



Good prescribing practice

Good prescribing practice requires that a doctor's customary prescribing conforms within reason to patterns established by the doctor's peers in similar practice. Inappropriate prescribing (which may include indiscriminate, excessive or reckless prescribing) is unacceptable, both clinically and ethically. It is also harmful to patients, the medical profession and society. Doctors are sometimes subject to pressure from patients in respect of prescribing. This statement aims to assist doctors to maintain good prescribing practice.¹ It may be used by the Health Practitioners Disciplinary Tribunal, the Council, and the Health and Disability Commissioner as a standard by which your conduct is measured.

Good prescribing practice

1. Make the care of patients your first concern. You should only prescribe medicines or treatment when you have adequately assessed the patient's condition, and/or have adequate knowledge of the patient's condition and are therefore satisfied that the medicines or treatment are in the patient's best interests.² Alternatively you may prescribe on the instructions of a senior colleague or a practice colleague who can satisfy the above criteria, as long as you are confident that the medicines or treatment are safe and appropriate for that patient and the patient has given his or her informed consent. Medicines or treatment must not be prescribed for your own convenience or simply because patients demand them. To ensure that your prescribing is appropriate and responsible you should:
 - Keep yourself informed of policy and legislation relating to the use and disposal of medicines, including the requirements of the Medicines Act 1981, the Medicines Regulations 1984, the Misuse of Drugs Act 1975, the Misuse of Drugs Regulations 1977, the New Zealand Pharmaceutical Schedule,³ and District Health Board (DHB) prescribing and medication policies, procedures and guidelines.
 - Be familiar with the indications, adverse effects, contraindications, major drug interactions, appropriate dosages, monitoring requirements, effectiveness and cost-effectiveness of the medicines that you prescribe. Be aware that promotional and other information on medicines that are distributed by commercial interests are unlikely to be impartial; and independent expert sources of information (such as the New Zealand Formulary,⁴ and Medsafe Prescriber Update) are preferred where available.
 - Take an adequate history of the patient, including: family history of the disease or condition, any previous adverse reactions to medicines; previous and current medical conditions; and concurrent or recent use of medicines (including non-prescription, complementary and alternative medicines).⁵

¹ This statement replaces the April 2010 statement on *Prescribing drugs of abuse*, and incorporates relevant provisions from that statement.

² Refer to paragraphs 2-3 and 9-10 of *Good medical practice*.

³ The New Zealand Pharmaceutical Schedule is a list of approximately 2,000 prescription medicines and therapeutic products subsidised by the New Zealand Government. Prescribers are expected to act in accordance with the intent and the specific rules and criteria of the Schedule.

⁴ The New Zealand Formulary (NZF) is an independent resource providing health care professionals with clinically validated medicines information and guidance on best practice, enabling health care professionals to select safe and effective medicines for individual patients. It builds on the New Zealand Universal List of Medicines, and incorporates information from the British National Formulary. The NZF is adapted for the New Zealand context and covers medicines used in New Zealand.

⁵ It is also recommended that you record this information in a medicine management system which complies with the Health and Disability Services (Core) Standards, NZ Standard 8134.1:2008. For example, Standard 3.12 Medicine management which states that 'consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines'.

