

2 July 2019

By email: Rhiannon.Warner-Harvey@hants.gov.uk

Rhiannon Warner-Harvey
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Dear Ms Warner-Harvey

Thank you for your recent correspondence in which you notified us of the sad passing of Ms Sasha Sabrina Forster; and, provided us with Mr Reid's Regulation 28 Report.

Within the report you explained that prior to her death Sasha had managed to obtain Propranolol from two private GPs having falsely stated that she was currently being prescribed the medication; and, having only revealed a limited history of her mental health issues and without disclosing her extensive overdose history.

Our remit and guidance

The GMC is the regulator of doctors within the UK and our role is to protect patients and improve medical education and practice.

As part of our role we are responsible for setting the standards that doctors need to follow throughout their career and to take action when doctors fall below these standards to the degree warranting action upon their registration.

The GMC publishes these standards within our ethical guidance consisting of [Good Medical Practice \(2013\)](#) and a number of supplemental publications which expand upon these standards. The full suite of our ethical guidance can be accessed via our website:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors>

With regards to prescribing, the GMC's guidance is clear that a doctor must only prescribe when they have adequate knowledge of the patient's health. This will involve making an assessment, together with the patient, of their condition and having, or taking, an adequate history.

Our guidance goes on to explain that if the patient has not been referred to the doctor by their general practitioner they should ask for the patient's consent to contact their GP if

they need more information or confirmation of the information they have before prescribing. If the patient objects, the doctor should explain that they cannot prescribe for the patient.

I have enclosed extracts of the relevant sections of our ethical guidance at Annex A of this letter; and, we consider that this guidance, when followed, ensures safe prescribing and protects patient safety.

Conduct of individual doctors

When a doctor fails to adhere to our ethical guidance the GMC must establish whether our threshold for investigation has been met; namely, whether the doctor's conduct, if proven, is capable of amounting to impaired fitness to practise to a degree warranting action on their registration.

Whilst you have noted that it cannot be established that the Propranolol prescribed by the private GPs in London was used by Sasha for her final, fatal, overdose it would appear there is a question as to whether the doctors concerned have adhered to our guidance.

As such, I have passed the information you have provided us with to an Assistant Registrar (a decision maker) to determine whether the threshold for investigation has been met. If the Assistant Registrar has insufficient information upon which to reach a decision, they may make contact with your office under separate cover to request additional information/documentation.

Publication

I note that the Chief Coroner may publish our response in complete or redacted or summary form. For reasons of fairness, the fact that the GMC is considering whether to open an investigation is not something which is ordinarily made public at this stage. Accordingly, in the event there is any information in the public domain through which either of the two doctors may be identified, the Chief Coroner may consider it would not be appropriate to publish this part of our reply.

I hope you find this letter helpful and I would be happy to take your call if you wish to discuss these matters further.

Yours sincerely



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Annex A – GMC Guidance

Explanation of terminology

We use the terms 'you must' and 'you should' in the following ways.

- 'You must' is used for an overriding duty or principle.
- 'You should' is used when we are providing an explanation of how you will meet the overriding duty.
- 'You should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside your control that affect whether or how you can follow the guidance.

Our Guidance

Good medical practice (2013)

16 In providing clinical care you must:

- a. prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs.
- b. provide effective treatments based on the best available evidence
- f. check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

Good practice in prescribing and managing medicines and devices (2013)

14 You should prescribe medicines only if you have adequate knowledge of the patient's health and you are satisfied that they serve the patient's needs.

21 Together with the patient, you should make an assessment of their condition before deciding to prescribe a medicine. You must have or take an adequate history, including:

- a. any previous adverse reactions to medicines
- b. recent use of other medicines, including non-prescription and herbal medicines, illegal drugs and medicines purchased online, and

- c. other medical conditions.
- 22** You should encourage your patients to be open with you about their use of alternative remedies, illegal substances and medicines obtained online, as well as whether in the past they have taken prescribed medicines as directed.
- 32** If you prescribe for a patient, but are not their general practitioner, you should check the completeness and accuracy of the information accompanying a referral. When an episode of care is completed, you must tell the patient's general practitioner about:
- a. changes to the patient's medicines (existing medicines changed or stopped and new medicines started, with reasons)
 - b. length of intended treatment
 - c. monitoring requirements
 - d. any new allergies or adverse reactions identified,¹² unless the patient objects or if privacy concerns override the duty, for example in sexual health clinics.
- 33** If a patient has not been referred to you by their general practitioner, you should also:
- a. consider whether the information you have is sufficient and reliable enough to enable you to prescribe safely; for example, whether:
 - i. you have access to their medical records or other reliable information about the patient's health and other treatments they are receiving
 - ii. you can verify other important information by examination or testing
 - b. ask for the patient's consent to contact their general practitioner if you need more information or confirmation of the information you have before prescribing. If the patient objects, you should explain that you cannot prescribe for them and what their options are.