



EUROPEAN UNION
OF GENERAL PRACTITIONERS/FAMILY PHYSICIANS
UNION EUROPÉENNE
DES MÉDECINS OMNIPRATICIENS/MÉDECINS DE FAMILLE

Roles and Responsibility of the GPs in Prescribing in the Health Care System

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UEMO



UEMO is the European Union of General Practitioners/Family Doctors (GPs/FDs)

- General Practice/Family Medicine is the robust base of any cost-effective Health Care System
- It reduces attendance at Emergency Departments
- Reduces admissions to hospital
- Improves health outcomes in Long-Term (Chronic) Disease



GPs as Prescribers

- GPs/FDs are the biggest group of prescribers in any health system
- They initiate 80% of medical treatments
- They continue and monitor drugs suggested by hospital doctors
- They deal with patient concerns, expectations, and problems



The Patient's Advocate

- They prescribe, with a holistic intent, for the individual patient
- They note the past history of interactions, allergies or adverse events
- They consider the patient's age and concurrent medical conditions
- They listen to the patient's concerns (acceptability, tablets/liquid)



Prescribing

- GPs/FDs often must monitor multiple diseases and multiple drugs in the same patient
- They must note the risk of interactions and side effects
- They must explain carefully to the patient the action and interaction of their medications



Adverse Events

- Patients will report these to the GP first
- GP may pick up on side effects that the patient has not associated with the drug
- GPs/FDs activate the “Yellow Card” system for adverse events
- Patients can also report adverse events to the system



Antimicrobial Resistance (AMR) -One Health Network

- UEMO are active in the AMR-One Health Network
- Antibiotic prescribing by GPs has been reduced by 17%
- GPs may give a “delayed” Rx* for antibiotics – “I will give you a Rx for antibiotics but don’t use it unless the temperature rises, or the patient gets worse - call me if you need advice or are worried”

**medical prescription*



Antibiotic Prescribing

- There is often pressure from patients
- Point of Care testing not always available in Family Medicine centres
- Point of care testing would reinforce prescribing decisions
- Information on local bacteria and local resistance is helpful



Appropriate rather than cautious Prescribing

- Although AMR is a significant risk, infections and sepsis are a greater risk
- 1.27 million (attributable) deaths from AMR with
- 4.95 million associated deaths
- 8.8 million deaths from bacterial infections
- 13.66 million deaths from sepsis



De-prescribing

- Tendency from hospital doctors is to keep adding drugs
- Risk/benefit of medication needs to be carefully assessed in Frail, Elderly and Vulnerable patients
- Evidence of benefit (Clinical Trials) may be lacking in these groups
- Targets for control (Cardiovascular Disease, Diabetes) may not be relevant in older age groups



GPs/FDs and Electronic Prescribing Systems

- Electronic Prescribing Systems can reduce errors
- Less risk of transcription errors (known as doctor's writing)
- Warnings/alerts can be built into software (age restrictions, use in pregnancy, interactions with current medications)
- Beware of “Alert Fatigue”



Alerts and Warnings

- Must be embedded in Electronic Prescribing Systems
- Could reduce the prescribing of sodium valproate in both women of child-bearing age, and their partners
- Could warn of age-inappropriate medication



Shared Care Agreements

- Medications initiated by hospital doctors should continue to be prescribed by hospital doctors.
- “Dumping” prescribing responsibility must not happen
- Shared Care Agreements may be negotiated between hospital doctors and GPs
- Examples might be drugs for attention-deficit/hyperactivity disorder (ADHD), methotrexate, high doses of psychiatric drugs



Shared Care

- Reserved for drugs that have a restricted licence in primary care
- Must be formally agreed (signed contract) by GP and hospital doctor
- Must specify monitoring, blood tests needed and review period
- Can be cancelled at any time



Safe Prescribing

- Needs better regulation throughout Europe
- GPs/FDs are shouldering the increased risk and responsibility
- Increased litigation hits GPs/FDs hardest – hospital doctors often covered by hospital indemnity



The GP carries the risk and responsibility of prescribing

- Their role is often overlooked or dismissed
- They must be acknowledged as a vital link in the medication chain
- Changes in prescribing must be communicated to, and negotiated with, general practitioners/family doctors
- Risk and responsibility must not be transferred without agreement



Regulation?

- Current system is unsafe, both for patients and doctors
- Roles, risks and responsibilities must be clearly defined
- The person who signs the prescription carries the risk/responsibility
- Shared Care must be agreed by both parties



Thank you for your attention

