

Foundation Standard 2022v

Indicator 9.1 Repeat prescribing



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa



The Quality Programmes Team
May 2023

Topics covered:

Add more text

01

The repeat prescribing
process

02

Identifying and mitigating
risks of repeat prescribing

03

How to do the audit and an
audit example

04

The repeat prescribing
policy

Indicator 9: Prescribing and medicine reconciliation

Criteria	Standard - what we'll be assessing on	Evidence to provide for assessment
9.1	The practice has a documented policy for repeat prescribing.	<ul style="list-style-type: none">• A documented repeat prescribing policy and procedure.• Annual audits of repeat prescribing activity in accordance with the policy.
9.2	The practice ensures standing orders, where used, comply with the Ministry of Health's Standing Order Guidelines 2016.	<ul style="list-style-type: none">• Documented standing orders policy and procedures.• A list of standing orders used in the practice.• Evidence of countersigning or auditing of standing orders.• Annual review of the standing order(s) by the issuer.• Evidence of annual training and review of each registered nurse working with standing order(s).
9.3	The practice undertakes medicines reconciliation in a timely manner.	<ul style="list-style-type: none">• A documented medicine reconciliation policy and procedure in accordance with the Health Quality and Safety Commission Medical Reconciliation Standard 2012.

Repeat prescribing

Repeat prescribing is a continuation of the original prescribing activity and involves administration and team member involvement. Because errors can also occur with repeat prescribing, especially as more personnel are involved, it requires a robust process with close controls.

The appropriateness of long-term repeat prescribing and repeat prescribing without a consultation is a matter of professional judgement.

The documented policy for repeat prescribing needs to outline a reliable, safe and consistent approach to repeat prescribing.



Risks of repeat prescribing

Repeat prescribing is a convenient and cost-effective method of continuing to provide medication for managing chronic diseases.

However, over recent years, there has been an increasing international focus on potential errors in the prescribing process and methods of mitigating such risk.





The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

ORIGINAL RESEARCH PAPER

ORIGINAL RESEARCH: SHORT REPORT

Repeat prescribing policy in New Zealand general practice: making it better

Steven Lillis MBChB, FRNZCGP, FAcadMEd, MGP, PhD;^{1,2} Liza Lack BM BS, MHSc, FRNZCGP¹

J PRIM HEALTH CARE

2020;12(4):373–376.

doi:10.1071/HC20098

Received 1 September 2020

Accepted 4 December 2020

Published 22 December 2020

ABSTRACT

INTRODUCTION: Repeat prescribing is common in New Zealand general practice. Research also suggests that repeat prescribing is a process prone to error. All New Zealand general practices have to comply with requirements to have a repeat prescribing policy, with the details of the policy to be designed by the practice.

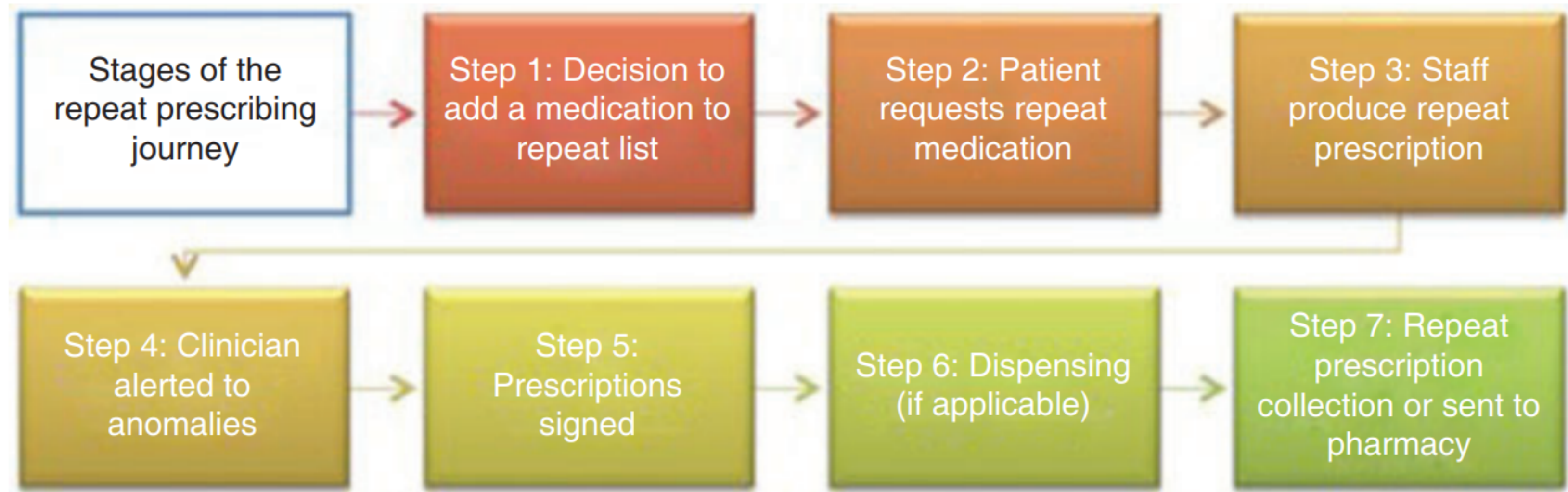
AIM: To inform the development of practice policy, research was undertaken with experienced general practitioners to identify and mitigate risk in the process.

