

Response to consultation on guidance for pharmacist prescribers

Thank you for the opportunity to comment on this consultation.

As you know, the General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK. We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

We recognise that appropriate prescribing is essential to safe and effective care for patients. We are pleased to have worked closely with the General Pharmaceutical Council to improve the safe provision of prescribing.

We have reviewed the consultation questionnaire and have responded to the areas that fall within our remit. We hope this response provides helpful feedback for your consultation. We expect doctors, pharmacists and patients to work together to make decisions about treatment options to ensure the best available care and are supportive of your guidance in achieving that.

We would be happy to discuss this further and support you with this work.

Yours sincerely

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Section 1. Taking responsibility for prescribing safely

Have all the necessary information to prescribe safely

You have outlined where prescribers should consider certain risks when prescribing. One of the risks identified is

- They should consider the risks of prescribing in different contexts

It may be beneficial to clarify what is meant by the term 'different contexts' as this is a broad definition. It is unclear whether this refers to prescribing in different clinical contexts or remote prescribing rather than face-to-face.

Prescribing Safely

You have outlined a list of factors prescribers should consider in order to prescribe safely. To better reflect the importance of fully assessing a patient prior to prescribing, you may find it helpful to re-order this section and move the fourth bullet point higher in the list. The fourth bullet point is as follows: *fully assess the person, and carry out an examination in cases when it is necessary, in an appropriate environment which ensures the person's privacy and confidentiality.*

We would like to make you aware of a recent high court ruling in the context of your thirteenth bullet point under prescribing safely which states: *In the case of an unlicensed medicine, or one licensed but used for an unlicensed purpose, make sure there is no licensed medicine available to meet the needs of the person.*

Following a recent High Court ruling to allow the use of Avastin in the treatment of wet age-related macular degeneration, Mrs Justice Whipple advised that a reading of GMC guidance does not preclude the prescription of unlicensed medicines simply because there is a licensed alternative available.

Specifically, it was stated *Paragraphs 69-70 do not preclude the prescription of unlicensed medicines, simply because there is a licensed alternative available. Specifically, paragraph 69 does not contain a comprehensive list. It is just a list of examples of situations where it "may" be necessary to prescribe an unlicensed medicine. Other situations may exist, which are not on the list. The GMC guidance, considered overall, positively requires treating clinicians to take cost into account as an element of good medical practice. That obligation does not stop simply because an unlicensed drug is under consideration.*

The judgement referenced above is specific for GMC guidance and reflects our section on prescribing unlicensed medicines. We wish to make you aware of it so you can reflect on whether it raises issues for your registrants.

Section 3. Working in partnership with other healthcare professionals and people seeking care

3.1 Working with people seeking care and sharing information with their prescribing doctor

Your guidance highlights that gathering all the relevant medical information about a person and their medicines is vital to ensure safe prescribing. You have described circumstances where pharmacist prescribers must decide whether they can prescribe safely.

Pharmacist prescribers must decide whether they can prescribe safely when:

- *they do not have access to the person's medical records*
- *the person refuses to give consent to contact their prescriber for more information*
- *the person has not been referred to the pharmacist prescriber by their prescriber, or*
- *the person does not have a regular prescriber (such as a GP)*

We agree that the above includes circumstances where prescribers must decide whether they can prescribe safely. However, it is important that pharmacist prescribers should make a decision about whether they can prescribe safely for every consultation.

The phrasing in section 3.1 suggests that it is only in particular circumstances that pharmacists must decide whether they can prescribe safely. Therefore, for section 3.1, it may be more appropriate to say *Pharmacist prescribers must decide whether the information they have is sufficient and reliable enough to enable them to prescribe safely when:*

3.2 Working in partnership with other healthcare professionals

You have outlined the responsibilities of a pharmacist prescriber when they *prescribe for people in environments such as a care home, nursing home or a hospice should communicate with the person or their carer and give the necessary information and advice. They must make sure any information is understood by the person and carer.*

This has already been addressed in section 1. *Taking responsibility for prescribing safely* where it is stated that prescribers must communicate effectively with the person and give them all the relevant information in a way they can understand. Further, saying that the prescriber **should** *communicate with the person or their carer and give the necessary information and advice* and conflicts with the earlier guidance which states that prescribers **must** *communicate effectively with the person.*

Section 7. Safeguards for the remote prescribing of certain medicines

In section 7 of your proposals you describe prescribing remotely, including online, for certain categories of medicines. You say that certain medicines are not suitable to be prescribed remotely unless further safeguards have been put in place to make sure they are clinically appropriate.

The GMC is committed to ensuring that effective safeguards are in place to protect patients when accessing online healthcare services, particularly where patients are vulnerable and at risk of addiction to certain medicines. It's important to identify and manage the risks involved when prescribing remotely and ensure patient safety is not compromised.