- Consider whether a prescription is warranted, given the nature of the patient's complaint and presentation; and whether the complaint and presentation could be an adverse effect of a medicine. Consider also whether non-treatment or a non-pharmacologic treatment could be as effective and safe.
- Ensure that the patient (or other lawful authority⁶) is fully informed and consents to the proposed treatment and that he or she receives appropriate information, in a way they can understand, about the options available; including an assessment of the expected risks, adverse effects, benefits and costs⁷ of each option.⁸
- Satisfy yourself that the patient understands how to take or use any medicine prescribed and is able to take it or use it.
- Consider the input that other health care professionals including pharmacists might be able to offer regarding the medicines you prescribe such as information on its dosage, possible interactions with other medicines and adverse effects.
- Never prescribe indiscriminately, excessively or recklessly. It is unethical to provide any treatment that is illegal or detrimental to the health of the patient.
- Prescribe in accordance with accepted practice and any relevant best practice guidelines. Prescribing outside of accepted norms should only occur in special circumstances with the patient's informed consent. It might be useful to discuss the proposed treatment with a senior colleague before completing the prescription.
- Share information about the prescribing with other health professionals involved in the patient's care to ensure continuity of care and patient safety. The sharing of information includes verbal communication with other health professionals and written communication such as providing another health professional with access to the patient's clinical records.⁹ Advise the patient that information about their care will be shared.
- Periodically review the effect (benefits and harms) of the treatment and any new information about the patient's condition and health if the treatment is being prescribed for an extended period of time. Continuation or modification of treatment should depend on your evaluation of progress towards the objectives outlined in a treatment plan.
- Take part in clinical audit, peer review and continuing medical education to maintain and improve your prescribing skills, knowledge and expertise.
- Keep a clear, accurate and timely patient record containing all relevant clinical findings; decisions made; adverse drug reactions (date, name of medicine and description of reaction); information given to the patient about the medicines and any other treatment prescribed.¹⁰ Information contained in the patient's records could be available electronically to other health professionals and the information contained in the patient's records used to prescribe in other health care settings. As such, it is essential that the information in the patient's records and on the prescription are consistent with what the patient has been told to take or use.

2. The issuing of prescription medicines is legally restricted. In particular:

- Under regulation 39 of the Medicines Regulations 1984, no doctor is permitted to prescribe prescription medicine to an individual unless it is for the treatment of a patient under his or her care.
- Prescriptions for drugs under regulation 29 of the Misuse of Drugs Regulations 1977 must be hand-written on a form provided by the Director-General of Health or on a paper form that is electronically generated by the controlled drug prescriber from an approved system and personally signed by the prescriber with his or her usual signature (not a facsimile or other stamp).
- Except for a drug classified under the Misuse of Drugs Act 1975, all other prescriptions must be legibly and indelibly printed and personally signed by the prescriber with his or her usual signature (not a facsimile or other stamp) to comply with New Zealand legislative standards under regulations 40-41 of the Medicines Regulations 1984 unless a waiver has been issued by the Director-General of Health for a specified electronic means.

⁶ Lawful authority includes an Enduring Power of Attorney, or a parent or guardian in instances where the patient is a child.

⁷ As a prescriber, it is important that you check in the first instance whether a medicine is subsidised. When a medicine is not fully subsidised it can be difficult to give accurate advice about cost. In such cases you should either give a reasonable estimate of cost, or make the patient aware that there is a cost involved and advise them to ask the pharmacist what the charge will be.

⁸ For further advice on writing medical certificates for patients suffering from work-related stress, please refer to the Ministry of Business, Innovation and Employment's *Guidance note for general practitioners: Certification of patients complaining of work-related 'stress' problems*.

⁹ Where health information is shared, it is important to ensure that you adhere to the rules outlined in the Health Information Privacy Code 1994.

¹⁰ Refer to paragraph 5 of *Good medical practice*.

