The GMC’s latest guidance on prescribing fleshes out three principles included in its 2006 Good Medical Practice (see Figure 1), covering aspects of current awareness, consent, shared care and repeat prescribing of medicines, devices and appliances.

From the outset, it is clear that doctors carry personal responsibility for prescribing and must ensure they are able to prescribe safely.

Some advice is fundamental: know your limits, maintain and develop knowledge and expertise, and ask those who know when you are unsure. More specifically, be familiar with the BNF and follow its advice on prescription writing (and consider adding indications to the prescription). Use electronic information services and adhere to guidance from NICE and similar agencies.

**Involving the patient**

A prescribed medicine must serve the patient’s needs. Obtaining consent means explaining the diagnosis and proposed treatment to the patient and negotiating with them a course of action they will follow (see Table 1). This involves providing appropriate information, calling on the support of others – notably pharmacists – when necessary, backed up by written information.

There should be a culture of openness in which prescribing decisions can be challenged if it is in the patient’s interest.

The GMC states that prescribing for personal use should be avoided when possible but, if it is essential, make a record and inform your own GP.

**Shared care**

Safe use of medicines depends on sharing information when transferring care or when the patient moves between care settings. Decisions about shared care must put the patient’s needs above other considerations (such as cost and convenience).

Doctors must prescribe within their competence when following the advice of others, and specialists who ask GPs to prescribe a medicine must provide sufficient information to ensure safe management.

Steve Chaplin summarises the GMC’s latest advice on how to comply with the principles set out in their Good Medical Practice.
Adverse reactions

Adverse reactions must be reported via the Medicines and Healthcare products Regulatory Agency’s (MHRA’s) Yellow Card scheme and patients should be informed how to do this for themselves. Patient safety incidents should be reported to the National Reporting and Learning System and doctors should respond to requests for information by the Drug Safety Research Unit (www.dsru.org).

Treatment must be monitored and reviewed according to the nature of the medicine (see Table 2). Pharmacists and other health professionals can help with this task, though the doctor retains ultimate responsibility.

Repeat prescribing

The benefits should be considered before prescribing with repeats, and the mechanisms for repeat prescribing must be secure and accurate. Monitoring and regular review should be agreed with the patient, who should be clear what action to take in the event of an adverse reaction or treatment discontinuation.

Adherence and the continuing need for treatment should be checked at each review, particularly after a hospital stay.

Remote prescribing

Doctors who prescribe remotely – online, via video or over the phone – must ensure they do so in accordance with this guidance. Surgical cosmetic products such as Botox (botulinum toxin) must not be prescribed remotely.

Prescribing for patients overseas is not barred but should be done with regulatory requirements in mind and consideration of how the prescriber can monitor the patient.

Unlicensed medicines

It may be necessary to prescribe an unlicensed medicine to meet a patient’s specific needs when no licensed alternative is available or suitable, an unlicensed dose is indicated or an unlicensed formulation is required.

The prescribing doctor carries responsibility for the patient’s care or ensures that another suitable doctor does so. The prescriber must be sure there is sufficient evidence of efficacy and safety, and record the reasons for prescribing an unlicensed product. Patients must be given enough information to make an informed choice about this treatment unless to do so would cause distress, eg in an emergency.

Doctors must not prescribe or collude in improperly providing medicines to enhance sports performance.

References


Declaration of interests

Steve Chaplin has undertaken paid writing work for several pharmaceutical companies.

Steve Chaplin is a pharmacist who specialises in writing on therapeutics

Forum

If you have any issues you would like to air with your colleagues or comments on articles published in Prescriber, the Editor would be pleased to receive them and, if appropriate, publish them on our Forum page. Please send your comments to:

The Editor, Prescriber, The Atrium, Southern Gate, Chichester, West Sussex PO19 8SQ, or e-mail to prescriber@wiley.com