

23 August 2018

Royal Pharmaceutical Society

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To whom it may concern,

RE: Polypharmacy - Getting our medicines right

Thank you for the opportunity to comment on this consultation.

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

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 polypharmacy can be problematic and that doctors play an important role in addressing the issue. We support efforts to address the problems that arise from polypharmacy from all healthcare professionals and improve health outcomes for patients.

We have reviewed the consultation questionnaire and we feel that a number of the questions fall outside of our remit. However, below I have highlighted a number of points that we feel relate to our professional guidance.

Paragraph 3.3 of your draft guidance states:

*Those involved in work to address polypharmacy should ensure that they are familiar with and use the data and risk stratification tools * that are available to help identify those people who are at the greatest risk of polypharmacy.*

Our guidance for doctors on [Good practice in prescribing and managing medicines and devices](#) outlines our expectations for doctors to have suitable arrangements in place for follow-up and review of patient's medications as well as advising that doctors should make use of electronic and other systems to improve the safety of prescribing. We do not specify that doctors must use data and risk stratification tools when reviewing patient's medication.

We would suggest making the following change *'Those involved in work to address polypharmacy should be aware of, and use where necessary, the data and risk stratification tools that are available to help identify those people who are at the greatest risk of polypharmacy'*.

You state in Paragraph 7.5 that guidance around what constitutes a good repeat prescribing system is lacking. In paragraphs 55- 59 of our guidance [Good practice in prescribing and managing medicines and devices](#) , we outline good practice in repeat prescribing. We agree that that the contribution of repeat prescriptions to polypharmacy should not be overlooked, however, we believe our guidance to be robust on this issue.

Paragraph 8.4 states that *"Often people are given little or no information about the medicines that are being prescribed and little attention is given to setting out clearly for the person the likely length of the course of the treatment"*.

Our guidance for doctors on [Good practice in prescribing and managing medicines and devices](#) makes clear that we expect them to base their prescribing decisions on their assessment of the needs of the individual patient. Such an assessment should ensure any treatment they provide is compatible with any other treatments the patient is receiving.

We expect all doctors to reach an agreement about any proposed treatment with the patient, giving them all the relevant information they want or need in a way they understand in order to make a decision. We are currently reviewing our guidance on [Consent: patients and doctors making decisions together](#). As part of that review we are considering how we might further emphasise the importance of providing patients with clear, objective information that is tailored to their needs and wishes.

We hope this response provides valuable 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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