MEDICAL COUNCIL OF NEW ZEALAND

APRIL 10 www.mcnz.org.nz

Good prescribing practice

Appropriate prescribing practice requires that a doctor's customary prescribing conforms within reason to patterns established by the doctor's peers in similar practice. Inappropriate prescribing is unacceptable, both clinically and ethically. Doctors are sometimes subject to pressure from patients in respect of prescribing. This statement aims to assist doctors to maintain appropriate prescribing practice. It may be used by the Health Practitioner's Disciplinary Tribunal, the Council, and the Health and Disability Commissioner as a standard by which your conduct is measured.

Good prescribing practice

1. You should only prescribe medicines or treatment when you have adequately assessed the patient's condition, and/or have adequate knowledge of the patient's needs and are therefore satisfied that the medicines or treatment are in the patient's best interests[1]. Alternatively you may prescribe on the instructions of a senior colleague or a practice colleague who can satisfy the above criteria, as long as you are confident that the medicines or treatment are safe and appropriate for that patient and the patient has given his or her informed consent. Medicines or treatment must not be prescribed for your own convenience or simply because patients demand them. To ensure that your prescribing is appropriate and responsible you should:
   - Keep yourself informed of policy and legislation relating to the use and disposal of medicines, including the requirements of the Medicines Act 1981, the Medicines Regulations 1984, the Misuse of Drugs Act 1975, the Misuse of Drugs Regulations 1977, the Pharmaceutical Schedule and the DHB Pharmacy Procedures Manual.
   - Be familiar with the indications, side effects, contraindications, major drug interactions, appropriate dosages, effectiveness and cost-effectiveness of the medicines that you prescribe. Be aware that promotional and other drug information distributed by commercial interests is unlikely to be impartial; independent expert sources of information (such as bulletins certified by www.isdbweb.org) are preferred where available.
   - Take an adequate drug history of the patient, including: any previous adverse reactions to medicines; current medical conditions; and concurrent or recent use of medicines (including non-prescription, complementary and alternative medicines)[2].
   - Consider whether a prescription is warranted given the nature of the patient's complaint and presentation, and whether a non pharmacologic treatment could be as effective and safe.
   - Ensure that the patient (or other lawful authority) is fully informed and consents to the proposed treatment and that he or she receives appropriate information, in a way they can understand, about the options available; including an assessment of the expected risks, side effects, benefits and costs[3] of each option[4]. Satisfy yourself that the patient understands how to take any medicine prescribed and is able to take it.
   - Never prescribe indiscriminately, excessively or recklessly.
   - Prescribe in accordance with accepted practice and any relevant best practice guidelines. Prescribing outside of accepted norms should only occur in special circumstances with the patient's informed consent. In such circumstances, it might be useful to discuss the proposed treatment with a senior colleague before completing the prescription.

1 Refer to paragraphs 2 and 5 of *Good medical practice*.

2 It is also recommended that you record this information in a medicine management system which complies with the Health and Disability Services Standards NZ Standard 8134:2008

3 When a medicine is not fully subsidised it can be difficult to give accurate advice about cost. In such cases you should either give a reasonable estimate of cost, or make the patient aware that there is a cost involved and advise them to ask the pharmacist what the charge will be.

4 Refer to Rights 5, 6 and 7 of the Code of Health and Disability Services Consumers' Rights for further information on communicating with patients and obtaining their informed consent.

Level 13, 139 Willis St, PO Box 11649, Wellington 6142, Tel 04 384 7635, 0800 286 801, Fax 04 385 8902, Email mcnz@mcnz.org.nz

- Periodically review the effectiveness of the treatment and any new information about the patient's condition and health if you are prescribing for an extended period of time. Continuation or modification of treatment should depend on your evaluation of progress towards the objectives outlined in a treatment plan.
- Take part in clinical audit, peer review and continuing medical education to maintain and improve your prescribing skills, knowledge and expertise.
- Keep a clear and accurate patient record containing all relevant clinical findings; decisions made; information given to the patient and the medicines and any other treatment prescribed.

