Medical and Dental Council of the Cook Islands

Good prescribing practice
for
Medical and Dental Practitioners
in the
Cook Islands

Adopted by the Medical and Dental Council of the Cook Islands on the….

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Good prescribing practice

Statement of intent

Good prescribing practice requires that prescribing by a registered medical or dental practitioner, and any other health practitioner with prescribing rights (under standing orders) conforms within reason to patterns established by accepted norms in the Cook Islands and their peers in public or private practice. Inappropriate prescribing (which may include deficient, indiscriminate, excessive or reckless prescribing) is unacceptable, both clinically and ethically. It is also harmful to patients, the health professions, Te Marae Ora Ministry of Health Cook Islands, and society in general.

Together with the *Core Competencies Guidelines for Medical and Dental Practitioners in the Cook Islands* (Core Competencies Guidelines) document this document aims to assist medical and dental practitioners and other prescribers (as per standing orders) to maintain good prescribing practice. It may be used by the relevant Cook Islands health profession councils as a standard against which conduct and fitness to practice is assessed.

These guidelines have been adapted from the Medical Council of New Zealand (2020) *Good Prescribing* document.

Prescribing practice

Care of patients is your primary concern. Prescribe medicines or treatments only when you have adequately assessed the patient's condition(s); and/or have adequate knowledge of the patient's condition(s) and are therefore satisfied that the medicines or treatments are in the patient's best interests.

You may prescribe on the instructions of a senior colleague who has satisfied the above criteria, as long as you and they are confident that the medicines or treatments 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 because patients demand them.

The Core Competencies Guidelines requires that you do not write electronic prescriptions for yourself or those with whom you have a close personal relationship. It is never appropriate to prescribe or administer medicines with a risk of addiction or misuse, psychotropic medication or controlled drugs to yourself or someone close to you.

Appropriate and responsible prescribing

Keep yourself informed of the legislation and guidelines relating to the use and disposal of medicines - Medical and Dental Practices Act 1976; the Medical and Dental Practices Amendment Act 1977; Ministry of Health (Pharmacy and Therapeutic Products) Regulations 2013; Narcotic and Misuse of Drugs Act 2004; Narcotics Regulations 1966; Ministry of Health Act 2013; and the Core Competencies Guidelines.

1. Familiarise yourself with the indications, adverse effects, contraindications, major drug interactions, appropriate dosages, monitoring requirements, effectiveness and cost-effectiveness of the medicines that you prescribe.
2. Be aware that promotional and other information on medicines that are distributed by commercial interests are unlikely to be impartial. The preferred independent expert sources of information is the New Zealand Formulary
3. You are required to document the medical history of the patient, including: family history of the disease or condition, any previous allergies or adverse reactions to medicines; previous and current medical conditions; and concurrent or recent use of medicines (including non-prescription, complementary and alternative medicines).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
4. Ensure that the patient is fully informed and consents to the proposed treatment and that they have received appropriate information, that they understand, about the options available; including an assessment of the expected risks, adverse effects, benefits and costs of each option
5. 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
6. It is unethical to provide any treatment that is illegal or detrimental to the health of the patient
7. 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
8. Take part in clinical audit, peer review and continuing medical education to maintain and improve your prescribing skills, knowledge and expertise.

The issuing of prescription medicines is legally restricted. In particular:
Consistent with Core Competencies Guidelines, no doctor is permitted to prescribe a prescription medicine to an individual unless it is for the treatment of a patient under their care.

- Prescriptions for medicines must be electronically entered on a form approved by the Secretary of Health in MedTech. Where there is an electronic technical fault, prescriptions can be handwritten on dedicated prescription forms as supplied by Te Marae Ora Ministry of Health Cook Islands (TMO).
- All prescriptions must be legibly and indelibly printed (computer generated or hand written) and personally signed by the prescriber with his or her usual signature to comply with regulations 40-41 of the New Zealand Medicines Regulations 1984, unless a waiver has been issued by the Secretary of Health for a specified electronic means[1].
- A waiver has been issued relating to regulation 41. The waiver allows prescriptions to be unsigned if:
    - The scripts are for non-Controlled Drugs; AND
    - The scripts are generated systems authorised for Signature Exempt Prescriptions by TMO.
- Faxed or telephone prescriptions are permitted, but only in cases where the prescriber requires a medicine to be dispensed urgently. In such cases the prescriber must forward the original prescription to the dispensing pharmacist within seven days
- Before prescribing any medicine for the first time to a patient, you are expected to have an in-person consultation with the patient. If that is not possible because of exceptional circumstances, consider a video consultation with the patient. Alternatively discuss the patient's treatment with another Cook Islands registered clinician 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
- If you have registration in a provisional scope of practice, you may only prescribe medicines as part of that scope of practice
- Under section 6 of the Medical and Dental Council Practices Act 1976, 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 to seek an order from the Queens Representative under 24 (a) of the Narcotics and Misuse of Drugs Act 2004 to prohibit a medical practitioner or dentist from prescribing all, or specific classes of controlled drugs. This legislation only pertains to controlled drugs. **N.B** If a prescriber needs to stop prescribing, then the Medical and Dental Council needs to de-register them
- 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.

[1] In the Cook Islands the Secretary of Health has issued a waiver for electronic prescriptions

Preventing errors

When writing an electronic or handwritten prescription, avoid using abbreviations which might be misunderstood. A prescription must be legible, unambiguous and contain all the information necessary to ensure appropriate dispensing, administration, and compliance with all legislative requirements including:

- The name and physical address of the patient
- Date of birth, especially if the patient is 12 years of age or less
- The generic name of the medicine (unless there is a clinical or safety reason for specifying a particular brand), its strength, form and dosing regimen
- 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

In certain cases you should include additional information such as the patient's weight. The Narcotics and Misuse of Drugs Act 2004 outlines additional requirements which apply when prescribing controlled drugs.

