

# Good Prescribing Practice

This factsheet provides a broad overview of the expectations and standards relating to good prescribing practice.

It is essential that doctors are familiar with the requirements of good prescribing practice. A failure to prescribe in accordance with accepted practice, or to prescribe appropriately and responsibly, can have serious consequences for the prescribing doctor and may result in harm to patients or to society more generally.

## Prescribing in accordance with accepted practice

As a general rule, doctors should prescribe in accordance with accepted practice and relevant best practice guidelines. Prescribing outside of this should only occur in special circumstances with the patient's informed consent.

It is essential then for doctors to maintain up-to-date knowledge about the treatments or medicines they are prescribing. This includes being familiar with relevant policy, legislation and guidelines, taking part in clinical audit and peer review, and keeping up to date with the most recent information about the treatment or medicine being prescribed. A key statement for doctors to be familiar with is MCNZ's statement on **Good Prescribing Practice**, which provides a central hub for the range of resources on this topic.

Specific information for doctors to be familiar with about any medication or treatment includes indications, adverse effects, contraindications, major drug interactions, appropriate dosages, monitoring requirements, effectiveness, and cost-effectiveness.

Where possible such information should be sourced from an impartial and reliable source such as the New Zealand Formulary and Medsafe Prescriber Update, where possible.

Doctors should review sources periodically to ensure their understanding of a medication remains accurate. In turn, should a patient report an adverse reaction to a medication that is uncommon or unexpected, or is a severe or allergic reaction, this should be reported to the Centre for Adverse Reactions Monitoring. This helps to keep resources up to date on what is happening in practice.



# Good Prescribing Practice

It will also be important to check in from time-to-time with the patient you are treating, to receive any new information about the patient's condition and health. This is especially so if a treatment or medication is being prescribed for an extended period of time. An example provided in MCNZ's statement is that of rest home and long-stay hospital residents, whose prescriptions and associated medication charts should be reviewed every three months to assess whether a medicine remains appropriate and safe to be prescribed (either at the set dosage, or at all).

Importantly, a doctor may only prescribe a medicine (approved or unapproved) for the treatment of a patient under his or her care, and provided it is within their scope of practice to do so. They should never prescribe indiscriminately, excessively, or recklessly, nor prescribe any treatment that is illegal or detrimental to a patient's health.

## Process of prescribing

Care must always be taken to ensure a prescription is warranted and is in the patient's best interests. A medicine or treatment should not be prescribed because of pressure from the patient, or for convenience.

Doctors are expected to have a consultation with a patient prior to prescribing a medicine for the first time, in order to properly assess their condition. The consult may be in person or via telehealth, however particular care should be taken in the latter instance. (See MCNZ's statement on **Telehealth** for further guidance).

If the patient is not someone you are familiar with, for example if you are covering for an absent colleague, it will be important to review the patient's notes to gather adequate knowledge of their condition before issuing any prescription.

In the consultation an adequate history of the patient should be taken, including any previous adverse reactions to medicines and concurrent or recent use of medicines. Consideration should be given to whether, in light of the presenting complaint, the prescription is warranted. Is it possible that the patient is suffering the adverse effect of a medicine? Could non-treatment or non-pharmacologic treatment be as effective and safe?

If an unapproved medicine is being prescribed, or a medicine is being prescribed for a purpose for which it has not been approved, the prescribing doctor must take responsibility for overseeing the patient's care and any follow-up treatment.

# Good Prescribing Practice

Certain information must also be relayed to the patient before prescribing such medicine, including that the medication is unapproved, that it cannot be stocked by pharmacies, that the details about the prescription will be supplied to the Director-General of Health (as required by s 29 of the Medicines Act 1981), and whether there are any other options available for treatment.

If exceptional circumstances mean that a consultation is not possible (for example, an urgent clinical situation), the patient's treatment should be discussed with another New Zealand registered health practitioner who can verify the patient's medical history and identity. The fact that a consultation did not occur, and the reasons for this, should also be documented in the patient's clinical notes.

There may be occasions where a medication is prescribed on the instructions of a senior colleague. However, the doctor who ultimately writes the prescription needs to be confident that the medicines or treatment are safe and appropriate for that patient, and that the patient has given their informed consent. For further information on informed consent see NZMII's **Informed Consent** factsheet.

Lastly, information obtained and discussed during the consult should be clearly and accurately recorded in the patient's clinical records, including specific information about the medication prescribed and instructions for use. That information should be consistent with what is recorded on the prescription. A patient's clinical records should regularly be updated to include information such as clinical findings, changes in treatment, and adverse reactions to medications.

## Form of prescriptions

All prescriptions must comply with the requirements set out under section 41 of the Medicines Regulations 1984. (Additional requirements also apply for controlled drugs classified under the Misuse of Drugs Act 1975).

As a starting point, prescriptions must be in paper or electronic form. If a prescription is urgently required it may be communicated orally to a pharmacist known to the doctor, however the original paper or electronic prescription must still be provided within 7 days of the oral prescription being made, and within 2 business days for controlled drugs. (The 7 and 2-day requirements do not apply however if the original prescription is an NZePS prescription).

For obvious reasons, prescriptions must be legible and be easy to understand. Abbreviations should therefore be avoided to prevent any (potentially harmful) misunderstandings.

Where a paper prescription is issued, it must be indelible and signed physically by the prescribing doctor in their own handwriting. However, where the prescription is electronic (as is now often the case) a physical "wet-ink" signature will not be required in the following circumstances:

1. the prescription has an NZePS (New Zealand ePrescription Service) barcode; and
2. it is issued from a system authorised by the Ministry of Health for electronic prescribing; and
3. the barcode on the prescription is used at the point of dispensing at the community pharmacy.

