

## Prescribing essentials



Prescribing is an essential part of medicine. In Australia, prescribing is regulated by national, state and territory legislation and professionally by the Medical Board of Australia's [Good medical practice: a code of conduct for doctors in Australia](#). Every prescription you write comes with clinical, ethical and legal responsibilities including the obligation to prescribe only where there is clinical justification, and to make appropriate records of prescriptions.

*Note: This content is a brief summary of the key issues on this topic. Further insights and information can be found on the Avant website under Insights and Resources or by seeking medico-legal advice.*

### Self prescribing

Self-prescribing is inappropriate and a breach of the code of conduct. The code states that good medical practice involves:

- Having a general practitioner
- Seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment
- Not self-prescribing.

Self-prescribing and self-administering medicine may also be illegal except in emergency situations. Under the National Health Act 1953, practitioners must not prescribe (or otherwise authorise) a narcotic for themselves. Also, in all states and territories except New South Wales, legislation prohibits doctors from self-prescribing drugs of dependence, including Schedule 8 medicines and some high-risk Schedule 4 medicines.

### Prescribing for family and friends

The Medical Board of Australia's [Good medical practice: a code of conduct for doctors in Australia](#) states that wherever possible, you should avoid providing care to anyone with whom you have a close personal relationship. It goes on to prohibit prescribing

Schedule 8, psychotropic medicines and/or drugs of dependence to those close to you.

The code recognises that it may be unavoidable to provide care in some situations, such as emergencies. If you do provide such treatment, you need to carefully manage the complexities of the situation and you may be called to justify your actions to the regulatory body in your state or territory. See [Avant's Factsheet](#) on treating family and friends for more information.

### Real time prescription monitoring

All states and territories now have real time prescription monitoring (RTPM) systems to monitor the prescribing and dispensing of controlled medicines with the aim of reducing their misuse. RTPM systems alert prescribers and pharmacists to the:

- Dosage of monitored medicines
- Concurrent prescribing of potentially harmful combinations of medicines
- Prescription of monitored medicines by multiple prescribers and the potential that patients may be over-supplied or 'doctor-shopping'.

Each jurisdiction has a list of monitored medicines. These vary between jurisdictions but generally include drugs of dependence and other Schedule 8 medicines, as well as others associated with multi-drug toxicity or a risk of overdose or misuse.

Prescribers can see all medicines previously prescribed and dispensed for their patient.

### Checking requirements

Laws in some jurisdictions require prescribers to check their RTPM system before prescribing a monitored medicine. In others, checking is strongly recommended but not yet mandatory.

In jurisdictions where checking is mandatory, you can be fined for not checking. Regulators may also have concerns if a prescription is provided without consideration of all available information.

Make sure you check requirements in your state or territory and stay up to date – some have indicated they intend to make checking the RTPM system mandatory after an initial introductory period.

### RTPM system by state and territory

State/territory	RTPM system	Mandatory to use
NSW	SafeScript NSW	No
VIC	SafeScript	Yes
QLD	QScript	Yes
SA	ScriptCheck SA	Yes
WA	ScriptCheck WA	No
TAS	DORA	No*
NT	NTScript	Yes
ACT	Canberra Script	No

\*When TasScript is implemented, checking will be mandatory in Tasmania.

### Prescribing and telehealth

The Medical Board's '[Guidelines: telehealth consultations with patients](#)' make it clear that while telehealth may be appropriate for some patients, it is not appropriate for all medical consultations.

Prescribing or providing healthcare for a patient without a real-time direct consultation is not considered good practice. This includes 'asynchronous' telehealth or 'tick box' prescribing when you have never spoken with the patient, have no existing clinical relationship and have no access to the patient's clinical records.

The board recognises however, that it may be appropriate to prescribe medication without a consultation in certain circumstances, for example if you have access to the patient's clinical records or if you have an existing clinical relationship with the patient.

### Documentation

Medical records are more than notes to assist your memory. Good records are essential for patient care, especially continuity of that care, and can assist in the defence of a claim or complaint against you.

When prescribing any medicine always keep careful records to explain your clinical reasoning and include enough information to allow another doctor to take over care of the patient. Any notes you make should be clear, contemporaneous and, if handwritten, legible.

### Prescriptions

All standard written or computer-generated prescriptions should include:

- Date prescription was written or generated
- Name of the medicine
- Exact metric weight or concentration
- Dosage and frequency
- Route of administration
- Any other relevant information.

Medication charts are considered legal documents and are subject to the same legal requirements as electronic and written prescriptions. When completing a medicine chart, make sure all appropriate boxes are completed and, if handwritten, legible.

### Checklist

- Never self-prescribe
- Avoid prescribing for family, friends or those with whom you have a close personal relationship
- Be aware of state and territory legal requirements when prescribing, including the need to check RTPM systems
- Always keep detailed records to explain your clinical reasoning for prescribing and include enough information to allow another doctor to take over patient care

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