METHODS: At the 2019 annual conference of the Royal New Zealand College of General Practitioners, a workshop was held with 58 experienced general practitioner participants. The group was divided into six small groups, each with the task of discussing one aspect of the repeat prescribing process. The results were then discussed with the whole group and key discussion points were transcribed and analysed.

RESULTS: Issues identified included: improving patient education on appropriateness of repeat prescribing; having protected time for medicine reconciliation and the task of repeat prescribing; reducing the number of personnel and steps in the process; and clarity over responsibility for repeat prescribing.

DISCUSSION: This research can inform the local development of a repeat prescribing policy at the practice level or be used to critique existing practice policies. Attention was also drawn to the increasing administrative burden that repeat prescribing contributes to in general practice.

Medical Protection Society structure for assessing risk in repeat prescribing



Risks identified in the RNZCGP report

1

Risk: Patient's don't understand which prescriptions are appropriate for repeat prescribing

Mitigation: Patient education about when to request a repeat prescription and when not to.

2

Risk: Patients not understanding their health conditions and medications.

Mitigation: Improving health literacy among patients

3

Risk: Prescribing errors

Mitigation: Timely medicines reconciliation can improve care and reduce prescribing errors.

4

Risk: Errors occurring in the repeat prescribing process.

Mitigation: Using a patient portal reduces the number of steps and people involved and is therefore likely to reduce errors.

Elements of a repeat prescribing policy

1

A reliable, safe, and consistent approach to repeat prescribing including roles and responsibilities

4

Guidelines around some medical conditions and categories of medicines

7

How the policy is always accessible to the clinical team

2

Assessment guidelines on a regular basis to ensure that the prescription remains appropriate

5

Additional measures to optimise Māori access to repeat prescriptions and collection of medicines

8

Annual auditing process which include audits that differentiate Māori from non-Māori

3

A definition of what constitutes 'appropriate regular' review

6

An e-prescribing process (if applicable)

9

How audits will be discussed and actioned at clinical governance meetings.



Auditing the policy

Details of how when and who conducts the audit should be included in the policy.

Annual audits of the policy are required to:

- ensure all the elements of the policy are being adhered to
- differentiate Māori from non- Māori so that any equity gaps can be identified and acted on
- the elements/items audited will depend on the content of the policy.

Undertaking an audit



Use the PMS to obtain a list of repeat prescriptions within a specified time frame



Select an equal number of patients per prescriber (include nurse prescribers and nurse practitioners)



Refer to your practice's policy to identify what you want to audit



Ensure you can identify Māori from non-Māori in your audit process

Audits need to:

Include details of how, when and who conducts the audit in the policy.



Identify Māori so that equity gaps can be acted on.



Be conducted annually



Check adherence to the Repeat Prescribing Policy



Audit
example

(available
in 9.1
resources
section)

[illegible]

Thank you!

The Quality Programmes Team is
happy to help.

Please contact us at:

Quality@rnzcgp.org.nz

www.rnzcgp.org.nz/quality



Te Whare Tohu Rata o Aotearoa