2. The issuing of prescriptions for prescription medicines is legally restricted. In particular it is noted that:
   - Under regulation 39 of the Medicines Regulations 1984 no doctor is permitted to prescribe prescription medicine to an individual unless it is for the treatment of a patient under his or her care.
   - Prescriptions must be legibly and indelibly printed and personally signed by the prescriber with his or her usual signature (not a facsimile or other stamp). Therefore those issued only by email or other electronic means do not meet New Zealand legislative standards under regulations 40-41 of the Medicines Regulations.
   - Faxed or telephone prescriptions are permitted, but only in cases where the prescriber requires a medicine to be dispensed urgently. In such cases you must forward the original prescription to the pharmacist within 7 days.
3. The Council's view is that for a patient to be 'under his or her care', a doctor must have had a face to face consultation with the patient or have discussed that specific patient's treatment with another New Zealand-registered health practitioner who can verify physical data and identity. If you are providing locum cover for an absent colleague or are discharging a patient from hospital it is also permissible to complete a prescription for a patient if you have access to that patient's notes[5].
4. If you prescribe at the recommendation of another New Zealand-registered health practitioner who does not have prescribing rights, you must be satisfied that the prescription is appropriate for the patient concerned and that the practitioner is competent to have recommended the treatment.
5. Avoid writing prescriptions for yourself[6] or those with whom you have a close personal relationship[7]. It is never appropriate to prescribe or administer drugs of dependence or psychotropic medication to yourself or someone close to you.
6. If you have provisional registration you may only prescribe medicines as part of your ongoing practice.

Preventing errors

7. When writing a prescription avoid using abbreviations which might be misunderstood. A prescription must be legible, unambiguous and contain all the information necessary to ensure appropriate dispensing and compliance with all legislative and subsidy requirements, including:
   - the name and physical address of the patient
   - the name of the drug, its strength, form and quantity
   - full instructions for use of the drug
   - full date (day, month and year)
   - the period of supply, repeats (if any) and any other dispensing conditions, such as Close Control
   - your printed name, physical address, Medical Council number and signature
   - the patient category code (co-payment) if patient is eligible for funded services, and any Special Authority number the patient has been allocated for the prescribed medicine.
8. In certain cases you should include additional information such as the patient's weight and/or age (for example where the patient is a child and where this information would affect dosage). The Misuse of Drugs Regulations 1977 outlines additional requirements which apply when prescribing controlled drugs.
9. You must respond in a timely and professional manner when contacted by a pharmacist or other healthcare provider for assistance in verifying a prescription. If you are asked to endorse the prescription you should promptly either make the requested change; make an alternate change and endorse as necessary; or determine that you will not make any change to the original prescription. In any case where a change has been requested you should promptly return the prescription to the party who requested the change and forward it to any other relevant party.
10. You should remain vigilant regarding possible adverse effects of medicines and inform the Centre for Adverse Reactions Monitoring (CARM) of any severe, uncommon or unanticipated adverse reactions to medicines reported by your patients.

[5] Please also refer to paragraphs 19-20 for additional advice on issuing repeat prescriptions.

[6] Clause 84 of *Good medical practice*. For more information, refer to the Council's statement on *Providing care to yourself and those close to you*.

[7] Clause 7 of *Good medical practice*. For more information, refer to the Council's statement on *Providing care to yourself and those close to you*.

Prescribing unapproved medicines

11. You may prescribe unapproved medicines or prescribe medicines for a purpose for which they have not been approved but, if you decide to do so, you should take responsibility for overseeing the patient's care, including monitoring and any follow-up treatment. You may also like to discuss the patient's treatment with a senior colleague. You should also inform the patient:
    - whether there are any other options available
    - of any risks, side effects, costs or benefits
    - that the medicine being prescribed is for an unapproved use
    - that details relating to the supply of the unapproved medicine will be supplied to the Director-General of Health.
12. Section 29 of the Medicines Act 1981 requires that certain details relating to the supply of unapproved medicines be passed to the Director-General of Health[8].

Shared care

13. Where a patient's care is shared between clinicians, the doctor with the responsibility for continuing management of the patient has a duty to keep him or herself informed about the medicines that are prescribed[9].
14. If you are the doctor signing and issuing the prescription you bear responsibility for that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the treatment prescribed and can recognise any adverse side effects of the medicine should they occur.
15. In most circumstances there should be timely and full information flow between general practitioners, hospital doctors and other relevant health practitioners about the indications and need for particular therapies[10]. If you are the prescribing doctor and you make a change to treatment, you must notify your colleague(s) of the change and the rationale for it. If the change has significant implications for the patient and his or her care, you must also make sure that this information is received by your colleague(s).

Prescribing and dispensing by other health professionals when other health professionals have prescribing rights[11]

16. Some other health professionals have legal and independent prescribing rights. If you are working in a team with other health professionals, offer appropriate advice when needed to help ensure patient safety.

Standing orders

17. More and more, other health professionals work in teams with doctors. Some teams delegate to non-doctors the responsibility for initiating and/or changing drug therapy. If the person dispensing the medicine is working from standing orders, then the responsibility for the effects of the prescription rests with the doctor who signed the standing order.[12]
18. Support your non-doctor colleagues in these situations by:
    - making yourself familiar with the requirements for initiating and using standing orders under the *Medicines (Standing Order) Regulations 2002*
    - regularly auditing any treatment initiated or changed by a practitioner working under your delegation
    - making yourself available by phone for advice.