- Faxed or telephone prescriptions are permitted, but only in cases where the prescriber requires a medicine to be dispensed urgently. In such cases you must forward the original prescription to the dispensing pharmacist within 7 days unless the faxed prescription has been generated by a system that is connected to the New Zealand ePrescription Service (NZePS), contains the NZePS barcode and is signed by the prescriber. Prescriptions communicated by telephone, fax or email for controlled drugs must be written on a triplicate form and received by the dispensing pharmacist within 2 business days.
- 3. Before prescribing any medicine for the first time to a patient, Council expects you to have an in-person consultation with the patient.¹¹ If that is not possible because of exceptional circumstances,¹² consider a video consultation¹³ with the patient¹⁴ or discuss the patient's treatment with another New Zealand registered health practitioner who can verify the patient's physical data and identity. If you are providing locum cover for an absent colleague or are discharging a patient from hospital it is permissible to complete a prescription for a patient if you have access to that patient's notes and have reviewed that patient's notes.¹⁵
- 4. If you prescribe at the recommendation of another New Zealand-registered health practitioner who does not have prescribing rights, you must be satisfied that the prescription is appropriate for the patient concerned and that the health practitioner is competent to have recommended the treatment.
- 5. Avoid writing prescriptions for yourself or those with whom you have a close personal relationship.¹⁶ It is never appropriate to prescribe or administer medicines with a risk of addiction or misuse¹⁷ psychotropic medication or controlled drugs¹⁸ to yourself or someone close to you.
- 6. If you have registration in a provisional scope of practice, you may only prescribe medicines as part of that scope of practice.
- 7. Under section 36 of the Health Practitioners Competence Assurance Act 2003, the Council is provided with the jurisdiction to review a doctor's competence. This may include making inquiries on the prescribing of any doctor for the purpose of considering and determining whether that doctor is professionally competent. If the Council concludes that a doctor is prescribing inappropriately, it may recommend to the Minister of Health that the doctor be prohibited from prescribing all, or specific classes of prescription medicine.
- 8. Where an electronic system is used for any aspect of prescribing, it must comply with relevant standards pertaining to electronic prescribing in the location where the prescription will be filled.¹⁹

¹¹ 'In-person' refers to situations where the doctor and patient are physically present in the same consultation room. While the consultation room is commonly used in many clinical settings, there are a number of specialties such as radiology where the patient and doctor may not be in the same room and the doctor may delegate the responsibility for examining or attending to the patient to another health practitioner. What is important in such a situation is that the doctor is proximate, available and can be called upon if clinically necessary in line with best practice for that particular discipline or specialty.

¹² Examples of exceptional circumstances include the urgency of the clinical situation or the unavailability of a doctor. It is good practice to document in the patient's clinical notes, the mode of the consultation and the reasons for not conducting an in-person consultation before prescribing any medication for the first time to a patient.

¹³ 'Video consultation' is defined as where the doctor and patient use information and video conferencing technologies to communicate with each other and visual and audio information are exchanged in real time but the doctor and patient are not physically present in the same consultation room. Video consultations can be conducted between a doctor and patient in the presence of their general practitioner or other health practitioner or it can be conducted with no medical support at the patient's end.

¹⁴ If you conduct a video consultation, you must take extra care to ensure that a physical examination of the patient is not necessary. If in the course of a video consultation it becomes clear that a physical examination is required, you must inform the patient and arrange for a physical examination. In instances where the physical examination is to be conducted by another health practitioner, you must ensure that you outline clearly what follow-up is required.

¹⁵ Please refer to clauses 34-35 of this statement for additional advice on issuing repeat prescriptions.

¹⁶ Clause 11 of *Good medical practice*. For more information, refer to the Council's statement on *Providing care to yourself and those close to you*.

¹⁷ Medicines with a risk of addiction or misuse are prescription medicines that have a therapeutic effect and also a higher potential for misuse, abuse and dependence.

¹⁸ Controlled drugs are specified and described under the Misuse of Drugs Act 1975. Refer to Schedules 1, 2 and 3 for a list of substances that are classified as Class A drugs (drugs that pose a very high risk of harm), Class B drugs (drugs that pose a high risk of harm) and Class C drugs (drugs that pose a moderate risk of harm).

¹⁹ See also clause 37 of this statement and Council's *Statement on telehealth*.

