FACTSHEET

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A Guide to Safer Prescribing

Prescribing is a large part of a GP's practice and includes prescribing medication, medical devices or dressings. GPs should have comprehensive knowledge of and comply with the relevant statutes, legislation and guidelines governing the prescribing of medicinal products in Ireland.

Prescribing

The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024 makes it clear that the legal responsibility for prescribing lies with the doctor who signs the prescription, and this guidance applies equally to the transcribing of medication.

Paragraph 34.1 states that, "*You should only prescribe medication, treatment or therapy when you have adequate knowledge of the patient's condition and believe that such prescription is indicated. You should ensure that any treatment, medication, or therapy prescribed for a patient is safe and evidence based*."

Paragraph 36.1 states that, *"Transcribing incurs the same responsibilities as prescribing. The general principles outlined in relation to continuity of care should be followed.*

36.2 If you have any issues or concerns about transcribing an original prescription you should liaise with and seek clarification from the original prescribing doctor or member of their team before issuing a prescription."

Issuing a Prescription

Most GP prescriptions are now computer generated but if a handwritten prescription is unavoidable, it is important that it is legible, and that a copy is scanned into the patient record, where possible.

Paragraph 34.2 of the Ethical Guide provides "*The prescriptions you issue must clearly identify the patient to which they refer. They must be legible, dated, signed or authorised and must state your Medical Council registration number*."

(Authorised means that a prescription which is transferred via the national electronic prescription transfer system is traceable electronically back to the prescriber).

Prescriptions should also include the name, address and telephone number of the GP practice. The patient's full name, date of birth and address (DOB or age mandatory if prescribing to a child under 12 years) should also be included together with the medication, dose, strength, route and frequency. Prescriptions, with the exception of e-prescriptions, should be signed by the prescriber and must include the prescriber's Medical Council Registration Number.

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Patient information

When issuing a prescription to a patient, carefully explain:

- the likely benefits, risks and common side-effects of the treatment;
- what to do if a side-effect occurs;
- how and when to take the medication and how to adjust the dose if necessary;
- the likely duration of the medication; and,
- arrangements for monitoring, follow-up and review if necessary.

High Risk Patients:

The GP should bear special consideration for certain cohorts of patients who may be in need of additional care and guidance when prescribing, e.g.:

- pregnant patients, or patients of childbearing age;
- male patients who may be trying to conceive; ()
- elderly patients, those with multiple co-morbidities (renal/cardiac function)
- vulnerable patients – those with intellectual disabilities, dementia
- patients with language or literacy difficulties
- homeless patients
- patients with mental health issues/severe psychiatric conditions.

High Risk Medication

It is worth having an alert on the patient file or a system in place to flag high-risk medications when repeat prescriptions are being issued. There are many medications where inadequate monitoring, interactions or inappropriate continuation can result in significant patient harm. Examples include:

- Methotrexate
- Anticoagulants
- NSAIDs
- Steroids
- Immunosuppressants
- Insulin
- Antiepileptics
- Digoxin
- Lithium

Special consideration should also be given to prescriptions for controlled drugs including Benzodiazpines, Z-drugs, Opioids and ADHD medications.

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Factors to Consider for Safer Prescribing

At Medisec, we regularly advise members on claims and complaints that arise due to unsafe prescribing practices, for example, relating to:

- Failure to properly/adequately monitor medication dosages
- Lack of instructions to patients regarding dosage and how to take medication
- Medication reconciliation especially with hospital/community/consultant interface
- Proper monitoring of patients, particularly those prescribed high-risk medication
- Inadvertent administrative errors, often due to pre-populated computer drop down menus
- Mis-prescribing or over-prescribing of benzodiazepines
- Methadone prescribing in the absence of adequate training.

We have set out below some factors to consider for safer prescribing:

i. Prescribe only when necessary and clinically indicated, taking into account all benefits and risks to the patient. Informed consent is as important in prescribing as any other aspect of patient care, and involvement of the patient about decisions in their treatment (age appropriate) is important and patient autonomy should be respected.

ii. Note the patient's age and medical history (particularly hepatic or renal problems) and any previous adverse reaction to medicines. Before prescribing any medication or treatment ensure that you have adequate knowledge of the patient's condition and are satisfied that the drug or treatment will serve the patient's needs.

iii. Prescribe effective medication, treatments or therapy for a patient which are is safe and evidence based.

iv. Ensure that the medication or treatment you are prescribing is compatible with any other treatment the patient is receiving. Encourage patients to disclose if they are taking any other medicines including non-prescription and herbal medicines, recreational drugs or medicines purchased online.

v. For drugs that require routine monitoring, clinicians should ensure that this has been undertaken and that the results are reviewed and satisfactory before issuing the prescription.

