

Prescribing Consultation
Standards and Ethics Team
General Medical Council (GMC)
Regents Place
350 Euston Road
London
NW1 3JN



24 May 2011

Dear Sir/Madam

GOOD PRACTICE IN PRESCRIBING AND MANAGING MEDICINES AND DEVICES

Thank you for the opportunity to respond to the GMC's consultation on good practice in the prescribing of medicines. This draft guidance has been developed following the initial scoping consultation earlier this year to identify key themes and issues to include in the content.

As Health Service Ombudsman I provide a service to the public by undertaking independent investigations into complaints of injustice or hardship resulting from maladministration or poor service by the National Health Service. As prescribing issues can feature in a significant number of complaints we receive, we welcomed the proposed review of guidance in this area. In my response to the initial scoping consultation (dated 2 December 2010) I said that it would be helpful to have additional clarification around the following issues: effective communication with patients; prescribing at the recommendation of colleagues; prescribing off-label medicines; and remote prescribing - as these were the more common features of those complaints put to us involving prescribing. I am pleased therefore, to note that in the draft guidance, those sections dealing with these specific issues have been revised to provide further clarification about the expectations of doctors in these circumstances.

We also raised a separate matter about the illegibility - and poor recording generally - of some of the hospital prescriptions and drug kardexes we have seen and the difficulty this can cause in ascertaining the facts. I note that the section of the guidance *Keeping up-to-date and prescribing safely* emphasises the need to '*follow the advice in the BNF on prescription writing and make sure prescriptions are clear and in accordance with the relevant statutory requirements and include your name*' and, furthermore, asks practitioners to '*consider including clinical indications on your prescriptions*'. Whilst this is certainly welcome, it does not address the



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very specific concern we had raised about the (frequent) illegibility of the prescriber's name. We had asked the GMC to consider a requirement for prescribers to print their name with their signature. We would like to take this further opportunity, therefore, of asking the GMC to reconsider this particular point.

That issue apart, we consider that the guidance, as drafted, does address the points we raised in the pre-consultation scoping exercise and we have no further comments to make.

I hope this is helpful. Do please contact Gavin McBurnie, Director of Clinical Advice, on 0300 061 4421 if you have any further queries.

Yours faithfully

A handwritten signature in blue ink, consisting of stylized, cursive letters that appear to read 'AA'.

Ann Abraham
Parliamentary and Health Service Ombudsman