Preventing errors

9. When writing a prescription, avoid using abbreviations which might be misunderstood.²⁰ A prescription must be legible, unambiguous and contain all the information necessary to ensure appropriate dispensing and compliance with all legislative and subsidy requirements, including:²¹
 - the name and physical address of the patient
 - the generic name of the medicine (unless there is a clinical or safety reason for a particular brand in which the brand name should be specified), its strength, form and quantity
 - full instructions for use of the medicine
 - full date (day, month and year)
 - the period of supply, repeats (if any) and any other dispensing conditions, such as the Dispensing Frequency Rule²²
 - your printed name, physical address, Medical Council number and signature
 - 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.
10. In certain cases you should include additional information such as the patient's weight and/or age (for example where the patient is a child and where this information would affect dosage). The Misuse of Drugs Regulations 1977 outlines additional requirements which apply when prescribing controlled drugs.²³
11. You must respond in a timely and professional manner when contacted by a pharmacist or other health care provider for assistance in verifying a prescription. If you are asked to endorse the prescription you should promptly either make the requested change or correction and endorse as necessary; or determine that you will not make any change to the original prescription. In any case where a change has been requested you should promptly return the prescription to the party who requested the change and forward it to any other relevant party. Any change made should also be updated accordingly in the patient's clinical records.
12. You should remain vigilant regarding possible adverse effects of medicines and inform the Centre for Adverse Reactions Monitoring (CARM) (<https://nzphvc.otago.ac.nz/>) of any allergic, severe, uncommon or unanticipated adverse reactions to medicines reported by your patients, especially if of clinical concern.²⁴
13. There are often changes to a patient's medicines when their care is transferred between health professionals or between care facilities. Transitions of care can result in medication errors and cause harm to the patient. You should ensure that the health professional taking over the patient's care is supplied with the patient's current list of medicines, allergies and adverse drug reactions, and that any changes are documented, reconciled and explained.²⁵

²⁰ The Health Quality & Safety Commission has published a poster titled 'error-prone abbreviations, symbols and dose designation NOT TO USE', which lists abbreviations, symbols and dose designations that have been reported internationally as being frequently misinterpreted and involved in harmful medication errors. The poster advises that those abbreviations, symbols and dose designations should never be used when communicating medicine-related information verbally, in handwritten form, pre-printed or electronically. For more information, see (<http://www.hqsc.govt.nz/assets/Medication-Safety/Alerts-PR/Poster-error-prone-abbreviations-not-to-use.pdf>).

²¹ Regulation 41 of the Medicines Regulations 1984. See also the Legal and Contractual Requirements of a Prescription in the *Pharmacy Procedures Manual*. The manual is a reference document for pharmacists maintained by District Health Boards.

²² The Dispensing Frequency Rule replaces Close Control from 1 July 2012.

²³ For example, regulation 31 of the Misuse of Drugs Regulations 1977 outlines the restrictions that apply when dispensing controlled drugs on a prescription in that Class A and Class B drugs must be dispensed within seven days from the date of the prescription, while Class C drugs must be dispensed within six months from the date of the prescription.

²⁴ Any actual or 'near miss' medication errors should be reported to the Medication Error Reporting Programme, MERP (anonymously if preferred). MERP is an initiative of the New Zealand Pharmacovigilance Centre. It aims to enhance the safety of medication use in New Zealand by sharing information about medication errors to reduce and prevent harmful medication errors.

²⁵ Refer to the Health Quality & Safety Commission's *Medicine reconciliation: A guide for health professionals*; and *Making sure you are taking the right medicines: An important guide for people coming into hospital*.

14. Prescriptions and their associated medication charts for rest home and long-stay hospital residents should be reviewed every 3 months to ascertain the need for and the risk/benefit of continuing a medicine and the appropriateness of the dose prescribed.²⁶

Prescribing unapproved medicines²⁷

15. You may prescribe unapproved medicines or prescribe medicines for a purpose for which they have not been approved.²⁸ However, if you decide to do so, you must take responsibility for overseeing the patient's care, including monitoring and any follow-up treatment. You must make a clear, accurate and legible record of your reasons for prescribing any unapproved medicines and of the patient's consent. You must not prescribe medicines for an unapproved use if it is outside your scope of practice. You should discuss medicines for an unapproved use with a senior colleague before prescribing them. You should also inform the patient:
- whether there are any other options available
 - of any risks, adverse effects, costs or benefits
 - that the medicine being prescribed is for an unapproved use
 - that pharmacies are not allowed to stock unapproved medicines and the medicines can only be ordered once a prescription is presented
 - that details relating to the supply of the unapproved medicine will be supplied to the Director-General of Health.
16. Section 29 of the Medicines Act 1981 requires that certain details relating to the supply of that medicine be passed to the Director-General of Health.²⁹

Prescribing medication with a risk of addiction or misuse

17. You must give careful consideration before prescribing any medication with a risk of addiction or misuse or psychotropic medication, and ensure that there are robust systems in place to manage the care of these patients. 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 in person.
18. When you prescribe medicines which have the potential for addiction or misuse you must ensure that the person you are writing the prescription for is not:
- seeking such medicines for non-therapeutic purposes
 - seeking such medicines to supply to other individuals
 - a restricted person.³⁰
19. Additional factors to consider when prescribing medicines which have the potential for addiction or misuse include:
- not prescribing any more than 1-3 days of medication to unfamiliar or new patients without the opportunity to comprehensively assess the established rationale for treatment and current course of treatment by contacting the treating service of origin

²⁶ In instances where the facility uses electronic medication charts, ensure that the system being used is eligible for a waiver from the Director-General of Health in that a paper prescription does not have to be written and sent to the dispensing pharmacy in addition to the electronic chart entry.

²⁷ An unapproved medicine is a medicine for which consent has not been given by the Director-General of Health for sale, distribution or marketing in New Zealand. Such medicines have not undergone any Medsafe regulatory process.

²⁸ Section 25 of the Medicines Act 1981 allows the authorised prescriber to use any medicines (approved or unapproved) for the treatment of a particular patient in the authorised prescriber's care. In exercising the right to prescribe any medicines, it is important for the prescriber to ensure that the prescriber is working within his / her scope of practice.

²⁹ For more information and to download a notification form, go to www.medsafe.govt.nz/regulatory/unapproved.asp

³⁰ A restricted person is a person who is subject to a notice issued by a Medical Officer of Health under section 49 of the Medicines Act 1981 and/or section 25 of the Misuse of Drugs Act 1975. Lists of restricted persons are supplied to prescribers by the Ministry of Health. If you prescribe medicines which have the potential for misuse, you should make sure you are aware of any restricted persons living in your region.

- seeking feedback from pharmacists about the patient's attendance for earlier prescriptions, and be willing to receive feedback about future dispensing to the patient
 - being aware that pressure to prescribe or prescribing in isolation from your peers are warning signs
 - being satisfied that the ongoing prescribing of medicines with the potential for addiction or misuse remains clinically indicated and is based on evidence and good prescribing practice.
20. It is not always easy to identify whether a patient is seeking medicines for non-therapeutic use. Any patient or health practitioner can develop an addiction to medicines. Features of drug-seeking behaviour in a patient who may be using prescribed medication for non-therapeutic purposes include that he or she:
- is transitory
 - nominates the medicines they are seeking
 - actively uses medication at higher than prescribed doses
 - injects oral tablets
 - obtains medicines from multiple prescribers
 - may not proffer ID
 - requests the last appointment of the day
 - refuses a physical examination for injection sites, other signs of substance dependence, and/or other drug screening
 - is unable to provide accessible contact details for his or her usual prescriber, treating service or dispensing pharmacist
 - is a new patient who presents documentation specifically supporting a controlled-drug request. Additionally, doctors are advised to seek to verify patient-held documentation before prescribing a controlled-drug request. A further sign of possible drug-seeking behaviour is if the patient-held documents are not comprehensive medical records, but only refer to the medication the patient is seeking.
21. When you prescribe medicines which have the potential for misuse, you should keep in mind the possible consequences to patients, including:
- overdoses
 - development or maintenance of a drug habit
 - the diversion of medicines to illicit markets
 - social consequences including violence or crime
 - patient safety.
22. If you have any concern about issuing a prescription, the Medical Council recommends that you consult with your peers and/or the Medicines Control (phone 0800 163 060 or 04 496 2437). Medicines Control is an agency within the Ministry of Health that is responsible for containment of drug abuse. Its responsibilities include advising health professionals on drug misuse issues; monitoring controlled drug prescribing; and assisting in the preparation of restriction notices for drug-seeking behaviour.
23. If you are concerned that a person is seeking medicines for non-therapeutic purposes, work co-operatively with colleagues, local drug treatment agencies and the Police (where necessary) to ensure that the person receives appropriate care and does not obtain the medication from another source. Inform Medicines Control, and the Police if you believe that fraud has occurred, or that a stolen or altered prescription has been presented, and/or, that the patient is believed to be on-selling the prescription / substances. If the person is a health practitioner, you may also need to notify the relevant registration authority (such as the Medical Council or the Nursing Council).³¹ You should also exercise care in ongoing prescribing for the patient.

³¹ See also section 45 of the Health Practitioners Competence Assurance Act 2003.

24. If you are threatened or intimidated by a person seeking medication for inappropriate use, your first concern must be for your own safety. It is important to have policies and procedures in place to protect the security of all staff in your practice. As soon as the person exhibiting drug-seeking behaviour has left, you should call the Police and provide them with a detailed description of the person and, if possible, the registration number of the vehicle they left in.
25. If you are concerned about a colleague's prescribing of medicines that have the potential for addiction or misuse, you have a responsibility to report those concerns to the Medical Council.

Shared care

26. Where a patient's care is shared between clinicians, the doctor with the responsibility for continuing management of the patient has a duty to keep him or herself informed about the medicines that are prescribed and the monitoring required for patients on that medicine to ensure safe and effective use.³²
27. If you are the doctor signing and issuing the prescription you bear responsibility for that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the treatment prescribed and can monitor any adverse effects of the medicine should they occur.
28. If you recommend that a colleague prescribe a particular medicine for a patient, you must first consider their competence to do so and whether it is within their scope of practice. You must satisfy yourself that they have sufficient experience and information to prescribe as well as knowledge of the patient and of the medicine you recommend. Your colleague should agree with the prescription you recommend and agree to take on care of that patient. You should be willing to answer your colleague's questions and assist them in caring for the patient as required.
29. In most circumstances there should be timely and full information flow between all doctors responsible for the care of the patient and other relevant health practitioners about the indications and need for particular therapies.³³ If you are the prescribing doctor and you make any change to treatment, you must notify your colleague(s) of the change and the rationale for it. If the change has implications for the patient and his or her care, you must also make sure that this information is received by your colleague(s) and that the change is documented in the patient's clinical record.

Prescribing and dispensing by other health professionals³⁴

When other health professionals have prescribing rights

30. Some other health professionals have legal and independent prescribing rights.³⁵ If you are working in a team with other health professionals, work collaboratively within your scope of practice to ensure the best possible outcome for the patient.

Standing orders

31. A standing order is a written instruction issued by a medical practitioner in accordance with regulations that authorises other health professionals who do not have prescribing rights to administer and/or supply specified medications and some controlled drugs without a prescription. The intention is to improve patients' timely access to medications. Standing orders do not require staff to supply or administer medicines — they permit or empower designated staff to do so.³⁶

³² In shared care situations doctors also have additional responsibilities and these are outlined in paragraphs 39-42 of *Good medical practice*.

³³ For advice on when information should be shared between general practitioners and other specialists, please refer to paragraphs 46-52 of *Good medical practice*. In some sensitive situations, such as where a patient has requested a termination of a pregnancy, the patient may request that information about medication and treatment is not shared. In these situations you should:

- Consider whether the other doctor requires the information to assist them in providing the patient with further treatment.
- Discuss with the patient the benefits of sharing the information.
- Discuss with the patient the risks and benefits of other treatment options (such as not prescribing).
- Advise the patient that you may need to share information about the treatment despite their concerns.

³⁴ This advice also appears as a Supplementary Guidance in *Good medical practice*.

³⁵ Section 2 of the Medicines Act 1981 lists the health practitioners with prescribing rights. Consider checking whether another health professional has prescribing rights if you are unsure.

³⁶ Please refer to the Ministry of Health's *Standing Order Guidelines* (2nd edition) published in August 2016.

32. Increasingly, other health professionals work in teams with doctors. Some teams delegate to non-doctors the responsibility for initiating and/or changing medication. If the person dispensing the medicine is working from standing orders, the responsibility for the effects of the prescription remains with the doctor who signed the standing order.
33. Support your non-doctor colleagues in these situations by:
- making yourself familiar with the requirements for initiating and using standing orders under the Medicines (Standing Order) Regulations 2002 and the Standing Order Guidelines 2016
 - checking that your colleague has the competence and training to safely operate under standing orders
 - regularly auditing any treatment initiated or changed by a practitioner working under your delegation
 - making yourself available by phone for advice.

Repeat prescriptions

34. It is important that any system for issuing a repeat of an earlier prescription issued to a patient takes full account of the obligations to prescribe responsibly and safely and that the doctor who signs the prescription takes responsibility for it. Before signing a repeat prescription, you must be satisfied that secure procedures are in place to ensure that:
- The patient is issued with the correct prescription.
 - Each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required.
 - The correct dose is prescribed for medicines where the dose varies during the course of the treatment.
 - You have appropriate information available (which may include access to the patient's clinical records) so that you can review the appropriateness of the repeat prescription.
 - Any subsidy conditions that have changed since the last prescription (such as a change to subsidised medicines or a change to the patient's Dispensing Frequency requirements) are amended by you on the prescription.
 - You review all relevant information before completing the prescription, and ensure that the patient record is maintained and updated.
 - Repeat prescriptions should include details about the number of the repeats allowed within a given time frame and, for the patient's benefit, clear instructions relating to the dosage including quantity, frequency and route.
35. Patients receiving repeat prescriptions should be assessed in person on a regular basis to ensure that the prescription remains appropriate, adverse effects are monitored, and the patient is taking or using their medicines as intended. Patients who need a further examination or assessment should not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious adverse effects. It is at the doctor's discretion whether a patient is given a repeat prescription. Decisions not to issue a repeat prescription should be explained to the patient and documented accordingly.

Prescribing for patients abroad or travelling abroad³⁷

36. With the increase in global travel, patients may from time to time request prescriptions from their doctor to cover the period they are overseas.
- For patients travelling overseas and returning to New Zealand within the timescale of a normal prescription (usually 1 and no more than 3 months or no more than 6 months in the case of oral contraceptives),³⁸ medication should be prescribed in sufficient quantity to cover the period overseas provided that this is clinically appropriate. It may be useful for the prescribing doctor to provide a supporting letter that lists the names of all medicines prescribed to the patient and the total amount of medicines prescribed for the period of travel.

³⁷ For information on importing medicines into New Zealand, refer to Medsafe (www.medsafe.govt.nz).

³⁸ Medicines Regulations 1984, regulation 39A.

- For longer trips away (over 3 months), the patient should be advised to register with a local doctor in the destination country for continuing medication. The patient should be advised to check that the medicines they require are available in the country they are visiting.
- For prescription of controlled drugs, consider issuing a supporting letter to the patient and advising the patient to contact the embassy or consulate office of the country they will be travelling to clarify local laws in relation to the possession of controlled drugs and the evidence required to legally carry quantities of those drugs.

37. A prescription written in New Zealand has no validity overseas. For this reason:

- It is advisable for patients to fill their prescription in New Zealand before they travel abroad.
- It is inappropriate to write prescriptions for overseas-based patients. Such patients should be advised to consult with a doctor in the country the patient is based in.

Samples and clinical evaluation packages

38. Samples and clinical evaluation packages should only be distributed to patients in order to allow doctors to evaluate the clinical performance of the medicine outside of the context of post-marketing surveillance studies, to initiate treatment, or for a similar purpose. Avoid using samples to start patients on medicines that they would not usually receive. If you depart from this guidance, you must be able to justify your actions in terms of the benefit to your patient. The distribution of samples should not involve any form of material gain for you or your practice. If samples are given to a patient, you should document the details in the patient's clinical record.

Administration

39. Dispensing is primarily the domain of pharmacists, and pharmacist dispensing provides important safety checks and monitoring. Doctors should limit themselves to dispensing medicines in an emergency, or where prompt treatment is required.
40. If you dispense medicines that you prescribe, you must have systems in place to ensure that the correct medicine and dosage is dispensed. As a general rule, the medicines you dispense should not be sold for a profit. You must also ensure that any medicines are dispensed in accordance with the requirements of the Medicines Regulations 1984, in particular that it is labelled as required by regulation 23 and that the container of the medicine is compliant with regulation 35.

Security

41. If you do hold or dispense controlled drugs, you are required to keep a controlled drugs register in accordance with the requirements of regulation 37 and as laid out in Schedule 1 of the Misuse of Drugs Regulations 1977.
42. It is good medical practice to keep a drugs register even if you do not prescribe or dispense controlled drugs – particularly where the drug cabinet is jointly accessed by members of a group practice.
43. Class A and Class B controlled drugs, and most Class C drugs, must be kept in a secure cupboard or compartment, which is of metal or concrete construction as required by regulation 28 of the Misuse of Drugs Regulations 1977.
44. Controlled drug prescription pads and forms must also be kept secure. Where a controlled drug prescription is posted, you must ensure that it is done in a secure manner, and you must maintain a record of all controlled drug prescriptions sent by post.

Fees and charges related to dispensing

45. The Medicines Act 1981 places restrictions on prescribers holding an interest in a pharmacy. You should also inform your patients if your employer or practice has any financial or commercial interests in any pharmacy they are likely to use. You must not allow these interests to influence your prescribing practice or the advice you give to patients.
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46. If you dispense medicines that you also prescribe, you must always act in the patient's best interests and respect their freedom to choose where to have the medicines dispensed.
47. You should limit fees for dispensing medicines to the cost of the medicines and any reasonable handling costs. You must advise the patient of these fees.
48. You must not pressurise patients to use a particular pharmacy, personally or through an agent, nor should you disparage or otherwise undermine patients' trust in a pharmacy or pharmacist. You must ensure your staff and colleagues comply with this advice.

Related statements

- *Good medical practice*
- *Prescribing performance enhancing medicines in sport*
- *Statement on use of the internet and electronic communication*
- *Statement on providing care to yourself and those close to you*
- *Statement on complementary and alternative medicine*
- *Statement on telehealth*
- *Doctors and health related commercial organisations*
- *The Royal Australasian College of Physicians' Prescription opioid policy*
- *The Royal Australasian College of Physicians and the Royal Australian and New Zealand College of Psychiatrists' Illicit Drugs Policy.*
- *The Faculty of Pain Medicine and the Australian and New Zealand College of Anaesthetists' PM01 Recommendations regarding the use of opioid analgesics in patients with chronic non-cancer pain*
- *The Pharmacy Council of New Zealand's statement on Raising concerns with prescribers*

November 2016

This statement is scheduled for review by November 2021. Legislative changes may make this statement obsolete before this review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.