vi. Care should be taken when prescribing on the advice of other clinicians, e.g., transcribing a hospital prescription onto a GMS prescription. The GP should ensure that the patient has been counselled appropriately regarding the medication and possible side-effects and where necessary appropriate monitoring arrangements are in place.

vii. GPs should bear in mind that transcribing incurs the same responsibilities as prescribing and if you have any issues or concerns about transcribing an original

prescription you should liaise with and seek clarification from the original prescribing doctor or member of their team before issuing a prescription.

viii. Consider dosage carefully and do not assume 'one dose fits all'. This is particularly important when prescribing for young children or an elderly patient. Avoid unnecessary use of decimal points when prescribing, i.e., 3mg not 3.0mg or 500mg not 0.5g.

ix. Avoid the of use abbreviations except for acceptable Latin prescribing abbreviations such as prn, qds, tds, od etc.

x. Avoid abbreviation of drug names as these can be misinterpreted.

xi. Clearly document in the patient's records the relevant clinical finding, the diagnosis made, the information given to the patient and any drugs or treatment prescribed.

Additional considerations

- **Repeat prescribing**

Prior to issuing a repeat prescription, consider:

- If the patient needs to attend for a review, for any monitoring such as BP, blood tests, to discuss any potential side-effects etc.
- If the patient still requires the medication and if there are any changes in dose to be made.

It is important to remember, your signature, your prescription. Ultimately, the GP is responsible for any prescription they sign.

- **Electronic prescribing**

E-prescribing was properly introduced into general practice during the COVID-19 pandemic and is now the primary method of sending prescriptions, thus negating the need to print out a paper prescription. Prior to generating a prescription, and sending it via Healthmail, the GP should: -

- Check which pharmacy the patient would like their prescription sent.
- Carefully check the prescription for accuracy, i.e., right patient, right drug, right dose, monitoring arrangements etc.
- Consider attaching instructions for the patient, e.g., regarding monitoring etc., by typing information into the additional instruction box on the prescription prior to sending to the pharmacy.

- **Prescribing controlled drugs**

GPs should be familiar with Section 35 of the Medical Council's Ethical Guide which relates to the prescribing of controlled drugs: -

When prescribing controlled medications, you must comply with applicable legislation and follow applicable guidelines.

If an emergency prescription is appropriate, it must be given in accordance with the applicable legislation and regulations.
The Medical Council refers practitioners to the joint guidance from the Medical Council and Pharmaceutical Society of Ireland '*Safe Prescribing and Dispensing of Controlled Drugs*" and medicines legislation (including regulations under the Irish Medicines Board Acts 1995 and 2006) and misuse of drugs legislation.

Medical Council guidance also states that you should not treat or prescribe for yourself, and in respect of controlled drugs, paragraph 12.2 of the Ethical Guide states that, "*You must not prescribe controlled drugs for yourself*."

Prescriptions for Schedule 2 and 3 controlled drugs must be handwritten, the drug formulation has to be specified, drug strength and quantity must be detailed in words and figures, the item cannot be repeated and must be dispensed within two weeks.

For Methadone prescriptions and prescriptions for Schedule 4 Part 1 controlled drugs, the name of the drug, strength, form and quantity does not need to be in the doctor's own handwriting and can be computer generated.

- **Treating people close to you**

GPs should be aware of the Medical Council's guidance in respect of treating people with whom you have a close personal relationship. Paragraph 48 of the Ethical Guide provides: -

- You should not treat, prescribe, or issue sick certificates or reports except in emergencies.
- You must not prescribe controlled substances except in emergencies.

If you do prescribe medication for a relative in an emergency situation, you should make a clear record of it including the reason for it, your relationship with the person, and the reason why it was necessary for you to prescribe rather than their own treating GP.

Please also see Medisec's factsheet on this topic, "*Treating Family and Staff Members*", available on our website.

- **Keeping up to date with prescribing guidance**

It is essential that any prescribing practitioner keeps up to date with ongoing developments and ensures that any prescriptions are necessary and appropriate. If unsure about interactions or other aspects of prescribing and medication management, consult an experienced colleague or check medication references such as the SPC for the particular drug/treatment.

There are a number of helpful sources of information available including:

- Guidance from the Health Products Regulatory Authority
- Irish Medicines Formulary (IMF)
- HSE Antibiotic Guidelines
- National Medicines Information Centre
- British National Formulary (BNF).

Having robust systems and checklists in place for prescribing/ transcribing and repeat prescribing can help prevent errors and potential risks to patient safety.

If you have any queries or require specific advice, please do not hesitate to contact the Medisec advisory team.

The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.

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