1 Introduction

It is strongly advised by the General Medical Council and Department of Health 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 Scope

This Policy must be followed by all prescribers employed by the Trust.

3 Aims

To ensure prescribers are aware of Trust Policy in relation to self-prescribing and prescribing for family members.

4 Duties (Roles and responsibilities)

All prescribers (medical and non-medical) are have professional responsibility to ensure this Policy is adhered to.

5 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.
6 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.

7 Private Prescriptions

Doctors, who have full registration with the General Medical Council this excludes provisionally registered junior doctors, 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.

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 except for registered hospital patients being treated privately, or when treatment is immediately necessary.**

The Trust reserves the right not to supply unreasonable requests.

8 Over the Counter Medicines (General sales list and pharmacy medicines)

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.**

9 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.

10 Training

Not applicable.

11 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

12 Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Uptake of medical staff prescribing for themselves and close family members</td>
<td></td>
</tr>
</tbody>
</table>
13 Consultation and review
This policy has been reviewed and agreed by members of the Medicines Management and Governance Committee.

14 Implementation (including raising awareness)
Changes to the policy will be published on the intranet and in the Trust Policy Newsletter.

15 References
None

16 Associated documentation
None
The Newcastle upon Tyne Hospitals NHS Foundation Trust
Equality Analysis Form A

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

**PART 1**

1. **Assessment Date:** 03/10/2018

2. **Name of policy / guidance / strategy / service development / Investment plan / Board Paper:**
   
   Self-Prescribing and Prescribing for Family Members and Colleagues by Medical Staff and Non-Medical Prescribers

3. **Name and designation of author:**
   Mr Ian Campbell, Assistant Director of Pharmacy

4. **Names & Designations of those involved in the impact analysis screening process:**
   Ian Campbell

5. **Is this a:**
   - Policy ✔
   - Strategy ☐
   - Service ☐
   - Board Paper ☐

   **Is this:**
   - New ☐
   - Revised ✔

   **Who is affected:**
   - Employees ✔
   - Service Users ✔
   - Wider Community ☐

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?**
   *(These can be cut and pasted from your policy)*

   To ensure prescribers are aware of Trust Policy in relation to self-prescribing and prescribing for family members.
7. Does this policy, strategy, or service have any equality implications? Yes □  No ✓

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

This is based on GCP guidance.

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination?</th>
<th>Are there any opportunities to advance equality of opportunity or foster good relations? If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interprets</td>
<td>Studies show that when interpreters were provided, patients had a better understanding of their diagnoses and treatment plan than patients without interpreters.</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Category</td>
<td>Status</td>
<td>Do you require further engagement?</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>-------</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>None applicable to this policy</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

   Do you require further engagement  Yes  No ✔

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

   No
PART 2

Name of author:
Ian Campbell

Date of completion
03/10/2018

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