); SI 2014/2936 reg 17(2)(a) and (e).	☐	☐	☐	☐
14.2	GUIDANCE	An annual audit programme with named leads covers consent, screening, prescribing, MDT decisions, follow-up and outcomes.	☐	☐	☐	☐
14.3	GUIDANCE	Every audit ends with an action plan, and a re-audit shows whether it worked.	☐	☐	☐	☐

15 Advertising and patient information

Yes Partly No Not sure

What good looks like: your website and social media promote a consultation service, never a medicine, and a patient can find your regulator and complaints route in two clicks.

Points _____ of 8

15.1	LAW	No public material names a product, brand, strain, THC percentage or medicine price, or invites people to "get a prescription". → HMR 2012 regs 167(3), 279, 284 and 285; CAP Code rule 12.12.	☐	☐	☐	☐
15.2	LAW	It's clear that a consultation may or may not lead to a prescription, with no claims that treatment works, is safe, natural or guaranteed, and no outcome stories. → HMR 2012 regs 286 to 288; Blue Guide Appendix 6; CAP Code s12.	☐	☐	☐	☐
15.3	GUIDANCE	Your website names your regulator, links to your register entry, explains how to complain, and lists only services you're registered for. → 1978 Act s10Q(2); SI 2014/2936 reg 20A.	☐	☐	☐	☐
15.4	GUIDANCE	Someone trained checks new pages, adverts and social posts against these rules before they go out, and keeps a record.	☐	☐	☐	☐

Your summary

Area	Out of	Points	%	Area	Out of	Points	%
1 Registration and regulator	8	_____	_____	9 Incidents and duty of candour	6	_____	_____
2 Prescribers and Specialist Register	8	_____	_____	10 Complaints	6	_____	_____
3 Screening and clinical decisions	8	_____	_____	11 Records and information governance	8	_____	_____
4 Consent and information	8	_____	_____	12 Staff competence and training	6	_____	_____
5 Specials and controlled drugs	8	_____	_____	13 Policies and review dates	6	_____	_____
6 Follow-up and review	8	_____	_____	14 Audit	6	_____	_____
7 Safeguarding	6	_____	_____	15 Advertising and patient information	8	_____	_____
8 Adverse events and Yellow Card	6	_____	_____	Total	106	_____	_____

How to use your results

1. Start with any **LAW** question marked No or Not sure, whatever the area score. Those are the gaps most likely to lead to a requirement from HIS or action by the CQC.
2. Then work on the areas with the lowest percentage. As a rough guide, **80% or more** is strong, **50 to 79%** means gaps to close this quarter, and **under 50%** is a priority with a named lead.
3. Turn each gap into an action with an owner and a date. Keep the completed sheet: it helps with your HIS self-evaluation, and it shows the CQC you know where you stand.
4. Do it again in six months, or sooner if the law, your registration or your service changes. It doesn't replace your regulator's own framework, and Wales and Northern Ireland have their own rules.

Regulators don't expect perfection. They expect you to know where you're weak and to be doing something about it.



Want to talk your results through? Get in touch at thegreenthistle.co.uk/contact or email james@thegreenthistle.co.uk.

Abbreviations and sources, checked 12 October 2026. All legislation is at legislation.gov.uk.

1978 Act: National Health Service (Scotland) Act 1978
SSI 2011/182: Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011
SSI 2011/35: Healthcare Improvement Scotland (Applications and Registration) Regulations 2011
2016 Act: Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, Part 2
SSI 2018/57: Duty of Candour Procedure (Scotland) Regulations 2018
AWI Act 2000: Adults with Incapacity (Scotland) Act 2000
ASP Act 2007: Adult Support and Protection (Scotland) Act 2007
PVG Act 2007: Protection of Vulnerable Groups (Scotland) Act 2007; mygov.scot/pvg-scheme
HSCA 2008: Health and Social Care Act 2008

SI 2014/2936: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
SI 2009/3112: Care Quality Commission (Registration) Regulations 2009
MCA 2005: Mental Capacity Act 2005
MDR 2001: Misuse of Drugs Regulations 2001
HMR 2012: Human Medicines Regulations 2012
CD Regs 2013: Controlled Drugs (Supervision of Management and Use) Regulations 2013
DPA 2018: Data Protection Act 2018; **Charges Regulations 2018:** Data Protection (Charges and Information) Regulations 2018; ico.org.uk
Montgomery: Montgomery v Lanarkshire Health Board [2015] UKSC 11; supremecourt.uk
HIS notification guidance: notification guidance for service providers, v3.1, June 2024; healthcareimprovementscotland.scot

Child Protection Guidance: National Guidance for Child Protection in Scotland 2021, updated 2023; gov.scot
Records codes: Records Management Code of Practice for Scotland (v4.0, gov.scot) and England (digital.nhs.uk)
GMC GPP: Good practice in proposing, prescribing, providing and managing medicines and devices. **GMC GMP:** Good medical practice 2024. gmc-uk.org
CMO 2018: Scottish CMO letter SGHD/CMO(2018)15, 31 October 2018; publications.scot.nhs.uk
NHS England CBPM guidance: Cannabis-based products for medicinal use (CBPMs); england.nhs.uk
MHRA CBPM guidance: The supply of unlicensed cannabis-based products for medicinal use in humans; gov.uk
Blue Guide: MHRA, Advertising and promoting medicines, Appendix 6; gov.uk. **CAP Code:** section 12; asa.org.uk
MCCS: Medical Cannabis Clinicians Society, Good Practice Guide for Prescribers of CBPMs, July 2026; ukmccs.org
ISCAS: iscas.org.uk