2 October 2014

Strategy and Policy Board

To consider

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

Issue

1. New guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors to ensure a proportionate approach.

Recommendation

2. The Strategy and Policy Board is asked to approve our Guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors.
Guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors

Issue

3 Good medical practice (GMP) states that ‘wherever possible you should avoid providing medical care to yourself or anyone with whom you have a close personal relationship’. In this way the guidance is advisory rather than placing a mandatory ban on such prescribing. The statutory right to prescribe, conferred by the licence to practise does not exclude self-prescribing.

4 Traditionally, our Triage Team promoted cases relating to self-prescribing and prescribing to family members into a Stream 1 investigation. This has resulted in us carrying out investigations into, for example, the self-prescribing of foot powder and hay fever medication and this is clearly disproportionate.

5 The usual approach of the Triage Team to alleged breaches of our guidance is to assess the seriousness of the alleged breach to determine whether it raises a question about the doctor’s fitness to practise. In order to ensure our approach to self-prescribing cases and cases involving prescribing for family members is consistent with this, we have drafted new guidance (at Annex A) on the factors that will render an allegation of self-prescribing or prescribing for family members more or less serious.

6 There are good reasons why GMP advises against such prescribing. Although not explicitly stated in the guidance, this is understood to be because, for self-prescribing, it could involve drugs of addiction; that it may be based on an inaccurate diagnosis; that it lacks the rigour of an independent assessment of symptoms; and that it may prevent treating doctors from understanding what drugs have been taken. Further examples are set out in our explanatory guidance*

7 For prescribing to those in a close personal relationship with a doctor, the lack of independent assessment is particularly important, including because it may lead to a doctor being pressured by someone close to them or by the situation to prescribe inappropriately (e.g. pain killers). The potential lack of information for treating doctors is again important in this category.

8 It follows that the context and type of prescribing are directly relevant to the question of whether we should investigate such cases. Our explanatory guidance explains prescribing as ‘prescribing and managing medicines and medical devices including

appliances’. Clearly, in the absence of any aggravating features such as a false declaration for free prescriptions, there is no realistic prospect of a finding of impaired fitness to practise for a doctor self-prescribing foot powder.

9 Although not an exhaustive list, the guidance sets out the following factors as relevant to assessing the seriousness of an allegation of this type:

a Whether the prescribing is for controlled drugs; clearly this points to a serious underlying condition for which independent assessment and treatment is required.

b Whether 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 Whether the prescribing is proportionate; a prescription for an excessive dosage or overall quantity could point to fitness to practise issues.

d Whether there is any other aggravating feature, such as false declarations for free prescriptions or prescribing in the names of others. Such probity issues must be investigated.

10 If aggravating factors are not present, the guidance suggests that these cases would not raise a question about the doctor’s fitness to practise and can normally be closed at triage. This guidance is designed to ensure a consistent and proportionate approach to our decisions about whether we need to investigate concerns and will benefit doctors who are overrepresented in our fitness to practise procedures.

11 While these cases do not raise a question about a doctor’s fitness to practise, there may be benefit from the GMC providing the doctor with some best practice advice about our guidance on self-prescribing or prescribing to those in a close personal relationship with the doctor and will discuss this further with Standards as part of work to look at the role of our fitness to practise data in supporting learning for doctors.
Supporting information

How this issue relates to the corporate strategy and business plan

12 This issue relates to Strategic Aim 3 of the Corporate Strategy and Business Plan: improve the level of engagement and efficiency in the handling of complaints and concerns about patient safety.

What engagement approach has been used to inform the work (and what further communication and engagement is needed)

13 Once the guidance is approved, we will work with the Triage Team to ensure they are aware of the amendments to the guidance.

14 This guidance will also be published on our website.

If you have any questions about this paper please contact: Anna Rowland, Assistant Director - Policy and Planning, ARowland@gmc-uk.org, 020 7189 5077.
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 ‘wherever possible you should avoid providing medical care to yourself or anyone with whom you have a close personal relationship’. A serious or persistent breach of Good medical practice can call into question a doctor’s fitness to practise.

2. 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.

3. Good medical practice advises against such prescribing for good reason. Our explanatory guidance explains prescribing as ‘prescribing and managing medicines and medical devices including appliances’.

4. 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*.

5. For prescribing to those in a close personal relationship with doctors, the lack of independent assessment is particularly important, including because it may lead to a doctor being pressured by someone close to them or by the situation to prescribe inappropriately (for example pain killers). The potential lack of information for treating doctors is again important in this category.

6. When assessing the seriousness of an incident involving self-prescribing or prescribing for those in a close personal relationship to the doctor any relevant aggravating factors should be considered which include:

a Whether the prescribing is for controlled drugs; clearly this points to a serious underlying condition for which independent assessment and treatment is required.

b Whether 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 Whether the prescribing is proportionate; a prescription for an excessive dosage or overall quantity could point to fitness to practise issues.

d Whether there is any other aggravating feature, such as false declarations for free prescriptions or prescribing in the names of others. Such probity issues must be investigated.

7 If relevant aggravating factors are not present, the concern is unlikely to raise a question about the doctor’s fitness to practise.