

# Good Practice in Prescribing Medicines (2006)

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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 guidance below explains how these principles apply in situations that doctors often meet, or find hard to deal with. We propose to review this guidance regularly to ensure that it is up to date and relevant to problems doctors face, and reflect any legal differences across the UK countries. We will publish updated versions on our website. Printed copies are available on request.

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.

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## Principles of Prescribing

1. Doctors with full registration may prescribe all medicines, but not those drugs in Schedule 1 of the Misuse of Drugs Regulations 2001. 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 doctors will have to be both registered and licensed with the GMC to prescribe medicines).
2. For information about the relevant legislation, including the Medicines Act 1968 and the Misuse of Drugs Act 1971, see the Home Office website: [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk) and the British National Formulary: [www.bnf.org](http://www.bnf.org). Medicines legislation applies throughout the UK.
3. You should only prescribe drugs to meet identified needs of patients and never for your own convenience or simply because patients demand them.

### **Avoid treating yourself and those close to you**

4. Objectivity is essential in providing good care; independent medical care should be sought whenever you or someone with whom you have a close personal relationship requires prescription medicines.

### **Keeping up to date and prescribing in patients' best interests**

5. 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:
  - a. Ensure you are familiar with current guidance published in the British National Formulary and BNF for Children, including the use, side effects and contraindications of the medicines that you prescribe. You should be aware of the guidance about the clinical and cost-effectiveness of interventions published by the National Institute for Health and Clinical Excellence (NICE) in England & Wales; in Wales by the All-Wales Medicines Strategy Group; in Northern Ireland by Department of Health, Social Services and Public Safety; and in Scotland by the Scottish Medicines Consortium and NHS Quality Improvement Scotland (including Scottish Intercollegiate Guidelines Network). 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.
  - b. 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 medicines, including non-prescription medicines.
  - c. 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:
    - i. Establish the patient's priorities, preferences and concerns and encourage the patient to ask questions about medicine taking and the proposed treatment
    - ii. Discuss other treatment options with the patient
    - iii. 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; what to do in the event of a side-effect;

interactions with other medicines; and the dosage and administration of the medicine; (see Seeking patients' consent: the ethical considerations)

- iv. Satisfy yourself that the patient understands how to take the medicine as prescribed
- v. Satisfy yourself that the patient is able to take the medicine as prescribed.

6. When prescribing for a patient you should:

- a. Prescribe dosages appropriate for the patient and their condition
- b. 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.
- c. You should inform the Committee on the Safety of Medicines of adverse reactions to medicines reported by your patients in accordance with the Yellow Card Scheme. You should provide patients with information about how to report suspected adverse reactions through the patient Yellow Card Scheme.
- d. Make a clear, accurate, legible and contemporaneous record of all medicines prescribed.

7. 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.

### **Keeping patients' general practitioners informed**

8. 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:

- a. Explain to the patient the importance and benefits of keeping their general practitioner informed
- b. Inform the patient's general practitioner unless the patient objects
- c. Where possible inform the patient's general practitioner before any treatment is started, unless the patient objects to this disclosure.

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

- a. 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
- b. Take responsibility for providing all necessary aftercare for the patient until another doctor agrees to take over.

### **Doctors' interests in pharmacies**

10. You should ensure that your patients have access to information about your own and (where known) your employers' financial or commercial interests in any pharmacy they are likely to use.

11. Patients should be free to choose from which pharmacy to have their prescribed medicines dispensed. Advice about specialist pharmacies or those that offer collection and delivery services, for example, can be helpful. It might not be practical or clinically appropriate for patients to use alternative pharmacies when in hospital or visiting clinics at which medicines are dispensed free of charge.
12. You must not allow your own or your employers' financial or commercial interests in a pharmacy to influence the way you advise patients. You should not accept any inducement which may affect or be seen to affect the advice you give patients. You must not pressurise patients to use a particular pharmacy in any event, either personally or through an agent, nor should you disparage or otherwise undermine patients' trust in a pharmacy or pharmacist by making malicious or unfounded criticisms.

## **Prescribing situations requiring special consideration**

### **Prescribing controlled drugs for yourself or someone close to you**

13. Doctors should, wherever possible, avoid treating themselves or anyone with whom they have a close personal relationship and should be registered with a GP outside their family. Controlled drugs can present particular problems, occasionally resulting in a loss of objectivity leading to drug misuse and misconduct.
14. You should not prescribe a controlled drug for yourself or someone close to you unless:
  - a. No other person with the legal right to prescribe is available to assess the patient's clinical condition and to prescribe without a delay which would put the patient's life or health at risk, or cause the patient unacceptable pain, and
  - b. That treatment is immediately necessary to:
    - i. Save life
    - ii. Avoid serious deterioration in the patient's health, or
    - iii. Alleviate otherwise uncontrollable pain.
15. You must be able to justify your actions and must record your relationship and the emergency circumstances that necessitated your prescribing a controlled drug for yourself or someone close to you.
16. The National Prescribing Centre has published A guide to good practice in the Management of Controlled Drugs in Primary Care (England).

### **Prescribing for patients to whom you also dispense**

17. Your primary duty is to act in your patient's best interests; you must also make efficient use of the resources available to you; you should not prescribe in a manner that conflicts with either of these duties. You should respect patients' freedom to choose where to have their prescribed medicines dispensed. You should not prescribe differently for patients to whom you also dispense for your own or your employers' commercial or financial benefit.

