GMC updates its guidance on good practice in prescribing

Document as included in MAW

Updated guidance for doctors on how to prescribe and manage medicines and devices has been issued by the General Medical Council (GMC). This guidance replaces previous supplementary guidance issued in 2008. The updated guidance provides more detailed advice on how to comply with the principles outlined in the GMC document ‘Good Medical Practice (2013)’. This is consistent with NICE guidance on Medicines adherence and Technical patient safety solutions for medicines reconciliation on admission of adults to hospital.

Overview and current advice

In 2006, the GMC published ‘Good Medical Practice’ outlining principles that doctors must follow as they practice. To support the principles relating to prescribing, supplementary guidance was issued in 2008 – ‘Good practice in prescribing medicines’.

The 2008 supplementary guidance covered doctors prescribing medicines in situations which require special consideration, such as:

- prescribing for themselves or their families
- prescribing unlicensed medicines
- prescribing medicines for use outside the terms of their licence (off-label)
- providing information for patients about their medicines
- prescribing medicines for hospital outpatients (shared care)
- issuing repeat prescriptions and repeat dispensing
- prescribing in patients’ best interests
- remote prescribing via telephone, email, fax, video link or a website.
In addition to the above situations, guidance was also provided for doctors’ interest in pharmacies, patient group directions (PGDs) and obesity and private slimming clinics.

NICE have previously published guidance on medicines adherence and medicines reconciliation and also provide evidence summaries on unlicensed/off-label medicines to summarise the best available evidence for selected unlicensed/off-label medicines.

**New Guidance**

The updated guidance strengthens and broadens current advice and includes principles relating to the prescribing of devices as well as medicines. The main areas which have been revised include shared care, unlicensed medicines, off-label use of licensed medicines, consent, reviewing medicines, sharing information between colleagues and remote prescribing.

The updated guidance on shared care prescribing gives more detail on what should be considered when agreeing to shared clinical responsibility. This includes keeping informed and up-to-date in relation to medicines and conditions, making arrangements for clinical monitoring, communicating effectively and ensuring all parties involved, including the patient, understand the arrangements. The guidance also includes having agreed treatment protocols which include dosage and administration details, particularly for medicines that are new or rarely prescribed. Advice about responsibilities for continuing care or treatment remains unchanged and should be based on the patient’s best interests.

The guidance makes reference to unlicensed medicines and off-label use of licensed medicines being commonly used in paediatrics, psychiatry and palliative care. Unlicensed medicines and off-label use of licensed medicines should only be prescribed when a licensed alternative is unavailable or inappropriate for a patient.

The updated guidance provides clear advice on reviewing medicines and devices. This includes:

- where patients may be at risk, for example, patients who are frail or have multiple illnesses
- medicines that have potentially serious or common side effects
- medicines that are controlled drugs or other medicines that are commonly abused or misused
- where the British National Formulary or other authoritative guidance recommends blood tests or other monitoring at regular intervals.

The guidance reinforces the importance of shared decision-making with patients, including medicines adherence. The role of pharmacists in providing support to improve safety, efficacy and adherence is also highlighted.

The advice on sharing relevant patient information in the guidance has been expanded to include the transfer of information between health and social care settings. Information needed when the episode of care is complete includes: details of any changes to medicines, duration of treatment, monitoring requirements, allergies and adverse drug reactions.

The updated guidance advises to avoid prescribing for personal use or anyone with whom the doctor has a close personal relationship, unless it is an emergency in which case the general practitioner needs to be informed and records made.

Finally, for medicines which require a physical examination of the patient prior to prescribing, as in the case of non-surgical cosmetic medicinal products such as botulinum toxin type A, prescribing by telephone, video-link or online is not recommended.
Commentary

Commentary provided by Professor Robin Ferner, Consultant Physician, Honorary professor of Clinical Pharmacology, University of Birmingham and Director of the West Midlands Centre for Adverse Drug Reactions

Good prescribing is very hard. It requires an accurate appraisal of the clinical problem and the likely benefits and harms from treatment, and a reasonably complete knowledge of the patient's general health, current treatment both prescribed and self-administered, past experiences, and allergies. More than that, the prescriber and the patient or patient's carer needs to agree on which if any treatment will be suitable, how to use it, and how the outcome of treatment will be best assessed. Good intentions can still lead to bad ends if there is an error in the prescription, dispensing or administration of the medicine, or if the patient suffers a serious adverse reaction.

The updated GMC guidance on prescribing and managing medicines and devices amplifies previous advice, and makes a number of demands on doctors that they need to be aware of. The guidance is complex, and extends into areas of communication, consent and co-operation with colleagues.

It recommends, as before, that decisions be based on good information, for example, from the British National Formulary, and on guidelines from the National Institute for Health and Care Excellence and its equivalents in Scotland, Wales, and Northern Ireland. There are surprises too. ‘Unlicensed medicines’ are now described as ‘medicines used outside the terms of their UK licence’ as well as those that have no licence for use in the UK. The guidance recommends electronic or other systems that can improve the safety of prescribing, although many hospital doctors in the United Kingdom will be frustrated by a lack of ePrescribing, and electronic systems can introduce new and unexpected errors. And, while the reporting of adverse drug reactions is voluntary, the GMC states that the Medicines and Healthcare products Regulatory Agency (MHRA) must be informed about serious suspected adverse reactions to all medicines, and all reactions to ‘Black Triangle’ medicines.

In summary, we will have to apply greater care to ensure we are meeting the standards of prescribing and using medicines that the GMC now expects.

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