


Prescribing Medicines



Regulation

Section 7.1.1 of the GDC standards for the team, stipulates that expected from dentists is a good quality of care based on current evidence and authoritative guidance. This is very much applicable to you when prescribing medicines. The guiding [GDC principles 1, 2 and 7](#) are most relevant to dentists prescribing medicines.

The Care Quality Commission require dentists to show that they are competent in prescribing, also there is a safe and sound basis to prescribing medicines. [Regulation 12, 17 and Regulation 19](#) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are relevant and applicable to this module on prescribing medicines.



You will need to find out about the laws, regulations guidance and working practices in prescribing medicines. Please ensure you have researched and understand current good practice in prescribing medicines and then relate this to how your practice meets the fundamental standards. Involve your Education Supervisor as well as the wider dental team to help you gather the information you require. The exercises provide you with a suggested set of questions that are prompts to trigger your thoughts and feelings on this topic. You do not have to use the same questions, and you may come up with alternative questions for yourself to produce your very own reflective account that has sufficient detail to demonstrate requirements. Please refer to the guidance document on selection of topics and pieces of evidence that are required.

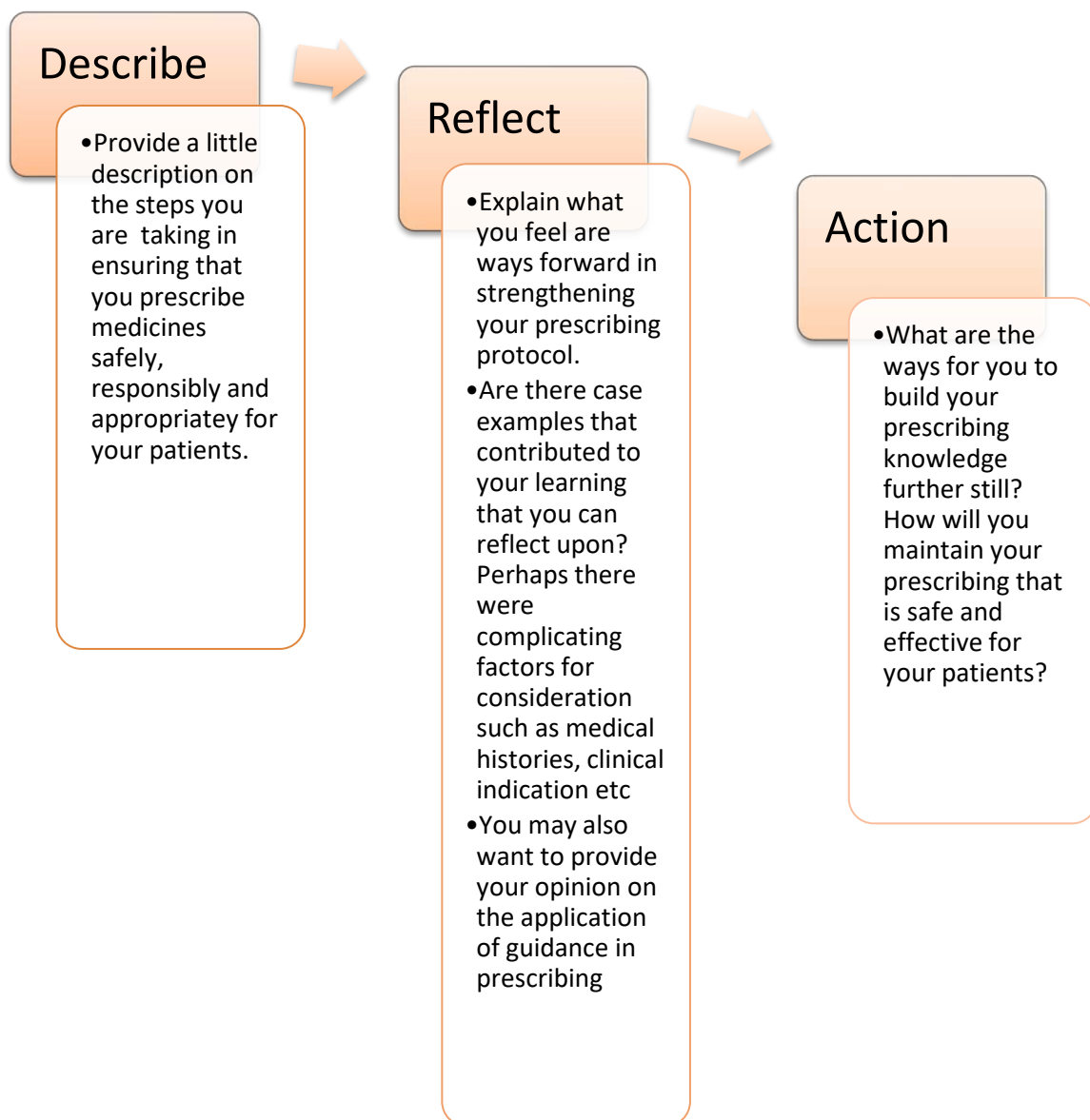


Supporting Evidence Examples

- example prescriptions
- prescription information leaflet
- anonymous patient records
- practice records on prescription use
- practice prescribing protocols or guidelines

