

SELF-PRESCRIBING AND PRESCRIBING OF MEDICINES FOR FAMILY AND COLLEAGUES POLICY

		POLICY
Reference	CPG-MM/P-SelfP	
Approving Body	Drugs and Therapeutics Committee	
Date Approved	27/01/23	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	YES	NO
	X	
Issue Date	28 th April 2023	
Version	6.0	
Summary of Changes from Previous Version	<ul style="list-style-type: none"> Non-medical prescribers now included in this policy – to follow standards as defined by their professional regulatory bodies If an individual requires medicine prescribing to ensure episode of care is documented All schedules of controlled drugs to be excluded (Appendix B) 	
Supersedes	v5.0, issued 28 th February 2020 to Review Date February 2023	
Document Category	<ul style="list-style-type: none"> CLINICAL 	
Consultation Undertaken	Drugs and Therapeutics Committee (27/01/23)	
Date of Completion of Equality Impact Assessment	27/01/23	
Date of Environmental Impact Assessment (if applicable)	Not Applicable	
Legal and/or Accreditation Implications	N/A	
Target Audience	All Trust Prescribers including medical staff and non-medical prescribers.	
Review Date	January 2026	
Sponsor (Position)	Medical Director	
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Lead Division/ Directorate	CSOT	
Lead Specialty/ Service/ Department	Medicines Management (Pharmacy)	
Position of Person able to provide Further Guidance/Information	Assistant Chief Pharmacist/ Medicines Safety Officer	
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
Not applicable		Not applicable
Template control		June 2020

CONTENTS

Item	Title	Page
1.0	INTRODUCTION	3
2.0	POLICY STATEMENT	3
3.0	DEFINITIONS/ ABBREVIATIONS	4
4.0	ROLES AND RESPONSIBILITIES	4
5.0	APPROVAL	4
6.0	DOCUMENT REQUIREMENTS (POLICY NARRATIVE)	4-6
6.1	Self-prescribing	4
6.2	Prescribing for family members	4
6.3	Prescribing for colleagues	5
6.4	Writing a prescription	5
6.5	Dispensing the prescription	6
6.6	Legal liability	6
7.0	MONITORING COMPLIANCE AND EFFECTIVENESS	7
8.0	TRAINING AND IMPLEMENTATION	8
9.0	IMPACT ASSESSMENTS	8
10.0	EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS	8
11.0	KEYWORDS	8
12.0	APPENDICES	
Appendix A	List of medicines available for emergency/urgent treatment of staff members	9
Appendix B	List of medicines not available under this policy even on private prescription	10
Appendix C	Equality Impact Assessment	11-12

1.0 INTRODUCTION

1.1. Legal considerations

The Trust is required to ensure that prescribing takes place within the bounds of legal requirements. Currently a medical doctor, by law may prescribe for themselves, family members, friends and colleagues. Prescribing within the NHS requires that the recipient of the prescription be an NHS patient and that the patient is registered within the practice of the doctor, or for hospital patients that the patient is registered as an inpatient or outpatient and that the prescription relates to that episode of hospital care. Prescriptions outside these boundaries are considered private prescriptions.

1.2. Ethical and good practice considerations

The Department of Health (for all prescribers) and the General Medical Council (GMC) (for medical prescribers) advise that these groups should avoid prescribing for themselves, close family members or those with whom they are in a close personal relationship, wherever possible. This is because judgement may be impaired and important clinical evaluation may be impossible. All doctors and their family members should be registered with a GP to ensure access to independent and objective medical care (Good Medical Practice, GMC (2013)).

2.0 POLICY STATEMENT

There may be occasions when it is in the best interests of the Trust and of its staff to allow immediate access to medicines for the treatment of acute ailments, or the emergency supply of long-term medicines, to enable staff to remain at work.

This policy takes note of all the above considerations.

This clinical document applies to:

Staff group(s)

All registered prescribers employed by the Trust, with the exception of the following groups who cannot prescribe under this policy:

- Foundation Year 1 doctors
- Retired doctors or those with emeritus status
- Agency locums (including non-medical prescribers)
- All employees of the Trust including those managed by a third party organisation on behalf of the Trust.
- All employees of third party organisations who adhere to the Trust Medicines Policy under a service level agreement.