Procedures to simplify the work involved in issuing repeat prescriptions

19. It is important that any system for issuing a repeat of an earlier prescription issued to a patient takes full account of the obligations to prescribe responsibly and safely and that the doctor who signs the prescription takes responsibility for it. Before signing a repeat prescription you must be satisfied that secure procedures are in place to ensure that:
    - the patient is issued with the correct prescription
    - each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required
    - the correct dose is prescribed for medicines where the dose varies during the course of the treatment

[8] For more information and to download a notification form, go to www.medsafe.govt.nz/regulatory/unapproved.asp

[9] In shared care situations doctors also have additional responsibilities and these are outlined in paragraph 39 of *Good medical practice*.

[10] For advice on when information should be shared between general practitioners and other specialists, please refer to paragraphs 51-57 of *Good medical practice*. In some sensitive situations, such as where a patient has requested a termination of a pregnancy, the patient may request that information about medication and treatment is not shared. In these situations you should:

- Consider whether the other doctor requires the information to assist them in providing the patient with further treatment
- Discuss with the patient the benefits of sharing the information
- Discuss with the patient the risks and benefits of other treatment options (such as not prescribing)
- Advise the patient that you may need to share information about the treatment despite their concerns.

[11] This advice also appears in sections 40-43 of *Good medical practice*

[12] Please also refer to the Ministry of Health's *Guidelines for the development and operation of standing orders*.

- Any subsidy conditions that have changed since the last prescription (such as a change to subsidised medicines or a change to the patient's close control requirements) are amended by you on the prescription
- You review all relevant information before completing the prescription, and ensure that the patient record is maintained and up-to-date.

Repeat prescriptions should include details about the number of the repeats allowed within a given time frame and, for the patient's benefit, clear instructions relating to the dosage including quantity, frequency and route.

20. Patients receiving repeat prescriptions should be assessed in a face-to-face consultation on a regular basis to ensure that the prescription remains appropriate. Patients who need a further examination or assessment should not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious side effects.

Samples and clinical evaluation packages

21. Samples and clinical evaluation packages should only be distributed to patients in order to allow doctors to evaluate the clinical performance of the medicine outside of the context of post-marketing surveillance studies, to initiate therapy, or for a similar purpose. Avoid using samples to start patients on medicines that they would not usually receive. If you depart from this guidance, you must be able to justify your actions in terms of the benefit to your patient. The distribution of samples should not involve any form of material gain for you or your practice. If samples are given to a patient then the details should be recorded in his or her medical record.

Administration

22. If you dispense medicines that you prescribe then you must have systems in place to ensure that the correct medication and dosage is dispensed. You must also ensure that any medicines dispensed are labelled in accordance with the requirements of regulation 23 of the Medicines Regulations 1984.

Security

23. If you hold or dispense controlled drugs, you are required to keep a controlled drugs register in accordance with the requirements of regulation 37 and as laid out in Schedule 1 of the Misuse of Drugs Regulations 1977.
24. It is good medical practice to keep a drugs register even if you do not prescribe or dispense controlled drugs – particularly where the drug cabinet is jointly accessed by members of a group practice.
25. Class A and Class B controlled drugs, and most Class C drugs, must be kept in a secure cupboard or compartment, which is of metal or concrete construction as required by regulation 28 of the Misuse of Drugs Regulations 1977.
26. Controlled drug prescription pads and forms must also be kept secure.

Fees and charges related to dispensing

27. The Medicines Act 1981 places restrictions on prescribers holding an interest in a pharmacy. You should also inform your patients if your employer or practice has any financial or commercial interests in any pharmacy they are likely to use. You must not allow these interests to influence your prescribing practice or the advice you give to patients.
28. If you dispense medicines that you also prescribe, you must always act in the patient's best interests and respect their freedom to choose where to have the medicines dispensed.
29. You should limit fees for dispensing medicines to the cost of the medicines and any reasonable handling costs. You must advise the patient of these fees.
30. You must not pressurise patients to use a particular pharmacy, personally or through an agent, nor should you disparage or otherwise undermine patients' trust in a pharmacy or pharmacist by making malicious or unfounded criticisms. You must ensure your staff and colleagues comply with this advice.

Related statements

- *Good medical practice*
- *Prescribing performance enhancing medicines in sport*
- *Prescribing drugs of abuse*
- *Statement on use of the internet and electronic communication*
- *Statement on providing care to yourself and those close to you*
- *Statement on complementary and alternative medicine*
- *The Royal Australasian College of Physicians statement on Opiods in chronic non-malignant pain*
- *The Pharmacy Council of New Zealand's statement on Raising concerns with prescribers*

April 2010

This statement is scheduled for review by April 2015. Legislative changes may make this statement obsolete before this review date.