Summary of selected recommendations of the fourth report of the Shipman enquiry affecting doctors in the community

Please note: This is a summary of selected recommendations. For further details and background information, please refer to the full text of the report. This can be accessed at http://www.the-shipman-inquiry.org.uk/fourthreport.asp or via the link in the palliativedrugs.com August newsletter.

Prescribing rights and responsibilities

1. A medical practitioner should be entitled to prescribe or administer controlled drugs (CDs) only if they need to do so for the purposes of the actual clinical practice in which they are engaged. For the vast majority of doctors, the existence or otherwise of such a need will be obvious. A practitioner who wishes to prescribe CDs may, where the need is not obvious, have to justify such need when applying for the issue of a special CD prescription pad (see section below).

2. It should be a criminal offence for a doctor to prescribe a CD for themself or to self-administer a CD from their own practice stock, except in an emergency. These circumstances should be covered by an appropriately worded statutory defence. The doctor should be required to declare the position on the prescription.

3. On the rare occasions when a GP has members of their own family on their list, they should inform the local primary care trust (PCT) of the position. It should be unacceptable for a doctor to prescribe a CD for an immediate family member who is not on their list, except in an emergency. In all cases where a doctor prescribes a CD for a member of their immediate family, they should be required to declare their relationship on the prescription and, if appropriate, that they are prescribing in an emergency.

4. The General Medical Council (GMC) should make it plain that it will be regarded as professional misconduct for a doctor to prescribe CDs for anyone with whom they do not have a genuine professional relationship.

5. A medical practitioner convicted or cautioned in connection with a CD offence should be under a professional duty to report this to the GMC, which should then consider what interim action to take and report the matter to the practitioner's employer or PCT.

6. When a restriction is placed on a practitioner's prescribing powers, this information should be promptly made available to those who need to know, particularly pharmacists.

Prescriptions

1. A special printed form should be introduced for use when prescribing a CD on either an NHS or private basis. Pads of these forms should only be supplied to doctors who need to prescribe CDs in the course of their clinical practice.

For the time being, these forms should be hand-written in accordance with the current Misuse of Drugs Regulations (2001). However, prescribers should be

encouraged, wherever possible, to computer-print the prescribing information on the prescription form, then copy the information by hand. (This will ensure that there is a record of the prescription on the surgery's system.)

The existing hand-writing requirements should not be repealed until the Government is satisfied that computer-generation and electronic transmission of CD prescriptions is sufficiently secure.

2. The prescription form should show the GMC registration number of the doctor to whom it has been issued, and no other practitioner should be allowed to use it. The form should require the prescriber to indicate if the prescription has been issued under the NHS or privately. Each prescription should have its own unique identification number.

3. The form should provide space for the doctor to record the condition for which the prescription has been issued. As a matter of good practice, the prescriber should ask the patient's consent to provide this information.

4. The form may also require the patient's NHS number or other patient-specific identification to be provided.

5. The amount of CD that can be dispensed on a single prescription should not exceed 28 days supply. (This would not apply to drugs in Schedule 5 of the MDR 2001; i.e., preparations that contain such small amounts of codeine/morphine etc. that they can be sold over the counter).

6. When computer-generated prescriptions and electronic transmission of CD prescriptions becomes generalised, software should be designed to record the times of issue and dispensing.

Safe custody and record-keeping for GPs

1. The purchase of all CD stocks for practice use should follow a procedure that can be monitored. The form for prescribing CDs described above should also be used when ordering CDs on requisition. These forms would then be sent to the PPA so that all purchases of CDs by any doctor can be monitored.

2. GPs who keep a stock of Schedule 2 CDs (e.g., morphine, diamorphine etc.) should continue to be required to keep a CD register and observe existing safe custody requirements. They should be permitted to keep the CD register in electronic form. The register should allow for a running total of each CD to be kept.

3. Each practice should set up a standard operating procedure that would state, amongst other things, how often the CD balance should be checked. Adherence to this procedure should be mandatory and subject to regular inspection.

4. When the new out-of-hours arrangements come into effect, PCTs should establish protocols for the provision of Schedule 2 drugs and keeping of CD registers.

Collecting supplies from the pharmacy

1. Any healthcare professional acting in their professional capacity who presents or collects a CD prescription or requisition from a pharmacy, and who is not personally known to the pharmacist, should be asked for identification (preferably their professional registration card). The relevant information will be recorded in the pharmacy CD register.

2. Anyone who collects Schedule 2 CDs on a patient's behalf should have details of their name and address noted in the pharmacy CD register. For certain other CDs (barbiturates, benzodiazepines and anabolic steroids) they will be asked to sign the back of the prescription to record receipt. If they are not personally known to the pharmacist, they should be asked for identification. The pharmacist has the discretion not to supply the CD if no identification is produced.

Use of CDs in the community

1. Pharmacists should prepare a statutory patient drugs record card (PDRC) for each new supply of an injectable Schedule 2 CD that leaves the pharmacy. This should record the form and amount of drug supplied, the form and amount dispensed, and the dosage instructions as they appear on the prescription.

2. Healthcare professionals who administer injectable Schedule 2 drugs should be obliged to enter every new supply and administration on a master PDRC, and keep a running balance of any remaining stock. The destruction of any unused stock should also be recorded on the PDRC, wherever it takes place.

After the patient's death, or if injectable CDs are no longer required, the completed PDRC should be sent to the PCT to which the patient's GP is contracted. The PDRC should then be checked for anomalies, then cross-checked with the patient's GP records.

Once the new CD inspectorate comes into being, they may carry out audits of the PDRCs.

3. The destruction of injectable Schedule 2 CDs in the community should be more tightly regulated. Their destruction or removal from the patient's home should be properly recorded and witnessed. The classes of person lawfully entitled to undertake or witness destruction should include doctors, pharmacists, nurses, suitably trained law enforcement or PCT officers, and inspectors belonging to the proposed new CD inspectorate. (This may mean that two healthcare professionals are required to destroy or remove CDs from a patient's home).

4. PCTs should ensure that suitable arrangements are in place for the disposal of CDs.