Clinical area(s)

- Trust wide, all clinical areas at all sites

3.0 DEFINITIONS/ ABBREVIATIONS

Trust	Sherwood Forest Hospitals NHS Foundation Trust
Staff	All employees of the Trust including those managed by a third party on behalf of the Trust
ED	Emergency Department
UCC	Urgent Care Centre
OPD	Outpatient Department
OP	Outpatient
KMH	Kings Mill Hospital
ID	Identification e.g. Trust ID badge

4.0 ROLES AND RESPONSIBILITIES

All registered prescribers are responsible for:

- Ensuring that their practice adheres to this policy

5.0 APPROVAL

Approval has been via the Joint Drug and Therapeutics / Medicines Optimisation Committee (27/01/2023)

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

Refer to list above in the policy statement (section 2) for those who are not permitted to prescribe for themselves, family or colleagues, under this policy.

6.1 Self-prescribing

- 6.1.1 All hospital staff and their families should be registered with a GP through whom they should obtain all routine NHS care.
- 6.1.2 Prescribers should not treat themselves at NHS expense.
- 6.1.3 In emergency circumstances prescribers should present to another clinician within the Trust or to ED/UCC who makes a formal clinical record of the episode of care for which there will be a limited range of treatments available (see [Appendix A](#)).
- 6.1.4 Any prescriptions for non-emergency treatment will be dealt with as private prescriptions and charged accordingly

6.2. Prescribing for family members and friends

- 6.2.1 Prescribers are not permitted to write a Trust prescription for their family members and friends. All prescriptions will be treated as private prescriptions and must only be written in emergency situations. A prescription for any medication listed in [Appendix B](#) will not be accepted on either a Trust or private prescription.

6.3 Prescribing for colleagues

6.3.1 Prescribers employed by the Trust may only prescribe for colleagues or other Trust staff in the following circumstances and not for anyone with whom they have a close personal relationship:

- Regular NHS referral by GP or other clinician recorded in the Trust patient notes and reported in correspondence to the patients GP. In such cases all normal outpatient prescribing rules apply.
- Self-presentation with an acute episode to another clinician within the Trust who makes a formal clinical record of the episode of care, including the reason that it was necessary to prescribe, and documents the care in a letter to the patient's GP thereby generating a NHS case note or updating current NHS case notes. In such cases all normal outpatient prescribing rules apply.
- Informal self or other referral to a clinical colleague in the Trust where no hospital record is generated and no letter is sent to the patient's GP will be classified as a private consultation. Any prescription generated will be dealt with as a private prescription. This excludes all medicines listed in [Appendix B](#), these must not be prescribed under any circumstances even on a private prescription.
- Any prescriber requiring emergency or urgent care to enable them to remain at work must present to ED or UCC for review and an episode of care documented. In such cases, only items listed in [Appendix A](#) can be prescribed on a Trust ED prescription; any other treatment will be prescribed on a private prescription.

6.4 Writing a prescription

6.4.1 All prescriptions for staff for emergency items ([Appendix A](#)) should be written on a Trust ED or OP prescription and annotated with 'Emergency Staff Prescription, NHS episode of care recorded'.

6.4.2 If no outpatient prescriptions are available in the clinical area a prescription may be obtained from Pharmacy KMH who will keep one prescription pad for this purpose. See [Appendix A](#) for acceptable emergency treatments, all other treatments, not listed in [Appendix A](#) will be classed as private prescriptions. Items included in [Appendix B](#) cannot be supplied on either an NHS prescription or private prescription under this policy. At Newark Hospital prescriptions can be obtained from OPD or UCC. FP10 prescriptions **must not** be used

6.4.3 Only short courses should be prescribed. This would normally be for a maximum of FIVE days. Further supply if needed should be obtained through the GP. Repeated requests will be refused or dealt with as a private prescription. Long-term treatments for chronic problems **must** be obtained through the GP.

