

## **GMC response to GPhC consultation on new safeguards to protect people trying to obtain medicines online**

### **1. Do you think our proposals on transparency and patient choice should be included in our guidance?**

Yes.

### **2. Do you have any comments about our proposals on transparency and patient choice?**

We welcome the increased emphasis on providing patients and the public with the information they need to make an informed decision about whether to proceed with online care. We think that the prescriber's professional registration number should also be provided so that patients have access to redress if something goes wrong.

We support the inclusion of expectations on pharmacy owners to provide clear information about the arrangements for prescribing services based outside the UK. Where the document talks about providing clear information about 'indemnity and regulatory arrangements that apply to those prescribers, especially if they are not regulated by a healthcare regulator in the UK', it would be worth 'replacing healthcare regulator' with 'health professional regulator' to avoid any confusion with system regulation as this paragraph relates to professionals that prescribe.

It may also be helpful to state that pharmacies should be explicit about whether they are registered with GPhC and encourage patients only to use websites that display the MHRA common logo.

### **3. a) Do you think it is appropriate for pharmacy websites to be arranged in such a way that a patient can choose a prescription-only medicine, and its quantity, before having a consultation with a prescriber?**

The decision to prescribe a medication should be one made between the patient and prescriber following an assessment of their condition. Any ability for a patient to decide on, or choose a medication prior to a consultation, would undermine the discussion between prescriber and patient in deciding on the most appropriate treatment.

It is important to clarify whether the patient would be *choosing* a medication and the quantity of that medication, or *expressing a desire* for a medication and its quantity. A patient expressing a desire for a medication would not conflict with our guidance.

We support the reference to pharmacy owners having robust processes in place so that the pharmacy team are able to identify possible risks to patients (for example, by having systems to identify multiple orders to the same address or using the same payment details). This would go some way towards preventing patients from being prescribed unsafe and inappropriate amounts of medication which brings significant risk of patient harm.

## **5. Do you think our proposal to add further safeguards for certain categories of medicines should be included in our guidance?**

Yes. These align with the findings from the latest CQC inspection report which clearly indicated poor practice and particular risks associated with opiates and other strong painkillers; sedatives; antibiotics; and medicines for both mental health and chronic long term conditions (including asthma and diabetes). We believe it is important that any decision on which categories to safeguard should be evidence-based. However, it is outside our remit to outline specific medications.

## **7. Do you have any comments about our proposal to add further safeguards for certain categories of medicines?**

It would be helpful to be more specific about which medicines or medical products for chronic conditions should be included in this. You mention asthma, diabetes and mental health conditions, but 'chronic conditions where ongoing monitoring is important' could apply to a number of conditions so it would be useful to provide clearer guidance as far as this is possible. It may also be worth highlighting the crucial role that prescribers play in safeguarding against both inappropriate prescribing of particular categories of medicines and the *quantity* of those medicines as this is an area of significant concern for a number of stakeholder organisations.

## **8. Do you think our proposals on regulatory oversight for services or prescribers not based in the UK should be included in our guidance?**

We support these proposals and think that they should be included in the guidance. We are concerned about online services treating UK patients that are deliberately structured to circumvent UK system regulation, and UK-registered doctors who knowingly choose to work for these services.

## **9. Do you have any comments about our proposals on regulatory oversight for services or prescribers not based in the UK?**

While we're in favour of placing expectations on pharmacy owners who decide to work with prescribers or prescribing services operating lawfully outside the UK to provide the GPhC with appropriate assurance, circumstances could arise where prescribers are faced with a conflict between their home country regulator's relevant legislation, ethical standards and guidance and national prescribing guidelines for the UK. As we understand it, under EU law, the location of a 'remote service' for regulatory purposes is in the jurisdiction of the health professional rather than the patient so health professionals (including doctors) who are prescribing within the EEA are only legally required to comply with the legal requirements in their own jurisdiction and not in the patient's jurisdiction. This means that in circumstances where there is a conflict, prescribers based within the EEA who aren't registered with a UK health professional regulator could not reasonably be expected to comply with UK guidelines as this could lead to a legal breach in the country in which they are based.

It would be useful to provide some examples of how pharmacy owners can demonstrate that they are successfully managing the additional risks that result from working with prescribers or prescribing services operating lawfully outside the UK. And perhaps to make the expectations under the 'Regulatory oversight' section more specific based on feedback from the engagement session held with professional regulators.

It may also be worth stipulating that pharmacy owners should assure themselves that prescribers have insurance and indemnity cover and that patients are aware of these details so that they have recourse if something goes wrong.

#### **14. Do you think our proposals will have any other impact which you have not already mentioned?**

While we welcome these proposals, we believe it's important that patients have the information that they absolutely need to make an informed decision about whether to engage in an online medical service and seek redress if something goes wrong. We believe that this information should include whether the service is registered with the relevant system regulator and the prescriber is registered with the relevant professional regulator.

However, we also think it's crucial to be proportionate about the amount of information that patients are expected to process to make this decision. Otherwise there is a risk that they will be overwhelmed by information which may drive them to websites which are simpler to understand and process but bring increased risk, because they don't include the core information that the patient needs to know.

It is also essential for the guidance to distinguish between online pharmacies that are purely dispensing and those that are providing both the consultation and prescription service.