# Good Prescribing Practice

Electronic prescriptions need to be completed and transmitted through an “approved system” (that is a system approved by the Director-General by notice in the Gazette).

Prescriptions must also be dated and include the following information:

- The name and contact details (including physical address) of both the doctor prescribing, and the patient for whose use the prescription is given. The date of birth of the patient should also be included if they are under the age of 13. Doctors should also include their MCNZ number on the prescription.
- Information about the medicine, including its full name, the strength required to be dispensed (where appropriate), the quantity of medicine or total period of supply, including repeats (if any), and full instructions for use including method of administration, dosage, and frequency of dose.
- The patient category code (co-payment), which designates the co-payment to be made by the patient and records whether the patient is eligible for funded services, and any Special Authority number the patient has been allocated for the prescribed medicine.

Where a patient is travelling overseas and requires a prescription for the period of travel, it can be helpful to provide a supporting letter along with the prescription which lists the names of the medicines, and the quantity prescribed.

If it is clinically appropriate to do so, and dependent on the type of medication, enough medication should be prescribed to cover the period that the patient is overseas (with a maximum prescription of three months, or six months in the case of oral contraceptives).

If the patient is travelling overseas for longer than three (or six) months, they should be advised to register with a doctor overseas to receive continuing medication.

When issuing repeat prescriptions, the prescribing doctor needs to be satisfied that secure system procedures are in place to ensure the medication is being prescribed appropriately and responsibly; for example, procedures which ensure the patient is being prescribed the correct medication and that the medication is being reviewed regularly, so it is not prescribed for longer than required.

Doctors should also undertake regular in-person assessments of patients receiving repeat prescriptions. (For further information about what to consider when issuing a repeat prescription, see from **paragraph 34 of MCNZ’s statement Good Prescribing Practice**).

# Good Prescribing Practice

## Shared care

Where other health professionals are involved in a patient's care, comprehensive information about that patient's prescribed medications and treatments should be shared between them in a timely manner to ensure continuity of care and patient safety. Should there be any change to a patient's treatment, all practitioners involved in the patient's care should be notified of the change as well as the rationale for it, (and it should be recorded in the patient's clinical notes). The patient should be informed that their confidential health information will be shared.

When sharing this information, care should be taken to adhere to the rules outlined in the Health Information Privacy Code 2020.

It will also be important to consider the circumstances in which the medication or treatment is prescribed. For example, in sensitive situations a patient may request that certain information is not shared – such as the termination of a pregnancy – and it may in fact not be necessary for you to do so. (**Footnote 31 of MCNZ's statement** sets out points to consider in such circumstances).

If a recommendation is to be made to another doctor involved in the patient's care that a particular medicine be prescribed, consideration needs to be given to whether that doctor is competent to prescribe the medication or treatment and whether it is within their scope of practice to do so. Ultimately however, it is the doctor who issues and signs the prescription who bears responsibility for that treatment. (In the case of standing orders, the responsibility for the effects of the prescription remains with the doctor who signed the standing order.

Further information on standing orders can be found in **paragraph 31 of MCNZ's statement Good Prescribing Practice**).

Where a patient's care is transferred, the doctor taking over the patient's care will need to be provided with and get up to speed on the patient's clinical notes, which should accurately and clearly record their previous and current medicines, allergies, and adverse drug reactions.

## Prescribing to yourself or someone close to you

As a general rule, doctors should avoid writing prescriptions for themselves, or for people with whom they have a close personal relationship. This is prohibited entirely where the medication has a risk of addiction or misuse, is a psychotropic medication, or is a controlled drug listed in Schedules 1, 2 or 3 to the Misuse of Drugs Act 1975.



# Good Prescribing Practice

## Prescribing medication with risk of addiction or misuse

MCNZ has provided extensive guidance on this in its statement **Good Prescribing Practice**. A summary of some key points is below:

- It is never appropriate to prescribe medicines with a risk of addiction or misuse, or psychotropic medication, for the first time to a patient who has not been appropriately assessed.
- There are a number of factors to consider when prescribing these medications, such as whether the person is seeking the medication to supply to other individuals or is a restricted person subject to a notice issued under s 49 of the Medicines Act 1981 or s 25 of the Misuse of Drugs Act 1975.
- Doctors should be alert to patients who may be seeking these medications for non-therapeutic use. A list of features of drug-seeking behaviour is provided in MCNZ's statement; for example, where the patient nominates the medicines he or she is seeking, obtains medicines from multiple prescribers, or actively uses medications at higher than prescribed doses.
- Careful consideration should be given to the possible risks of prescribing these medications, such as risk of overdose or development of a drug habit.

Should concerns arise about a patient's behaviour, doctors should consult with their colleagues or with the Medicines Control Agency in the Ministry of Health, which deals with issues of drug abuse. If the concern is about the doctor's own safety, it may be appropriate to involve the Police.

## Dispensing medications

While this is largely the domain of pharmacists, in limited situations – such as in an emergency – doctors may dispense medicines that they prescribe. However there are particular rules around dispensing medications which will need to be carefully adhered to, as well as security requirements and fees and charges that relate to dispensing.

**NZMII are here to help!**

**Contact Us**

**Contact us** if you have any questions about your medical indemnity cover:

[nzmii.co.nz](https://nzmii.co.nz)  
0800 102 220  
[general@nzmii.co.nz](mailto:general@nzmii.co.nz)



[@nzmedicalindemnityinsurance](https://www.instagram.com/nzmedicalindemnityinsurance)