6.4.4 All items prescribed must be in line with the [Trust medicines formulary](#).

6.4.5 Private prescriptions must be written on Trust headed notepaper and annotated with 'Private prescription'.

6.5 Dispensing the prescription

- 6.5.1 At Newark Hospital a member of the pharmacy team must be contacted via Vocera if a prescription needs dispensing as the pharmacy department is not open to the public.
- 6.5.2 When presenting an emergency staff prescription at pharmacy, all prescribers must provide identification. This must be provided without challenge. Pharmacy will not supply medication without ID being provided.
- 6.5.3 All Trust staff presenting with a prescription for emergency treatment will be charged the current NHS prescription charge unless a prescription exemption applies and will be expected to make payment for this **at the time of supply** wherever possible.
- 6.5.4 All prescriptions not fulfilling the criteria for emergency treatment will be dealt with as a private prescription and a charge levied accordingly. The full cost of the medicine will be charged plus a dispensing fee in keeping with the Pharmaceutical Services Negotiating Committee. A minimum charge equivalent to the current NHS prescription charge per item will be made without exception. Private prescriptions will be dispensed at the professional discretion of the pharmacist and only if this does not compromise NHS workload. Items listed in [Appendix B](#) will **not** be allowed under this policy in any circumstance.
- 6.5.5 At busy times staff may be asked to leave their prescription at the pharmacy and collect it later.
- 6.5.6 Pharmacy staff are instructed to refer prescriptions to senior colleagues if they are unsure whether to dispense the item in the NHS or private prescription category. In such situations there will be some delay in dispensing the prescription.
- 6.5.7 NHS prescriptions supplied under this policy will be charged to the prescriber's clinical division.

6.6 Legal Liability

The Trust as an employer will assume vicarious liability for the actions of its staff providing that this policy has been followed, but cannot accept liability for the prescribing of private prescriptions not associated with the treatment of Trust patients.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review of each prescription as they arise.	Responsible Pharmacist for the Dispensary and/or the Dispensary manager	Escalation of concerns immediately to the Pharmacy Leadership Team	Ongoing	DTC/MOC

8.0 TRAINING AND IMPLEMENTATION

No specific training requirements are required.

Clinical chairs, medical managers, NMP lead and ACP lead to ensure their prescribing teams are aware and follow this policy.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix C](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- [Good Medical Practice](#) (2013); paragraph 17-19. General Medical Council
- Examples of Trust policies from Nottingham University Hospitals, University Hospitals of Leicester, Northampton General Hospital, Chesterfield Royal Hospital
- Guidance on assessing the seriousness of concerns relating to self-prescribing or prescribing to those in close personal relationships with doctors. GMC Strategy & Policy Board 2.10.14
- Nursing and Midwifery Council – Standards for prescribers [Standards for prescribers - The Nursing and Midwifery Council \(nmc.org.uk\)](#)
- Health & Care Professions Council – Standards for prescribing [Standards for prescribing | \(hcpc-uk.org\)](#)
- General Pharmaceutical Council - In practice: Guidance for pharmacist prescribers [In practice: Guidance for pharmacist prescribers \(pharmacyregulation.org\)](#)
- Royal Pharmaceutical Society – A Competency Framework for all Prescribers [A Competency Framework for all Prescribers | RPS \(rpharms.com\)](#)

Related SFHFT Documents: -

- Medicines Policy

11.0 KEYWORDS

Medication; prescribe; prescription,

12.0 APPENDICES

[Appendix A](#) – List of medicines available for emergency/urgent treatment of staff members

[Appendix B](#) – List of medicines not available under this policy even on private prescription

[Appendix C](#) – Equality Impact Assessment

Appendix A

List of medicines available for emergency/urgent treatment of staff members

- Antimicrobials – prescribing must be in line with Trust antimicrobial guidelines
- Topical eye treatments
- Prescription only analgesics e.g. naproxen
- Inhalers/insulins/other critical medicines – in cases where treatment is essential and items have been left at home. Regular replacement must be obtained from the GP.


Appendix B

List of medicines not available under this policy even on private prescription

- Controlled drugs (all [schedules](#))
- Antidepressants
- Antipsychotics
- Hypnotics
- Oral contraceptives

APPENDIX C – EQUALITY IMPACT ASSESSMENT FORM (EQIA) -

Name of service/policy/procedure being reviewed: Self-prescribing and prescribing of medicines for family members and colleagues policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 27/01/23			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	NA	NA	NA
Gender	NA	NA	NA
Age	NA	NA	NA
Religion	NA	NA	NA
Disability	NA	NA	NA
Sexuality	NA	NA	NA
Pregnancy and Maternity	NA	NA	NA
Gender Reassignment	NA	NA	NA
Marriage and Civil Partnership	NA	NA	NA

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	NA	NA	NA
What consultation with protected characteristic groups including patient groups have you carried out? <ul style="list-style-type: none"> As above, not applicable 			
What data or information did you use in support of this EqIA? <ul style="list-style-type: none"> Not applicable 			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? <ul style="list-style-type: none"> No 			
<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>			
Name of Responsible Person undertaking this assessment: Mark Clymer			
<p>Signature: </p>			
Date:27/01/23			