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| <b>POLICY ON SELF-PRESCRIBING BY LEGAL PRESCRIBERS AND PRESCRIBING FOR THEIR IMMEDIATE FAMILIES</b> | <b>Policy Register No: 10034</b><br><b>Status: Public</b> |
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| Developed in response to:  | Local Need<br>GMC Guidance for Good Clinical Care<br>Duthie Report (rev 2005) Safe and Secure Handling of Medicines |
| CQC Fundamental Standards: | C4d, 9  |

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| <b>Consulted With:</b> | <b>Post/Committee/Group:</b> | <b>Date:</b>  |
| Rebecca Martin         | Deputy Medical Director      | December 2018 |

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| <b>Professionally Approved By:</b> | MO&MSG | March 2018 |
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| Issuing Directorate                                     | Clinical Support Services  |
| Ratified by:  | DRAG Chairman's Action   |
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| Implementation Date                                     | 11 <sup>th</sup> June 2018   |
| Next Review Date  | March 2021   |
| Author/Contact for Information                          | Alison Felton, Chief Pharmacist  |
| Policy to be followed by (target staff)                 | All legal prescribers employed by MEHT   |
| Distribution Method                                     | Trust Intranet & Website   |
| Related Trust Policies (to be read in conjunction with) | Trust Policies for Management of Medicines and Guidelines for the Management of Medication Errors, Mandatory Training Policy (training needs analysis), Investigating and Learning from Incidents Policy, Controlled Drugs Policy, Non-medical prescribing Policy, |

**Document Review History:**

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|--------------------|---------------------|----------------------------|
| <b>Version No:</b> | <b>Reviewed by:</b> | <b>Issue Date:</b>         |
| 1.0                | Jane Giles          | 22nd April 2010            |
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| 3.0                | Alison Felton       | 11 <sup>th</sup> June 2018 |
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## 1.0 Purpose

- 1.1 This Policy describes the Trust's position on legal prescriber's prescribing for themselves or their family members. Health professionals should be able to act objectively, avoiding any conflict of interest; this can be difficult when dealing with a family member, and they should be able to refer to another practitioner.
- 1.2 General Medical Council (GMC) guidance states "It is good practice for doctors and their families to be registered with a general practitioner outside the family, who takes responsibility for their healthcare... it is hard to lay down a general rule: it makes sense for a doctor to treat minor ailments, or take emergency action where necessary. But doctors should avoid treating themselves or close family members wherever possible. This is a matter of common sense as well as good medical practice".

## 2.0 Scope

- 2.1 Provisionally registered doctors (i.e.FY1s) and non-medical prescriber's are not allowed to prescribe for themselves or their family members.
- 2.2 Prescribers will not be permitted to prescribe for their family members

## 3.0 Training

- 3.1 Training is delivered in accordance with the training needs analysis (Learning & Development strategy).

## 4.0 Equality and Diversity

- 4.1 Mid Essex Hospital Services NHS Trust (MEHT) is committed to the provision of a service that is fair, accessible and meets the need of all individuals.

## 5.0 Procedure

- 5.1 Whilst it is acknowledged that self prescribing is not a practice that should be encouraged, it is recognised that there may be one-off situations in which it is appropriate for pharmacy to dispense prescriptions written for members of the medical staff, these situations may include:
- Where there is an urgent need for the medicine
  - Where the medicine is part of an established long-term treatment following formal diagnosis and it is difficult to obtain a prescription from the doctor's own general practitioner
  - This will only be done on a single occasion and further requests will be referred to the Head of Pharmacy and Medical/Deputy Medical Officer for discussion and approval
- 5.1.1 Prescriptions covered by this policy can **ONLY** be written on the white hospital outpatient forms and presented to the Head of Pharmacy who will authorise dispensing of the prescription.
- 5.2 If self-prescribing appears to become regular, then at the discretion of the Chief

Pharmacist, this will be discussed with the doctor concerned with the exception of 5.3 below.

- 5.3 Staff should not ask or expect colleagues to prescribe for them or their families except when they are seeing them as patients of the Trust.
- 5.4 The quantity of drugs prescribed should not exceed 28 days.
- 5.5 The standard prescription charge shall be levied, and the prescription charge exemptions applied in all cases.
- 5.6 Controlled drugs, Schedule 2, 3 and 4 shall not be prescribed.
- 5.7 All members of staff who require medication arising from an incident at work should consult Occupational Health and report details of the incident using the Incident Report form (DATIX).

## **6.0 Monitoring**

- 6.1 The Pharmacy department has a responsibility for monitoring all prescribing and administration of medicines. This is done daily by the intervention reporting scheme (Intervention policy is being addressed by the department) and a full report is presented to the Medicines Optimisation & Safety Group (MO&SG) bimonthly.
- 6.2 Significant prescribing errors identified will also be reported using the Risk Event Form following the Trust's Investigating & Learning from Incidents policy and fed back to the MO&SG.
- 6.3 The MO&SG is a group made up of wide representation of stakeholders who meet bimonthly within MEHT and any action plans will be allocated as appropriate.
- 6.4 Key learning points will be disseminated by a Drug Safety Bulletin every 2 months which shall be attached to the Trust's weekly newsletter "Focus".

## **7.0 Communication**

- 7.1 Once professionally approved and ratified by DRAG this policy will be placed on the Trust's internet and highlighted via Focus.
- 7.2 This policy will be referred to during the Medicines Management session delivered to Junior Doctors by the Pharmacy Department at their induction.
- 7.3 Areas of this policy relevant to Nursing Staff will be addressed at the mandatory Medicines Management training for nurses delivered by the Pharmacy Department.

## **8.0 References**

Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship. *Good Medical Practice* (2006), para 5

[https://www.gmc-uk.org/doctorswhoarepatientsjanuary2010.pdf\\_62126868.pdf](https://www.gmc-uk.org/doctorswhoarepatientsjanuary2010.pdf_62126868.pdf)

Department of Health Guidance on Nurse Prescribing