### **Prescribing unlicensed medicines**

18. You can prescribe unlicensed medicines but, if you decide to do so, you must:
  - a. Be satisfied that an alternative, licensed medicine would not meet the patient's needs

- b. Be satisfied that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy
- c. Take responsibility for prescribing the unlicensed medicine and for overseeing the patient's care, including monitoring and any follow up treatment (see also paragraphs 25-27 on prescribing for hospital outpatients)
- d. Record the medicine prescribed and, where you are not following common practice, the reasons for choosing this medicine in the patient's notes.

### **Prescribing medicines for use outside the terms of their licence (off-label)**

19. 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.
20. When prescribing a medicine for use outside the terms of its licence you must:
- a. Be satisfied that it would better serve the patient's needs than an appropriately licensed alternative
  - b. 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
  - c. 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 paragraphs 25-27 on prescribing for hospital outpatients)
  - d. 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.

### **Information for patients about the licence for their medicines**

21. 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 Consent: patients and doctors making decisions together).
22. 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, including the leaflets on the use of unlicensed medicines or licensed medicines for unlicensed applications in paediatric practice produced by the Royal College of Paediatrics and Child Health/Neonatal and Paediatric Pharmacists Group Standing Committee on Medicines.

23. 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.
24. For specific information on prescribing medicines for children see the websites of the Royal College of Paediatrics and Child Health and the British National Formulary for Children.

### **Responsibility for prescribing medicines for hospital outpatients**

25. 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.
26. If you 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.
27. 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.

### **Patient Group Directions**

28. 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.

### **Procedures to simplify the work involved in issuing repeat prescriptions**

29. 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 doctors' time.
30. 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:
  - a. The patient is issued with the correct prescription;
  - b. Each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required;
  - c. The correct dose is prescribed for medicines where the dose varies during the course of the treatment.

31. 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.

### **Repeat dispensing**

32. Repeat dispensing can relieve pressure on doctors' time and make better use of pharmacists' professional skills, as well as being more convenient for patients.
33. You should offer repeat dispensing only to patients for whom it is appropriate, such as those with chronic conditions who are likely to remain stable for the duration of the dispensing period and who take stable, long term medication. Patients on a large number of medicines or who are likely to be hospitalised may be less suited to inclusion in a repeat dispensing scheme.
34. Patients must give consent to be included in a repeat dispensing scheme. You should satisfy yourself that patients understand the implications for confidentiality as well as the clinical and practical effects of inclusion.
35. You should make a record of the dispenser holding the original repeatable prescription form, when you know who they are, so that you can contact them as necessary.
36. As with repeat prescribing, you should ensure that secure procedures are in place to regularly review the prescription, monitor the patient's condition and for further examination or assessment of the patient as necessary.
37. The National Prescribing Centre in England has published guides, Saving time, helping patients: A good practice guide to quality repeat prescribing , and Dispensing with receipts .

### **Remote prescribing via telephone, email, fax, video link or a website**

38. From time to time it may be appropriate to use a telephone or other non face-to-face medium to prescribe medicines and treatment for patients. Such situations may occur where:
  - a. You have responsibility for the care of the patient
  - b. You are deputising for another doctor who is responsible for the continuing care of a patient or
  - c. 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.
39. In all circumstances, you must ensure that you have an appropriate dialogue with the patient to:
  - a. Establish the patient's current medical conditions and history and concurrent or recent use of other medications including non-prescription medicines;
  - b. Carry out an adequate assessment of the patient's condition
  - c. Identify the likely cause of the patient's condition

- d. Ensure that there is sufficient justification to prescribe the medicines/treatment proposed. Where appropriate you should discuss other treatment options with the patient
  - e. Ensure that the treatment and/or medicine/s are not contra-indicated for the patient
  - f. Make a clear, accurate and legible record of all medicines prescribed.
40. 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:
- a. Give an explanation to the patient of the processes involved in remote consultations and give your name and GMC number to the patient
  - b. 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
  - c. Make appropriate arrangements to follow the progress of the patient
  - d. Monitor the effectiveness of the treatment and/or review the diagnosis
  - e. Inform the patient's general practitioner or follow the advice in paragraph 9 if the patient objects to the general practitioner being informed.
41. Where you cannot satisfy all of these conditions you should not use remote means to prescribe medicine for a patient.
42. If you prescribe for patients who are overseas, you should also have regard to differences in a product's licensed name, indications and recommended dosage regimen. The Medicines and Healthcare products Regulatory Agency issues guidance on import/export requirements and safety of delivery, which you might also need to consider. You should ensure that you have adequate indemnity cover for such practice. You may need to be registered with a local regulatory body in the country in which the prescribed medicines are to be dispensed.

### **Obesity and private slimming clinics**

43. 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, from the Royal College of Physicians of London, the National Institute for Health and Clinical Excellence and the Scottish Intercollegiate Guidelines Network, among others.
44. You should note that:
- a. In England private clinics and doctors who practise solely in the independent sector must be registered with the Healthcare Commission. Failure to register is a criminal offence.
  - b. The Regulation and Quality Improvement Authority is responsible for registering and inspecting independent hospitals, clinics and other care services in Northern Ireland.

- c. The Scottish Commission for the Regulation of Care (also known as the Care Commission) regulates independent specialist clinics and healthcare services in Scotland.
- d. The Care Standards Inspectorate for Wales is the regulator of independent health and social care in Wales. It is an operationally independent part of the National Assembly for Wales.

## **Other published regulations, guidance and information relevant to prescribing**

45. 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)  
British National Formulary for Children (BNFC)  
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 and 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 & Wales**

National Institute for Health and Clinical Excellence (NICE)

### **England**

Healthcare Commission

### **Wales**

Care Standards Inspectorate for Wales  
All-Wales Medicines Strategy Group

### **N Ireland**

Department of Health, Social Services & Public Safety

### **Scotland**

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