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## Prescribing Medicines – Frequently Asked Questions

Our booklet Good Medical Practice (2001) sets out in paragraphs 1 to 3 and 21 the principles that doctors must follow when prescribing medicines.

The Frequently Asked Questions below explain how these principles apply in situations that doctors often meet, or find hard to deal with. We propose to review these FAQs regularly to ensure that they are up to date and relevant to problems doctors face, and reflect any legal differences across the UK countries. We will be publishing updated versions on the website. Printed copies are available on request.

### Index of Questions

#### Principles of Prescribing

|                                   |            |
|-----------------------------------|------------|
| Who can prescribe                 | Question 1 |
| Prescribing safely                | Question 2 |
| Guidance on prescribing medicines | Question 3 |

#### Special Circumstances

|  |             |
|--|-------------|
| Unlicensed medicines                               | Question 4  |
| Off licence medicines (Off-label)                  | Question 5  |
| Information for patients on licensing of medicines | Question 6  |
| Responsibility for prescribing for outpatients     | Question 7  |
| Issuing repeat prescriptions                       | Question 8  |
| Remote prescribing by internet or telephone        | Question 9  |
| Working in private clinics                         | Question 10 |
| Other sources of guidance                          | Question 11 |

#### Q1. Can all doctors prescribe medicines?

1. You must be registered with the GMC in order to prescribe medicines. If you have provisional or limited registration you may prescribe medicines in line with the supervisory conditions of your employment. (With the introduction of the licence to practise in 2005 doctors will have to be both registered and licensed with the GMC to prescribe medicines).

2. For further information about the relevant legislation, including the Medicines Act 1968 and the Misuse of Medicines Act 1971, see the Home Office website:

www.homeoffice.gov.uk and the British National Formulary: www.bnf.org. Medicines legislation applies throughout the UK.

Q2. What can I do to ensure that I prescribe safely?

1. In order to prescribe safely you must prescribe only within the limits of your competence. You must follow the advice in Good Medical Practice and be aware of the major contraindications and side effects of the drugs you prescribe.

Q3. What guidance does the GMC give on prescribing medicines?

1. Good Medical Practice sets out the principles of good practice and care that you are expected to meet. The advice below expands on these principles.

2. When prescribing medicines you must ensure that your prescribing is appropriate and responsible and in the patient's best interests. To do this you must:

- Recognise and work within the limits of your professional competence.
- Ensure you are familiar with current guidance published in the British National Formulary, including the use, side effects and contraindications of the medicines that you prescribe. You should be aware of the guidelines about the clinical and cost-effectiveness of interventions published by the National Institute for Clinical Excellence (NICE) in England & Wales and in Scotland by the Scottish Intercollegiate Guidelines Network (SIGN). In addition the Department of Health has published a report Building a Safer NHS: Improving Medication Safety on the safe use and administration of medicines. For website addresses of these organisations see Q11.
- Be in possession of, or take, an adequate history from the patient, including: any previous adverse reactions to medicines; current medical conditions; and concurrent or recent use of non-prescription medicines.
- Reach agreement with the patient on the use of any proposed medication, and the management of the condition by exchanging information and clarifying any concerns. The amount of information you should give each patient will vary according to factors such as the nature of the patient's condition, risks and side effects of the medicine and the patient's wishes. Bearing these issues in mind, you should, where appropriate:
  - Establish the patient's priorities, preferences and concerns about medicine taking and the proposed treatment;
  - Discuss other treatment options with the patient;
  - Satisfy yourself that your patient has been given appropriate information, in a way they can understand, about: any common adverse side effects; potentially serious side effects; interactions with other medicines; and the dosage and administration of the medicine; (see GMC guidance Seeking patients consent; the ethical considerations).

3. When prescribing for a patient you should:

- Prescribe dosages appropriate for the patient and their condition;

- Agree with the patient arrangements for appropriate follow-up and monitoring where relevant. This may include: further consultations; blood tests or other investigations; processes for adjusting the dosage of medicines, changing medicines and issuing repeat prescriptions. You must inform the Committee on the Safety of Medicines of adverse reactions to medicines reported by your patients.

- Make a clear, accurate and legible record of all medicines prescribed.

4. When providing care in a multi-disciplinary team:

- You should ensure that patient care is provided and supervised only by staff who have appropriate skills, experience and training.

- If you prescribe at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, you must be satisfied that the prescription is appropriate for the patient concerned and that the professional is competent to have recommended the treatment.

5. If you are not the patient's general practitioner and you accept a patient for treatment without a referral from the patient's general practitioner, then you must:

- Explain to the patient the importance and benefits of keeping their general practitioner informed;

- Inform the patient's general practitioner unless the patient objects;

- Where possible inform the patient's general practitioner before any treatment is started, unless the patient objects to this disclosure.

6. If the patient does not want their general practitioner to be informed, or has no general practitioner, then you must:

- Take steps to ensure that the patient is not suffering from any medical condition or receiving any other treatment that would make the prescription of any medicines unsuitable or dangerous;

- Take responsibility for providing all necessary aftercare for the patient.