Prescribing medicines under the NHS in line with prescribing guidelines

You follow professional guidelines applicable to prescribing in NHS dentistry, prescribing safely, responsibly and appropriately



Prescribing medicines under the NHS in line with prescribing guidelines

Prescribing medicines in dentistry is a wide-ranging topic. I am limiting this reflective account which is supported by evidence, to the safe and appropriately justified prescribing of antibiotics in my training practice. Clinical indication for prescribing antibiotics I have found can be when patients present with spreading infections or fever that signals a systemic involvement.

In my training practice, we do not dispense medicines. This means that I resort to antibiotic prescribing when there is clearly a clinical indication. Appreciating that 'prescription only medicines' directs healthcare professionals like myself, to be a responsible prescriber, I find reassurance from being able to justify at the point of writing a prescription, thinking broadly, justifying the benefits yet conscious of harm for some patients. I recall a new patient on warfarin medication needing an antibiotic treatment, for whom metronidazole was contra-indicated. Thinking about how to avoid an adverse event, I now place an appropriate 'pop-up' note on the software clinical records as a visual alert for the clinician to highlight ([E1- pop up alert in patient record](#))

My experience of prescription writing at university was undoubtedly limited and directly supervised. I learnt during practice-based induction to use the FP10D and write non-proprietary (generic) drug names ([E2- Example FP10D prescription](#)). With increasing exposure to emergency patients in my training year, there are times when antibiotic treatment is indicated, and I would not want any voids in my understanding of the justified antimicrobial prescribing practice which may raise safety concerns. Hence, I have recently brought this topic up for discussion with my Education Supervisor (ES).

A case-based discussion ([E3- case-based discussion log from portfolio](#)) with my ES highlighted to me how important it is to be clear and concise in prescription writing, including quantifying medicines, being careful not to be ambiguous. I found out during my educational discussion, that our practice handbook has a prescribing medicines policy. My attention then drawn to this policy reinforced my

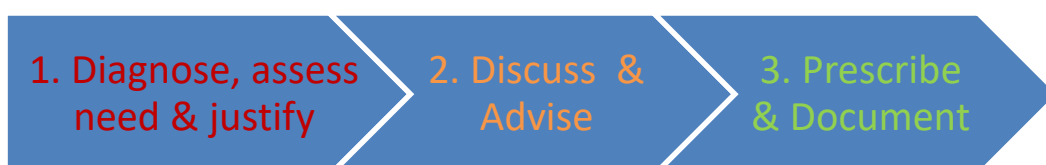
Prescribing medicines under the NHS in line with prescribing guidelines

learning on all the elements that form a valid NHS prescription. Particularly revealing to me when digesting the implications of this policy, was how to write dosages and units for avoiding doubt ([E4 – Practice prescribing medicines policy](#)).

A prescription ready to hand over to the patient, I now know does merit instruction on what happens next. I once saw a colleague's private emergency patient, requiring antibiotics, that was most significant for my learning. I had provided a private script as the patient was under a current private course of treatment. The patient had gone to the pharmacy, soon returned to the practice irate, insisting on an NHS prescription as they received free of charge medicines because of an exemption for medicines. This case has shaped my future discussions with patients, incorporating the explanation of prescription costs if they are receiving private care, as part of a robust consent process when I prescribe in the future ([E5 Prescription record keeping](#)).

My belief is that it is imperative to become familiar with the professional guidance from the Faculty of General Dental Practice (FGDP), the Scottish Dental Clinical Excellence Programme (SDCEP) and National Institute of Clinical Excellence (NICE). I am now beginning to regularly review relevant sections of the British National Formulary (BNF), as this is essential resource to check in clinic the indications, dose, interactions for medicines or side effects and pregnancy implications.

In my endeavour to justify antimicrobial prescribing, the health benefit for the patient must outweigh the potential consequences of allergy development, side effects, or microbial resistance. A simple NICE guidance flowchart I display in my surgery is useful aide-memoire ([E6 NICE – