New GMC guidance – can we rise to the challenge?

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The new GMC guidance on good practice in prescribing and managing medicines and devices\(^1\) (also see Analysis, pages 13–14) is close to a counsel of perfection. As a document purporting to provide guidance and advice, there is much to commend it. The main challenge, however, is that over the course of 11 pages there are more than 100 instances where the GMC states what prescribers ‘should’ or ‘must’ do. Given the role of the GMC in revalidation, some GPs will worry about whether their registration might be at risk if they are not able to follow the advice.

Time pressures

The PRACtICE Study\(^2\) showed that prescribing errors are not uncommon in general practice and I am sure that adhering to the guidance suggested by the GMC would substantially reduce the error rate. The challenge, however, is in doing this in the context of the time pressures and multiple competing demands of modern general practice.

So, while we might wish to ensure that all of our prescribing decisions are backed up by the best evidence; that we issue error-free prescriptions; that we counsel patients fully about their medicines and document these discussions; that we always arrange appropriate follow-up and review repeat medicines rigorously – this can be extremely difficult in 10-minute consultations where patients commonly bring two or more problems. In this context the ‘musts’ and ‘shoulds’ in the GMC guidance are unhelpful.

While the GMC notes that only ‘serious or persistent failure to follow this guidance will put your registration at risk’, I am sure that litigation lawyers will find the guidance helpful when pointing out the failing of unfortunate GPs who end up in court as a result of a medication error.

Given that it will be virtually impossible for any actively practising GP to follow the GMC guidance all of the time, what are the major factors that need to be taken into account when prescribing safely and effectively, communicating well and ensuring appropriate follow-up and review?

Keeping up to date

The GMC guidance offers specific suggestions for keeping up to date and this includes accessing MHRA Drug Safety Updates. It is easy to register to obtain these on a monthly basis\(^3\) and in recent years they have provided important alerts for GPs such as concerns about QT prolongation in patients taking citalopram and escitalopram (Cipralex)\(^4\) at above the maximum dose suggested by the BNF.

The GMC guidance also highlights the importance of accessing drug data sheets and patient information leaflets, which can be obtained easily from the electronic Medicines Compendium.\(^5\)

Prescribing safety

The GMC also notes that prescribers ‘should make use of electronic . . . systems that can improve the safety of . . . prescribing’. With our current computer systems, most of us are in a reasonably strong position in relation to this point, but it can be difficult to check through all the warnings that flash up on our computer screens when pressed for time. Nevertheless, it is important to try and check these, even though the warnings are not always helpful.

Obtaining consent

Communicating effectively with patients is also a challenge when prescribing and reviewing medicines. A key issue raised in the GMC guidance relates to obtaining consent, which means reaching an agreement with the patient on what is to be prescribed and the patient being sufficiently well informed of the potential benefits and risks. The time pressures of general practice make it difficult to carefully explain and discuss prescribing options.

Encouraging patients to look at patient information leaflets and enlisting the support of pharmacists are two solutions suggested by the GMC, but these cannot replace the need to provide essential information for patients at the point of prescribing.

Prescription reviews

The GMC guidance also highlights the importance of undertaking thorough prescription reviews to ‘confirm
that the patient is still taking their medicines as directed, and check that medicines are still needed, effective and tolerated’. It is difficult to argue against this, but it is often hard to find the time when patients bring other problems to their consultations. Nevertheless, the GMC suggests that we ‘should make it clear why regular reviews are important’ and this might help to encourage patients not to fill up their prescription review appointments with other problems.

Conclusion
Rising to all the challenges set by the GMC’s new guidance on prescribing will not be easy as there are few simple solutions. A multifaceted approach is likely to be most effective with the aim of making incremental improvements. Creating more time for prescribing-related activities is likely to be particularly helpful, but this is probably one of the greatest difficulties for busy GPs.

References

Declaration of interests
None to declare.

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