You must respond in a timely and professional manner when contacted by a pharmacist or pharmacy support staff 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 promptly updated accordingly in the patient's clinical records in MedTech.

- You should remain vigilant regarding possible allergies to, and adverse effects of medicines and refer to the Adverse Drug Reaction Protocol.
- There are often changes to a patient's medicines when their care is transferred between health professionals. 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.
- Prescriptions for long term medicines and the associated medication charts for long-stay hospital residents should be reviewed every three months to ascertain the need for and the risk/benefit of continuing each medicine prescribed and the appropriateness of the dose prescribed given the patient's current clinical condition.

Prescribing unapproved medicines

You may prescribe unapproved medicines or prescribe medicines for a purpose for which they have not been approved. However, if you decide to do so, you must take responsibility for fully assessing the risks and benefits of doing so, and 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 has not been approved for use in the Cook Islands. That is, its safety has not been assessed by a recognised regulatory authority.
    - That the medicines can only be ordered once a prescription is presented at a pharmacy
    - That the medicine isn't on the Cook Islands Essential Medicines List and as such, will need to be obtained from a private pharmacy, and that there will be a cost associated with it[2]

Prescribing medication with a risk of addiction or misuse

You must give careful consideration before prescribing any medication with a risk of addiction or misuse or any psychotropic medication, and ensure that there are robust systems in place to manage the care of patients requiring these medicines. 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.

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[3], or a person who is the subject of a Restriction Notice[4].

Additional factors to consider when prescribing medicines that have the potential for addiction or misuse include:

- Not prescribing any more than one to three 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
- 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, harm minimisation, and good prescribing practice.

[2] Unless of course, prior arrangements have been made for TMO to supply this on a "named-patient" basis.

[3] See clause 26 of the Narcotics and Misuse of Drugs Act 2004

[4] See clauses 34 and 35 of the Ministry of Health (Pharmacy and Therapeutic Products) Regulations 2013

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 the individual:

- 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.

When you prescribe medicines that 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.

If you are concerned that a person is seeking medicines for non-therapeutic purposes, work co-operatively with colleagues and the Police (where necessary) to ensure that the person receives appropriate care and does not obtain the medication from another source. Inform 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 and Dental Council or the Nursing Council). You should also exercise care in ongoing prescribing for the patient.[5]

- 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

[5] See clause 25 of the Narcotics and Misuse of Drugs Act 2004

a detailed description of the person and, if possible, the registration number of the vehicle they left in.
- If you are concerned about a **practice competence issue** that has the potential for addiction or misuse, you have a responsibility to report to the Medical and Dental Council.

Shared care

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.

- If you are the doctor signing and issuing the prescription you bear responsibility for the effects of that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the risks and benefits of the treatment prescribed and can monitor the effects of the medicine.
- 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.
- 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. 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 on MedTech.

Prescribing by other health professionals
Some other health professionals have legal and independent prescribing rights. 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

A standing order is a written instruction issued by a registered medical practitioner in accordance with clause 3 of the Pharmacy and Therapeutic Regulations 2013 that authorises 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.[6]
Increasingly, other health professionals like Nurse Practitioners 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.

Support your non-doctor colleagues in these situations by:
- Making yourself familiar with the requirements for initiating and using standing orders
- 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

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 issuing 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.
- You review all relevant information before completing the prescription, and ensure that the patient record is maintained and updated on MedTech
- 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.

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

[6] See Standing Orders and Competency Assessments for nurses.

repeat prescription should be explained to the patient and documented accordingly on MedTech.

Prescribing for patients abroad or travelling abroad

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 the Cook Islands within the timescale of a normal prescription (usually 1 and no more than three months or no more than six months in the case of oral contraceptives), medication should be prescribed in sufficient quantity to cover the period overseas provided that this is clinically appropriate.[7]
- For longer trips away (over three 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.
- It may be useful for the prescribing doctor to provide a supporting letter that lists the names, strengths, and, doses of all medicines prescribed to the patient.
- 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 medicines for personal use.

Samples

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.

Dispensing

Dispensing is the provision of a supply of medicines to treat a specific indication, with appropriate instructions given so that the patient understands how best to use the medicines

- Dispensing is primarily the domain of pharmacists, and pharmacist dispensing provides important safety checks and monitoring of doses and adverse effects

[7] Note that dispensing the full quantity prescribed is at the discretion of the dispensing pharmacy.

- Medical practitioners and dental practitioners should limit themselves to administering[8] medicines, or dispensing small quantities of medicines in an emergency, or where prompt treatment is required.

Storage and records for controlled drugs

- 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 and securely attached to the building.[9]
- It is good medical practice to keep a controlled drugs register whenever controlled drugs are or have been stored on the practice premises,[10] particularly where the controlled drug cupboard is jointly accessed by members of a group practice.
- You must maintain a record of all controlled drug prescriptions for a minimum of 3 years.[11]
- A stock take of controlled drugs must be completed at the end of June and the end of December each year.[12]

[8] Administering is the act of giving a single dose of medicine to a patient to take then and there.
[9] See clause 28 of the Narcotics Regulations 1966
[10] See clause 37 and 41 of the Narcotics Regulations 1966
[11] See clause 42 of the Narcotics Regulations 1966
[12] See clause 43 of the Narcotics Regulations 1966