To consider

Review of Prescribing Guidance

Issue
1. Whether we can now finalise and publish the revised prescribing guidance.

Recommendation
2. To approve the revised prescribing guidance for publication (paragraphs 12-22 and Annex A).

Further information
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Background

4. The Standards and Ethics Committee regularly reviews our published guidance to ensure that it remains relevant and up to date.

5. We published frequently asked questions on prescribing in 2004, which incorporated and superseded statements on repeat prescribing and the use of drugs in the treatment of obesity.

6. When it prepared the FAQs in 2003-04, SEC agreed to develop further guidance to address a number of new issues, including any arising from the Shipman Inquiry.

7. At two meetings in 2005, SEC identified the issues on which guidance should be developed and then approved a draft for consultation. SEC had already considered the views of the Royal Pharmaceutical Society, Department of Health’s Controlled Drugs Project Team, Royal College of General Practitioners, Medicines and Healthcare Products Regulatory Agency and Dispensing Doctors’ Association.

8. SEC agreed on a limited formal consultation of six weeks. The draft guidance was sent to more than 100 individuals and organisations in December 2005. Most responses were positive, welcoming the proposed changes and describing the guidance generally as ‘sensible’, ‘sound’ and ‘reasonable’. Substantive issues are discussed below.

9. On 9 February 2006, SEC approved revised draft guidance entitled Good Practice in Prescribing Medicines. This is at Annex A. The revised guidance is not very different from the existing FAQs in substance, although we have completely revised its presentation.

10. The draft guidance was circulated to Council members on 28 March 2006 and comments sought. One member indicated satisfaction with the draft guidance.

11. The existing guidance is available on our website (www.gmc-uk.org/guidance/library/prescriptions_faqs.asp). Copies are also available from the Office (Michael Keegan; 020 7189 5157; mkeegan@gmc-uk.org) along with copies of the consultation documents and responses.

Discussion

Doctors prescribing for themselves and their families, and controlled drugs

12. The revised guidance responds to the 4th Report of the Shipman Inquiry by introducing a specific requirement that doctors should only prescribe drugs to meet identified needs of patients (paragraph 3). It also emphasises the importance of objectivity in prescribing (paragraph 4) and specifies exceptional circumstances in which doctors might be justified in prescribing controlled drugs for themselves or those close to them (paragraph 14).

13. This is consistent with advice proposed for inclusion in Good Medical Practice. Analysis of the responses to the GMP consultation suggests widespread support for that approach.
14. The RPSGB will be issuing similar guidance for pharmacist prescribers in due course. The Nursing and Midwifery Council has consulted on a revised code of practice that draws heavily on our draft.

15. Respondents were largely supportive of the draft, although some called for the ‘exceptional circumstances’ approach for controlled drugs to be extended to all medicines. Others value the convenience of prescribing for family members, particularly children, although few sought to support self-prescribing of controlled drugs. SEC concluded that the balance in the guidance is the right one.

_Doctors with interests in pharmacies_

16. Paragraphs 10-12 require doctors to inform patients about their interests, and their employer’s in pharmacies, to prohibit ‘direction’ and to promote patient choice.

17. The proposed approach was welcomed as reasonable, although we have revised paragraph 11 in response to comments about the practical limitations on patients’ choice of pharmacy while in hospital or attending clinics at which medicines may be dispensed free of charge.

_Dispensing practices_

18. Paragraph 17 emphasises the importance of prescribing in patients’ best interest and making efficient use of resources. This follows concern expressed by the Dispensing Doctors’ Association that some dispensing doctors prescribe differently for NHS patients to whom they also dispense to maximise their dispensing income. The guidance in this paragraph was widely accepted, with no adverse comments from respondents.

_‘Counter-signing’ prescriptions from overseas_

19. Paragraph 42 develops the advice about remote prescribing (paragraphs 38-41) with specific reference to prescribing for overseas patients. Consultation on this addition reopened discussion on the existing guidance on remote prescribing, which the Committee and Council have debated before. As a result of the comments received, the draft was amended to include reference to insurance and registration issues that prescribing for overseas patients might trigger.

_Other comments_

20. A few minor amendments were made to paragraph 5 in response to comments from the Medicines Partnership. These emphasise the importance of communication and partnership with patients.

21. Guidance about repeat dispensing has been included at paragraphs 32-36 and about patient reporting through the yellow card scheme at paragraph 6c as a result of specific submissions made by the RPSGB and Patient Concern.
Publication

22. The existing FAQs are available on our website and are printed and posted on request. We propose to continue with that approach. In addition we will publish a summary of relevant changes in *GMCtoday*, with information on how to access the new guidance online. In due course, the new guidance will be linked to the appropriate paragraph in *GMP*.

**Recommendation:** To approve the revised prescribing guidance for publication.

Resource implications

23. The costs of publication on our website will be de minimus.

Equality

24. There are no equality implications arising from the guidance.