

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Policy on Self-Prescribing and Prescribing for Family Members and Colleagues by Medical Staff and Non-Medical Prescribers

Effective from: November 2009

Review: November 2012

### 1. General Advice

It is strongly advised<sup>1</sup> that doctors and other prescribers should avoid prescribing for themselves, and close family members, as a matter of good medical practice and common sense – judgment may be impaired and important clinical examination may not be possible.

As with all patients, the responsibility for overall care and continuity of treatment for doctors, other healthcare workers and their families rests with their general practitioners. Referrals for consultant advice or care should also be made via their GPs.

### 2. Supply at NHS Expense

Members of hospital staff can only obtain any drug treatment they need for their own use, or the use of their families, using NHS or Trust prescription forms, in the same way as members of the public, i.e. through their general practitioners or through the Trust Department with which they are registered and managed as a patient.

Some medicines, such as influenza vaccines, may be supplied/ administered to Trust staff at NHS expense, usually through the occupational arrangements, where this is in accordance with Trust or Department of Health policy.

### 3. NHS Prescriptions

Hospital prescription forms must not be used to prescribe drugs for staff members or relatives, unless the treatment is one legitimately provided through the Trust Department with which they are registered and managed as a patient.

Non-hospital NHS prescriptions cannot be dispensed in the hospital.

Any prescriptions for family members and colleagues written by medical staff below the grade of registrar must be countersigned by a consultant or specialist registrar.

### 4. Private Prescriptions

Doctors, who have full registration with the General Medical Council<sup>2</sup>, by law, can write a private prescription for themselves and also for an immediate family member or work colleague (but see general advice above). Over the counter medicines should normally be purchased rather than prescribed.

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<sup>1</sup> By the General Medical Council and Department of Health

<sup>2</sup> This excludes provisionally registered junior doctors

Such prescriptions must be headed with the name and address of the hospital and details of the department in which the prescriber works and contain:

- Full prescription details, of patient, patient's address, drug, dosage and quantity of medication to be supplied.
- The prescriber's legible signature and qualifications.
- The prescriber's contact details.
- GMC registration number of prescriber

Prescribers issuing a private prescription must recognise that they assume clinical responsibility for their actions. They will not be supported by the Trust indemnity, but may be covered by their personal medical insurance.

The patient will be charged the full cost of medicines obtained in this way, plus a handling charge or dispensing fee. The minimum charge in the Trust will be the same as the NHS prescription charge.

Correctly written private prescriptions should preferably be dispensed through a registered pharmacy in the community. However the trust pharmacy departments will normally dispense private prescriptions for medicines stocked in the hospital in the following circumstances:

- The prescription is for a medicine that is required in order to allow a member of staff to remain at work (e.g. a salbutamol inhaler for a member of staff with asthma who does not have his/her own inhaler).
- Where it is unreasonable for the medicine to be dispensed in the community. e.g. due to working hours.
- The medicine is not readily available in community pharmacy.
- Prescriptions for travel medicines (e.g. vaccines, antimalarial drugs), where travel is for Trust / professional reasons.

**Private prescriptions for controlled drugs will not normally be dispensed<sup>3</sup>.**

The Trust reserves the right not to supply unreasonable requests.

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<sup>3</sup> Except for registered hospital patients being treated privately, or when treatment is immediately necessary to:

Avoid serious deterioration in the patient's health, or  
Save life

Alleviate otherwise uncontrollable pain, and

no other person with the legal right to prescribe is available to assess the patient's clinical condition and to prescribe without a delay which would put the patient's life or health at risk, or cause the patient unacceptable pain

## **5. Over the Counter Medicines<sup>4</sup>**

All hospital staff including doctors and other prescribers can purchase over the counter medicines for the treatment of themselves and others. Such medicines may be purchased from the trust pharmacy departments subject to availability.

**Purchasing over the counter medicines is often easier and cheaper than obtaining medicines on a private prescription.**

## **6. Non medical prescribers**

While non-medical Independent Prescribers can legally issue private prescriptions for any licensed medicine except most controlled drugs, within their areas of competence, this policy does not allow them to issue prescriptions for themselves, close family or hospital staff, except for bona fide registered hospital patients.

## **7. Monitoring**

The uptake of medical staff prescribing for themselves, and close family members will be monitored by senior pharmacy staff on a quarterly basis and reported to the Drug and Therapeutics Panel in an anonymised fashion.

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<sup>4</sup> General sales list and pharmacy medicines

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<b>Policy Title:</b>	<b>Policy on Self-Prescribing and Prescribing for Family Members and Colleagues by Medical Staff and Non-Medical Prescribers</b>	<b>Policy Author:</b>	<b>Glyn Trueman, Formulary Pharmacist &amp; Ian Campbell Asst. Dir. Pharmacy</b>
		Yes/No?	<b>You must provide evidence to support your response:</b>
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		This code of conduct makes no distinction based on race, ethnicity, nationality, gender, age, sexuality, religious or cultural beliefs, or disability.
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d)	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: ..... Ian Campbell, Asst. Dir. Pharmacy ..... Date: ..... 15/12/2009 .....

Names & Designations of those involved in the impact assessment screening process: ..... Trust Drug and Therapeutics Panel .....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*