- Prescribing situations requiring special consideration

Q4. Can I prescribe unlicensed medicines?

1. Yes, you can prescribe unlicensed medicines. But if you decide to do so, you must:

- Be satisfied that an alternative, licensed medicine would not meet the patient's needs;

- Be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy;

- Take responsibility for prescribing the unlicensed medicine and for overseeing the patient's care, including monitoring and any follow up treatment (see also question 7 on prescribing for hospital outpatients);
- Record the medicine prescribed and the reasons for choosing this medicine in the patient's notes.

Q5. Can I prescribe medicines for use outside the terms of their licence (Off-label)?

1. You may prescribe medicines for purposes for which they are not licensed. Although there are a number of circumstances in which this may arise, it is likely to occur most frequently in prescribing for children. Currently pharmaceutical companies do not usually test their medicines on children and as a consequence, cannot apply to license their medicines for use in the treatment of children. The use of medicines that have been licensed for adults, but not for children, is often necessary in paediatric practice.

2. When prescribing a medicine for use outside the terms of its licence you must:

- Be satisfied that it would better serve the patient's needs than an appropriately licensed alternative;
- Be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy. The manufacturer's information may be of limited help in which case the necessary information must be sought from other sources;
- Take responsibility for prescribing the medicine and for overseeing the patient's care, monitoring and any follow up treatment, or arrange for another doctor to do so (see also question 7 on prescribing for hospital outpatients);
- Make a clear, accurate and legible record of all medicines prescribed. And, where you are not following common practice, your reasons for prescribing the medicine.

Q6. What information must I give patients about the licence for their medicines?

1. You must give patients, or those authorising treatment on their behalf, sufficient information about the proposed course of treatment including any known serious or common side effects or adverse reactions. This is to enable them to make an informed decision (for further advice, see GMC guidance Seeking patients' consent: the ethical considerations).

2. Some medicines are routinely used outside the scope of their licence, for example in treating children. Where current practice supports the use of a medicine in this way it may not be necessary to draw attention to the licence when seeking consent. However, it is good practice to give as much information as patients, or those authorising treatment on their behalf, require or which they may see as significant. Where patients, or their carers express concern you should also explain, in broad terms, the reasons why medicines are not licensed for their proposed use. Such

explanations may be supported by written information, for example, the leaflet on unlicensed medicines produced by the Royal College of Paediatrics and Child Health.

3. However, you must explain the reasons for prescribing a medicine that is unlicensed or being used outside the scope of its licence where there is little research or other evidence of current practice to support its use, or the use of the medicine is innovative.

4. For specific information on prescribing medicines for children see the following websites: Royal College of Paediatrics and Child Health [www.rcpch.ac.uk](http://www.rcpch.ac.uk) and the British National Formulary [www.bnf.org](http://www.bnf.org).

Q7. Who is responsible for prescribing medicines for hospital outpatients?

1. Where a patient's care is shared between clinicians, the doctor with the responsibility for the continuing management of the patient must be fully competent to exercise their share of clinical responsibility. They also have a duty to keep themselves informed about the medicines that are prescribed for their patient. They should take account of appropriateness, effectiveness and cost when prescribing any medicine. They should also keep up to date with any relevant guidance on the use of the medicine and on the management of the patient's condition.

2. If are the doctor signing and issuing the prescription you bear responsibility for that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the treatment prescribed and can recognise any adverse side effects of the medicine should they occur.

3. There should be full consultation and agreement between general practitioners and hospital doctors about the indications and need for particular therapies. The decision about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient's best interests rather than on the healthcare professional's convenience or the cost of the medicine.

Q8. What procedures can I use to simplify the work involved in issuing repeat prescriptions?

1. The majority of clinical care should continue to be provided on an individual, patient-specific basis. The use of Patient Group Directions (PGDs) should be reserved for those limited situations where this offers a distinct advantage for patient care and where it is consistent with appropriate professional relationships and accountability. PGDs are drawn up locally by doctors, pharmacists and other health professionals, signed by a doctor and a pharmacist and approved by an appropriate body.

2. Getting repeat prescriptions prepared by other members of the general practice healthcare team/staff or generated by computer can be an efficient way of meeting patients' needs, while reducing demands on the doctor's time.

3. It is important that any system for issuing repeat prescriptions takes full account of the obligations to prescribe responsibly and safely and that the doctor who signs the prescription takes responsibility for it. Before signing a repeat prescription you must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- The patient is issued with the correct prescription;
- Each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required;
- The correct dose is prescribed for medicines where the dose varies during the course of the treatment.

4. Arrangements for issuing repeat prescriptions should include suitable provision for monitoring each patient's condition and for ensuring that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious side effects.

