

TRUST POLICY FOR SELF PRESCRIBING OF MEDICINES

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Version / Amendment History	Version	Date	Author	Reason	
	V1	July 2009	Tom Gray	Inaugral Policy	
	V2.1	January 2016	Clive Newman	Refreshed with latest GMC references	
	V2.2	March 2016	Clive Newman	Re-formatted in line with Trust Policy	
	V3.0	November 2020	Sam Malton	Combined Policies of Burton and Derby	
Intended Recipients: All Medical and Non-Medical Prescribers					
Training and Dissemination: Dissemination via the Trust Intranet					
To be read in conjunction with:					
<ul style="list-style-type: none"> Medicines Management (Medicines Codes) - Trust Policy and Procedure 					
In consultation with and Date:					
EIRA stage One		Completed			
stage Two		Completed			
Approving Body and Date Approved			Trust Delivery Group / March 2021		
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Review Date and Frequency			March 2024 (every 3 years)		

Contact for Review	Clive Newman
Executive Lead Signature	Executive Medical Director

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1. Purpose

The Purpose of this Policy is to allow for the provision of an emergency supply of medicines that will allow staff to remain at work, within a legal and ethical framework.

2. Scope

This Policy covers all registered medical and non-medical prescribers and pharmacists.

3. Ethical and good practice considerations

Health professionals are obliged to provide care within their area of specialist competence. They should have adequate knowledge of the patient's health and be assured that any ensuing treatment is safe and appropriate. Investigations, diagnosis and treatment should be recorded in the patient's medical notes.

The Department of Health, General Medical Council (GMC), Nursing and Midwifery Council (NMC) and General Pharmaceutical Council (GPhC) all advise that prescribers should avoid prescribing for themselves or family members, as judgement may be impaired and important clinical examination may be impossible.

Point 30 of the GMC's Good Medical Practice states that "You should be registered with a general practitioner outside your family"¹

Point 16(g) of the GMC's Good Medical Practice in prescribing states that "Wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship"²

4. Key Responsibilities / Duties

The Trust is required to ensure that prescribing takes place within the bounds of legal requirements. Currently a medical doctor and non-medical prescriber may by law prescribe for themselves, family members, friends and colleagues. Prescribing within the NHS requires that the recipient of the prescription be a NHS patient and that the patient be registered within the practice of the doctor or for hospital patients, be registered as an inpatient or outpatient and that the prescription relates to that episode of hospital care.

Prescriptions for patients outside these boundaries are considered as private prescriptions.

There may be occasions when it is in the best interests of the Trust and of its staff to allow for immediate access to medicines - for example, a member of staff who suffers an exacerbation of asthma and who has left their inhaler at home might request a prescription for an inhaler rather than go off-duty, or a diabetic member of staff may have forgotten their insulin and would otherwise need to go off-duty. The Trusts has therefore considered it acceptable to have a Policy that permits the managed supply of small quantities of medicine at the Trust's expense, in exceptional or emergency cases.

5. Policy

5.1 All hospital staff and their families should be registered with a GP through whom they will obtain all routine NHS care.

5.2 Clinicians should not usually prescribe for themselves or their families except under the scope of this Policy. Foundation Year 1 medical staff are not permitted to prescribe for themselves or their families.

5.3 Prescribers may not, at NHS expense, prescribe for other staff or colleagues unless:

- The 'patient' is receiving formal and recorded NHS care, is recorded on the Patient Administration System, and is being treated as part of an episode of hospital care, or
- The prescribing is in accordance with this Policy for the provision of exceptional, emergency or urgent care to allow the staff member to remain at work within the Trust.

5.4 Prescriptions dispensed under these arrangements will be costed against a central budget explicitly for this purpose.

5.5 Prescriptions must be written on a Trust (paper) outpatient prescription and be endorsed by the prescriber "Urgent Staff Prescription" to alert the pharmacist and the Trust management that the prescription falls within this Policy. Blank (paper) prescriptions are available from Pharmacy.

5.6 Standard quantities of emergency supply will apply, of normally no more than 3 days supply, or where appropriate an original treatment pack (e.g. inhalers, course of antibiotics). This is to allow treatment until the patient can achieve supply under their usual GP arrangements.

5.7 Pharmacist Prescribers should keep initial prescribing separate from supplying medicines prescribed to minimise risk.

5.8 The prescriber is required to inform the 'patient's' GP of any treatment prescribed and provide any other information necessary for continuing care.

5.9 Any prescription not eligible as an Urgent Staff Prescription must be treated as a full private prescription and must continue to comply with legal and ethical requirements outlined within this Policy.

5.10 Any urgent item requested that is available as an Over the Counter (OTC) or Pharmacy (P) item, must be purchased from the onsite Pharmacy shop in Burton or Pride Pharmacy in Derby.

5.11 Private prescriptions must be presented on headed notepaper and will be dispensed at the professional discretion of the pharmacist and only if this does not compromise NHS workload.

5.12 Charges for private prescriptions will be applied in line with the Private Prescription Procedure in force at that time.

5.13 Repeat dispensing of any item requested as an urgent supply will be treated as a full private prescription.

5.14 Prescribers must confirm their identity when presenting any prescription to the Pharmacy.

5.15 It is not appropriate for certain classes of drugs to be prescribed under this Policy. Drugs and classes of drugs excluded under this Policy include:

- Controlled drugs schedules 1-5 (this includes benzodiazepines and weak opiate analgesics)
- Class B&C drugs
- Cytotoxic agents
- Appetite suppressants
- Antidepressants
- Antiviral drugs (during a pandemic)
- Vaccines
- Other agents requiring specialist monitoring
- Agents outside the prescribing competence of the prescriber

- Other agents deemed to be in restricted supply, intended for a restricted patient cohort, liable to abuse, or not deemed appropriate for self-prescribing by the pharmacist

5.16 The decision to dispense the prescription is down to the pharmacist on duty and it is expected that they will use their professional discretion.

5.17 Any prescriber repeatedly making use of self-prescriptions for treating the same conditions will be referred back to their GP or hospital specialist and dispensing of the prescription refused.

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trusts Monitoring Report Template:

Monitoring Requirement:	Audit against Policy points 1-14
Monitoring Method:	Audit of pharmacy dispensing records
Report Prepared by:	Dispensary Manager
Monitoring Report presented to:	Drugs and Therapeutics finance subgroup
Frequency of Report	Six Monthly

7. **References**

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2---safety-and-quality> [accessed on 02/11/2020]

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance> [accessed on 02/11/2020]

<https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf> [accessed on 17/12/2020]