

NHS Regional Office - Trent

Guidance To Hospital Trusts On Self-Prescribing And On Prescribing For Family Members and Colleagues.

Most prescribing in NHS hospitals is currently undertaken by doctors or dentists. The proportion of prescribing undertaken by other health professionals (eg. Podiatrists etc.) is currently very small. From April 2002 this is set to change with the introduction of independent nurse prescribing. Extension of prescribing responsibilities to other professional groups is expected to follow. Although this paper addresses current practice, its principles apply equally to other (existing and future) prescribers.

Introduction

There is significant variation in the policies of Trusts in relation to self-prescribing and prescribing for family members and colleagues. This paper provides guidance on current best practice.

Legal Requirements

With just a few exceptions, UK law allows UK registered medical practitioner to prescribe medicines for anyone to whom they are providing care^{*}. As a result there are no statutory restrictions which prevent doctors from prescribing for themselves, for their families or for friends and colleagues.

However, prescribing at NHS expense may only be undertaken for NHS patients. In the hospital context, this includes patients who are registered as in-patients, out-patients or day-cases, and who are being treated as part of an episode of hospital care.

Patients seen outside of these normal NHS arrangements are, almost without exception, considered to be 'private patients'. As such they are not entitled to receive NHS prescriptions and any prescribing must be undertaken on private prescription only.

As a general rule, a consultation which is not recorded in the patients (NHS) hospital clinical notes or on the hospitals patient administration system must be considered to be a private consultation. Any resulting prescription will, by definition, also be private.

A prescriber who issues an NHS prescription to a private patient is potentially defrauding the NHS. A number of hospital doctors have been prosecuted for the fraudulent use of hospital prescription forms for non-NHS purposes.

Ethical and 'Good Practice' Requirements

All health professionals are under an obligation to provide care only within their area of specialist competence.

They should have available sufficient information about the patients history and condition to be assured that any treatment they may wish to provide is safe and appropriate.

In order to ensure that others involved in the patients care are similarly informed, they should ensure that any investigations, diagnosis and treatment are recorded in the patients medical record

Of particular importance in the context of this paper, health professionals should be able to act objectively, avoiding conflicts of interest.

^{*} Under the rules of their provisional registration, pre-registration House Officers are permitted to prescribe only for those NHS patients registered with, and being treated by, their employing hospital.

On the specific issue of prescribing for family members, the General Medical Council has provided the following advice to doctors:

‘..... doctors should avoid treating themselves or close family members wherever possible. This is a matter of common sense and good medical practice.’

*(Ref: ‘Doctors should not treat themselves or their families’ –
GMC Newsletter Issue 3 Summer 1998 - see attached appendix for full text).*

The Department of Health is shortly to publish guidance on nurse prescribing which will state:

‘It is strongly recommended that (as for doctors and dentists) nurses should avoid prescribing for themselves or close family members wherever possible, as judgement may be impaired and important clinical examination may be impossible’.

*(Ref: ‘Prescribing For Self, Family and Friends’
Taken From
‘Extending Independent Nurse Prescribing Within The NHS In England –
A Guide To Implementation
Published by the UK Dept. Of Health – In Press and due for publication Mar. 2002*

Practical Requirements

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 a her asthma and who has left her inhaler at home might request a prescription for an inhaler rather than go off-duty. Trusts may therefore consider it acceptable to have a policy which permits the managed supply of small quantities of medicine at the Trusts expense in exceptional or emergency cases.

Suggested Generic Content Of A Trust Policy

In view of the variable practices in operation in Trent, Trusts are advised to review their existing policies to ensure compliance with the legal, ethical and practical principles outlined above. In developing a new policy, the following key principles are recommended:

- All hospital staff and their families should be registered with a GP through whom they will obtain all routine NHS care.
- In line with advice contained in the GMC newsletter and in DH guidance on nurse prescribing, clinicians should not prescribe for themselves or for their families.
- Medical staff may not, at NHS expense, prescribe for other staff or colleagues unless:
 - 1) the patient is receiving formal and recorded NHS care in the usual way
 - or
 - 2) the prescribing is in accordance with a formal, locally agreed protocol for exceptional, emergency or urgent care.
- The 'locally agreed protocol' mentioned above should:
 - 1) be approved by the Trust Board or authorised sub-committee (eg. 'Clinical Governance' or 'Drugs and Therapeutics').
 - 2) be considered as a form of 'staff benefit', funded centrally by the Trust (ie the costs should not be borne by the prescribers clinical directorate.).
 - 3) require endorsement of the prescription by the prescriber so that the pharmacist and Trust management are aware it is being provided and funded under the protocol.
 - 4) set explicit limits on the quantities to be supplied (normally 1 - 3 days supply, and certainly no more than is required to allow the patient to obtain further supplies via the usual GP arrangements.).
 - 5) require the prescriber to take appropriate action to keep the patients GP informed of the action taken.
- Any prescribing outside of the above protocol should continue to comply with the legal and ethical requirements outlined above. It must, however, be undertaken on a private basis only.
- The hospital pharmacist will dispense private prescriptions at his professional discretion and only if NHS workload permits.
- Charges to patients for private prescriptions should be agreed locally. To avoid a loss of income to the Trust, the minimum charge per item should at least match the current NHS prescription charge.

Jonathan Harris
Regional Adviser – Pharmacy & Prescribing

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Appendix

Extract From GMC Newsletter July 1998

“Doctors Should Not Treat Themselves Or Their Families”

“It is good practice for doctors and their families to be registered with a general practitioner, outside the family, who takes responsibility for their health care. This gives them ready access to objective advice and avoids the conflicts of interest that can arise when doctors treat themselves or those close to them. From time to time, sad cases occur where a doctor’s loss of objectivity, in treating a family member, results in misconduct; or where self-medication - for example, with Schedule D drugs - leads to drug misuse.

It is hard to lay down an absolute rule: it makes sense for a doctor to treat minor ailments, or take emergency action when necessary. But doctors should avoid treating themselves or close family members wherever possible. This is a matter of common sense and good medical practice. “

The original is available on the Internet at the following address:

<http://www.gmc-uk.org/news/gmcnews/gmcnews3.htm>