5. The National Prescribing Centre in England has published good practice guidelines *Saving time, helping patients: A good practice guide to quality repeat prescribing*. It can be accessed at [www.npc.nhs.uk](http://www.npc.nhs.uk) and [www.npc.co.uk](http://www.npc.co.uk)

Q9. What advice applies to remote prescribing via telephone, email, fax, video link or a website?

1. From time to time it may be appropriate to use a telephone or other non face-to-face electronic medium to prescribe medicines and treatment for patients. Such situations may occur where:

- You have responsibility for the care of the patient;
- You are deputising for another doctor who is responsible for the continuing care of a patient;
- You have prior knowledge and understanding of the patient's condition/s and medical history and you have authority to access the patient's records.

2. In all circumstances, you must ensure that you have an appropriate dialogue with the patient to:

- Establish the patient's current medical conditions and history and concurrent or recent use of other medications including non-prescription medicines;
- Carry out an adequate assessment of the patient's condition;
- Identify the likely cause of the patient's condition;
- Ensure that there is sufficient justification to supply the medicines/treatment proposed. Where appropriate you should discuss other treatment options with the patient;
- Ensure that the treatment and/or medicine/s are not contra-indicated for the patient;

- Make a clear, accurate and legible record of all medicines prescribed.

3. If you are not providing continuing care for the patient, do not have access to the patient's medical records, or are not deputising for another doctor, you must follow the advice above and, additionally you must:

Give an explanation to the patient of the processes involved in remote consultations and give your name and GMC number to the patient;

- Establish a dialogue with the patient, using a questionnaire, to ensure that you have sufficient information about the patient to ensure you are prescribing safely;

- Make appropriate arrangements to follow the progress of the patient;

- Monitor the effectiveness of the treatment and/or review the diagnosis;

- Inform the patient's general practitioner or follow the advice in Q3 if the patient objects to the general practitioner being informed.

4. Where you cannot satisfy all of these conditions you should not use remote means to prescribe medicine for a patient.

Q10. I work in a private slimming clinic, is there any extra advice I should follow?

1. If you are working in slimming clinics or other private clinics providing medical services you must follow the guidance in the answers above together with relevant guidance and regulations issued by other bodies on this type of practice (see Q11).

2. It is generally agreed, for example, that the prescription of anti-obesity medicines should be considered only as part of an overall management plan that includes dietetic assessment and lifestyle management. Specific guidance on medicines used in the treatment of obesity is available in the British National Formulary and from the Committee on Nutrition of the Royal College of Physicians of London - Anti-Obesity: Guidance on Appropriate Prescribing and Management (2003). The National Institute for Clinical Excellence also issues relevant guidance. The Scottish Intercollegiate Guidelines Network has issued Guideline 69 - Management of obesity in children and young people (April 2003).

3. You should also note that:

- In England private clinics and doctors who practise solely in the independent sector, must be registered with the Healthcare Commission (Commission for Health Audit and Inspection). Failure to register is a criminal offence. For further information see the website: [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk) under service provider information .
- In Northern Ireland the regulation of Independent Hospitals and Clinics is carried out under The Registered Homes (Northern Ireland ) Order 1992 by Registration and Inspection units within the four Health and Social Services Boards. The website address is [www.dhsspsni.gov.uk/hss/care\\_standards](http://www.dhsspsni.gov.uk/hss/care_standards).
- In Scotland the Scottish Commission for the Regulation of Care (also known as the Care Commission) regulate independent specialist clinics and healthcare services. A

full list of the services regulated by the Care Commission is on the website:  
[www.carecommission.com](http://www.carecommission.com).

• In Wales the Care Standards Inspectorate for Wales is the regulator of independent health and social care in Wales. It is a division of the National Assembly for Wales but has full, delegated authority for its regulatory decisions. Further information can be accessed from the website: [www.wales.gov.uk/csiw](http://www.wales.gov.uk/csiw)

Q11. Are there any other organisations that have published regulations, guidance, and information relevant to prescribing?

1. The following organisations all have published material that it is important and relevant to various aspects of prescribing and related issues:

UK Wide

British National Formulary (BNF) NHS National Prescribing Centre (NPC) Royal College of Paediatrics and Child Health (RCPCH) Royal College of General Practitioners (RCGP) Royal College of Physicians Royal Pharmaceutical Society (RPS) Home Office Medicines Healthcare Products Regulatory Agency (MHRA) Electronic Medicines Compendium National Patient Safety Agency (NPSA) British Medical Association (BMA) Dispensing Doctors Association Medicines Partnership Drug and Therapeutics Bulletin

England

Healthcare Commission

England & Wales

National Institute for Clinical Excellence (NICE)

N Ireland

Department of Health, Social Services & Public Safety

Scotland

Scottish Intercollegiate Guidelines Network (SIGN) NHS Quality Improvement Scotland (NHS QIS) Scottish Medicines Consortium Care Commission

Wales

Care Standards Inspectorate for Wales

The GMC expects doctors to comply with the standards of good practice set out in our guidance. You must be prepared to explain and justify any decision not to follow this advice on good practice in prescribing.