10 December 2021

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Dear Mrs Hocking

Regulation 28 Report to Prevent Future Deaths

Thank you for your Regulation 28 Report 'To Prevent Future Deaths'. I am responding as the Medical Director and Director of Education and Standards for the General Medical Council (GMC).

I am grateful to you for raising the matter with us, and I am sorry to hear of the circumstances of Jamie Francis O'Connor's death.

The GMC is the regulator for the medical profession in the UK. As part of our role, we publish guidance for doctors setting out the principles of good practice and the professional standards expected of them in the course of their work. We do not, however, give clinical guidance or comment on clinical matters, such as the appropriateness of specific treatments. All doctors must be aware of and follow our guidance and we have powers to take action if those standards are not met.

I appreciate that the events giving rise to this inquest date from several years ago. In late 2019 we launched a call for evidence in relation to remote consultations and prescribing. This explored whether our existing guidance, which was last updated in 2013 and which applied at the time of Mr O'Connor's death, had kept pace with changes in practice and the use of technology.

Following this exercise, we published updated guidance for doctors on prescribing in February 2021. This now places a greater emphasis on following the principles of good practice regardless of the medium through which a consultation is taking place, face to face or online.

We recognise that some models of remote prescribing can pose greater risks, including where there is no mechanism for doctors to have two-way dialogue or communication with patients. In our updated guidance we are clear that, if they cannot meet our standards

through the mode of consultation they are using, doctors should offer an alternative if possible, or signpost to other services. If doctors think that systems, policies or procedures are, or may be, placing patients at risk of harm, they must follow our guidance in 'Raising and acting on concerns about patient safety'.

For clarity below we have set out our response to each concern you raise, with references to our updated guidance. While the first and last concerns below are outside our remit, I hope our response to the remaining areas gives assurance that the GMC provides clear guidance for doctors that addresses these issues.

'There is no central tracking system or central database to record what each person has been prescribed and dispensed and by whom. This is open to abuse as the person requesting the drugs has potential access to multiple online pharmacies who have no knowledge of what each other have been prescribing thus risking contra-indicated drugs being dispensed or over prescribing of drugs.'

Systems for accessing and sharing information about the prescribing and dispensing of medicines are outside the GMC's remit. However, we strongly agree that effective systems are vital to ensuring safe and effective care.

In our prescribing guidance we say that doctors should only prescribe medicines if they have adequate knowledge of the patient's health and are satisfied that the medicines serve the patient's needs (paragraph 20). It is essential that doctors and other healthcare professionals can easily access or verify the information they need to prescribe safely, especially when prescribing medicines which present a risk of addiction, misuse or overuse.

We know doctors in both remote and face-to-face settings will sometimes find themselves in a position where they cannot easily access or verify the information they need to prescribe safely. In England, we are aware that NHSX has published a 'Delivery Plan', which is looking at how all those involved in the delivery of care can access the information they need. We hope this will be an opportunity to remove barriers for doctors and other healthcare professionals when accessing and sharing relevant patient information.

'There is no requirement to contact the GP of the person requesting drugs to let them know what has been prescribed. If the person requesting the drugs chose not to share with the GP there were no red flags which might indicate further enquiries should be made with that person as to why they did not want to share with the GP.'

Our prescribing guidance is clear that doctors must only prescribe if it is safe to do so and we say that:

- It's not safe to prescribe if doctors don't have sufficient information about the patient's health or if the mode of consultation is unsuitable to meet their needs.
- It may be unsafe if relevant information is not shared with other healthcare providers involved in the patient's care – for example because the patient refuses consent (paragraph 27).

In relation to accessing and sharing information, our guidance (paragraphs 29-32) says that if:

- a doctor is not the patient's regular prescriber, they should ask for the patient's consent to contact their GP or other treating doctors if they need more information or confirmation of the information they have before prescribing, and to share information with the patient's GP when the episode of care is completed.
- the patient objects to information being shared with the doctor, or does not have a regular prescriber who can be contacted, the doctor must be able to justify a decision to prescribe without that information.
- the patient refuses to consent to the doctor sharing information with their GP, or does not have a GP, the doctor should explain to the patient the risks of not sharing this information and document this in their medical records.
- failing to share information with others could pose a risk to patient safety, the doctor should explain to the patient that they cannot prescribe. The doctor should also outline the patient's options and signpost them to appropriate alternative services. Finally, the doctor should clearly document their reasons for any decisions made.

We have also specifically strengthened our guidance in relation to controlled drugs and medicines liable to abuse, overuse, misuse or addiction. This includes emphasising that, if doctors do not have access to relevant information from the patient's medical records, apart from in limited circumstances, they must not prescribe such medicines.

'There was no necessity for a face to face consultation with the person requesting the drugs and the prescriber before drugs were dispensed'

Our guidance says that doctors must consider the suitability of the mode of consultation they are using, taking account of any need for physical examination or other assessments (paragraph 20a). Before prescribing, doctors must be satisfied that they can make an adequate assessment, establish a dialogue and obtain the patient's consent through the mode of consultation they are using (paragraph 24).

We provide further guidance on circumstances in which a face-to-face consultation may be more appropriate than a remote consultation. This includes, but is not limited to, when the doctor is not the patient's usual doctor or GP and the patient has not given the doctor consent to share their information with their regular prescriber. We add that this is particularly important if the treatment needs following up or monitoring, or if the doctor is prescribing medicines where additional safeguards are needed – such as those liable to addiction and abuse (paragraph 22).

We also say that, where different options exist, and it is within their power, doctors should agree with the patient which mode of consultation is most suitable for them (paragraph 21).

‘There was a very limited questionnaire about the history of the person requesting the drugs. If the answer was 'no' to one question which meant that the drugs could not be prescribed it was very easy to go back and alter it to 'yes' (or vice versa) if that meant that the drugs could be dispensed.’

‘Persons requesting the drugs were able to ask specifically for which drug they wanted before contact with the prescriber.’

Our updated prescribing guidance highlights that, when prescribing medicines, doctors must establish a dialogue with their patient to help them consider information about their options and so they can decide whether or not to have care or treatment. We say that good dialogue should give both the doctor and their patient the opportunity to ask questions to get the information they both need (paragraph 34).

Doctors must obtain an adequate history, which includes, but is not limited to, current and recent use of other medicines, including non-prescription and herbal medicines, illegal drugs and medicines purchased online or face to face (paragraph 35). Doctors should encourage their patient to be open about their use of such medicines (paragraph 36).

We specifically say that, if it is not possible to clarify or ask for more information from the patient in the environment they are working, doctors should consider whether it is safe to prescribe, and raise concerns as appropriate. We highlight that it may, for instance, be appropriate to raise concerns if the system in which a doctor is working involves prescribing remotely on the basis of a questionnaire and there is no mechanism for two-way dialogue or communication with patients (paragraph 38).

‘By virtue of where the company prescribing the drugs was registered there was limited regulation.’

The GMC’s remit does not extend to organisations that provide health services. The Department of Health and Social Care and the Care Quality Commission may be better placed to comment on this issue as far as it relates to England.

I hope the information above is helpful.

Yours sincerely

Medical Director and Director of Education and Standards, GMC