

# Repeat prescribing for GPs



**MPS**



Advice correct as of September 2015

One in eight patients has prescribing or monitoring errors in their repeat prescription.<sup>1</sup> Extra care must be taken when repeat prescribing, especially if you were not the original prescriber and have not seen the patient.

## Who is responsible?

The legal responsibility for prescribing lies with the doctor who signs the prescription. This responsibility is the same whether it is a first or repeat prescription. It is important to be aware that the person who signs the prescription will be held accountable should something go wrong.

If you prescribe at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, you must be personally satisfied that the prescription is appropriate for the patient concerned.

## Safe prescribing

You must only prescribe evidence-based treatments when you have an adequate knowledge of the patient's health and are satisfied that they serve the patient's needs.

## Signing the prescription

The doctor signing ideally both knows the patient and has direct access to the patient file. You must be confident the medication is appropriate, and that all necessary monitoring is undertaken.

To safeguard against any problems:

- where possible, try and arrange for repeat prescriptions to be signed by a doctor who sees the patient regularly
- set time aside for signing repeats, allowing time to check the patients' records
- make sure acute prescriptions do not get mixed in with the repeat prescribing pile.

## Clinical review

Clinical review should be a systematic review of the patient, their illness and management. A useful strategy is to issue sufficient medication until the next clinical review is due – this reduces the number of repeat

prescription requests. Patients requesting repeat prescriptions either early or late should raise concerns about possible overuse or underuse of medication. Synchronising the clinical review and quantity of medication is highly convenient for patients and the practice.

## Salaried or locum GPs and prescribing

GPs in a practice will normally take turns to sign repeat prescriptions. One recurring problem with repeat prescribing is that the initial error is repeated, and compounded. As a fresh pair of eyes you are in a good position to spot potential problems that a colleague may have skipped.

Should you be asked to sign a repeat prescription remember:

- prescriptions should be checked in a quiet location where full concentration can be devoted to the task – signing prescriptions in a busy reception area is not ideal
- if you are uncertain about a particular prescription, do not feel pressurised into signing it simply because there are a pile of requests waiting. The notes should be available for you to refer to.

If you are unsure, you should:

- check the details of the drug if you are unfamiliar with it
- check the patient's medical record and contact them if necessary
- discuss it with a colleague
- pass the prescription back to a doctor in the practice who knows the patient best
- ask the patient to make an appointment.

## Suitable drugs

A traffic light system is a good way of monitoring which drugs are suitable for a repeat prescribing approach. The system provides guidance to prescribers on prescribing responsibilities for selected medications. Each drug is classified under a category, eg, Red, Amber or Green. The category it is placed in determines the circumstances in which it is recommended to be prescribed and any guidance/rationale which needs to be taken into consideration.

Types of drugs in a traffic light system include:

- Drugs that require minimum levels of monitoring (eg, antihistamines)
- Drugs that are commonly prescribed on repeat but require careful monitoring (eg, thyroxine, statins, inhalers, insulin, etc)
- Drugs that are not (usually) suitable for repeat prescribing (eg, hypnotics, antidepressants).

## Informing patients and follow-up

Make sure patients are aware of:

- the procedure for ordering repeat prescriptions
- the time it takes to turn them around
- when they will be ready for collection.

## A clear policy

MPS's CRSA (Clinical Risk Self Assessment) data for 2012 found that 55.8% of practices visited did not have a robust repeat prescribing policy in place. Practices should have a comprehensive repeat prescribing protocol in place, which should be dated and regularly reviewed. All staff should be trained in the repeat prescribing process and have access to the protocol.

MPS Educational Services deliver a workshop relating to repeat prescribing: '*Safer repeat prescribing in primary care workshop*' – delivered at your practice and suitable for all the practice staff to attend.

For further details please contact MPS Educational Services on 0113 241 0624 or email [Julie.price@medicalprotection.org](mailto:Julie.price@medicalprotection.org).

## Further information

- Medical Council, *Guide to Professional Conduct and Ethics for Registered Medical Practitioners* – [www.medicalcouncil.ie/Information-for-Doctors/Professional-Conduct-Ethics/Professional-Conduct-Ethics.html](http://www.medicalcouncil.ie/Information-for-Doctors/Professional-Conduct-Ethics/Professional-Conduct-Ethics.html)
  - *Practice Matters*, Repeat prescribing: Don't repeat the risk – [www.medicalprotection.org/ireland/practice-matters-may-2013/repeat-prescribing](http://www.medicalprotection.org/ireland/practice-matters-may-2013/repeat-prescribing)
1. Silk N, What Went Wrong in 1,000 Negligence Claims, *Health Care Risk Report* (2000)

**For medicolegal advice please call us on:**

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This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to a medicolegal adviser, who will give you specific advice.

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