General Pharmaceutical Council

Response to the European Commission's Consultation on Measures for Improving the Recognition of Prescriptions issued in another Member State

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The GPhC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. It is our job to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services in England, Scotland and Wales. We took over responsibility for pharmacy regulation from the Royal Pharmaceutical Society of Great Britain on 27 September 2010.

We welcome the opportunity to respond to the consultation on measures for improving the recognition of medical prescriptions issued in another member state.

We have responded to the consultation in general terms as we are not in a position to rank the issues or potential solutions set out in the consultation questionnaire.

One of the principal functions of the GPhC is to set and promote standards for the safe and effective practice of pharmacy. Under our Standards of Conduct, Ethics and Performance and the Interim Standards for Pharmacy Owners, the care, well-being and safety of patients is at the heart of professional practice. Pharmacy professionals must make sure that the services they provide are safe and of acceptable quality and to use their professional judgement to act in the best interests of individual patients and the public.

UK legislation and our standards are there to ensure that the right patients receive the right medicines, at the right time, in the right way, with the right information and advice so that medicines can be used safely and in a way that works.

Identifying the patient

For patient safety our national legislation[1] stipulates that the following must appear on prescriptions written by UK prescribers

- the patient's name, address and age if under 12,
- the prescriber's signature,
- address of the prescriber,
- particulars that indicate whether the prescriber is a doctor or a dentist etc,
- appropriate date (when the prescription becomes valid).

It is therefore a continuing concern that the legislation[2] covering the recognition of European prescriptions for dispensing in the UK provides that these prescriptions do not have to include the patient's address or the date of birth.

Pharmacy professionals, when supplying the medicine they have dispensed, check not only the patient's name but also address details as written on the prescription to make sure that the dispensed medicine is supplied to the correct person.

The absence of a date of birth can potentially lead to the pharmacist being unable to readily verify the clinical appropriateness of the prescribed medicine.

From a patient safety perspective there can be no justification in enabling doctors or dentists from EEA member states to write prescriptions for dispensing in this country that contain less information than is required from UK prescribers. In our opinion, if a standardised format for these medical prescriptions is to be developed it should comply with the legislative requirements for prescriptions in all of the member states.

It would also be helpful if the prescription could also include built-in translations for the different sections along lines similar to the format for birth certificate extracts under the convention signed at Vienna in 1976. This would assist the prescriber to provide all the necessary details in the appropriate sections of the prescription and would also assist pharmacist and patient understanding of the prescription.

Identifying the prescribed product

Pharmacy professionals in Great Britain when requested to dispense a prescription written in another member state may encounter difficulties in deciding on the right medicine to dispense because of differences in the names, dosage and forms of the medicine available between member states. Brand A may contain one drug (X) in one member state but may contain a completely different drug (Y or Z) in other countries. In the past this has been the case with the brand Acepril containing either enalapril, captopril and lisinopril depending on the member state in which it is marketed.

Prescribers should be required to prescribe using the generic (rINN) name of the medicinal product. Brand names should only be included where, for reasons of differing bioavailability of the product, profile of release or route of administration, it is important for the patient to continue on the same brand of medicine.

Identifying the prescriber and their entitlement to practise

To act in the best interests of patients pharmacy professionals need to assure themselves that the medical prescription presented to them for dispensing is authentic and that the prescriber is authorised to prescribe in their home member state.

It would assist pharmacy professionals to identify that the prescriber is authorised to prescribe in their home member state if member states were required to have real-time web-based publicly searchable lists of registered professionals who are authorised to prescribe within their jurisdiction. Such a web-based register search facility is available in the UK for medical practitioners at www.gmc-uk.org Details of the different member state regulator websites and telephone numbers could be included on the reverse of a standardised prescription format.

It should be noted that in the UK nurses and pharmacists can also write prescriptions for patients. The eligibility of a nurse or pharmacist to prescribe can be checked against the individual's name on the on-line registers maintained by the Nursing and Midwifery Council at www.nmc-uk.org and the GPhC at www.pharmacyregulation.org respectively.

[1] The Prescription Only Medicines (Human Use) Order 1997
[1] Medicines for Human Use (Prescribing by EEA practitioners) Regulations 2008 amended by SI 2010 No.1673