

Guidance on assessing the seriousness of concerns relating to self-prescribing, or prescribing to those in close personal relationships with doctors

- 1 *Good medical practice* states that 'In providing clinical care you must, wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship'. Our explanatory guidance [Good practice in prescribing and managing medicines and devices](#) expands on the advice in *Good medical practice* and applies to doctors who are 'prescribing and managing medicines and medical devices including appliances'.
- 2 A serious or persistent failure to follow the guidance in *Good medical practice* and the explanatory guidance, and where patients are – or confidence in doctors is – put at risk, will call into question a doctor's fitness to practise.
- 3 Whether an incident of self-prescribing or prescribing to those in a close personal relationship raises a question about a doctor's fitness to practise depends on the individual circumstances of the case.
- 4 *Good medical practice* tells doctors to avoid such prescribing for good reason.
 - a self-prescribing may involve drugs of addiction; may be based on an inaccurate diagnosis; lacks the rigour of an independent assessment of symptoms; and may prevent treating doctors from understanding what drugs have been taken. Further examples are set out in our explanatory guidance.
 - b If a doctor prescribes for someone they are in a close personal relationship with, the lack of independent assessment may lead to them being pressured by the person, or by the situation, to prescribe inappropriately (eg painkillers) and can mean that treating doctors don't have access to information necessary for the patient's ongoing treatment.
- 5 When concerns are raised about a doctor self-prescribing or prescribing for those in a close personal relationship to the doctor, they are only likely to raise a question about the doctor's fitness to practise if there are aggravating features present which include:

- a** the prescribing is for controlled drugs; clearly this points to a serious underlying condition for which independent assessment and treatment is required.
 - b** The prescribing is repeated; an isolated prescription for a non-controlled drug is very unlikely to reach the realistic prospect threshold. Repeat prescribing may call into question the adequacy of independent clinical review of the patient's condition.
 - c** The prescribing is inappropriate; a prescription for an excessive dosage or overall quantity could point to fitness to practise issues.
 - d** Other aggravating feature, such as false declarations for free prescriptions or prescribing in the names of others. Such probity issues must be investigated.
- 6** If relevant aggravating factors are not present, the concern is unlikely to raise a question about the doctor's fitness to practise.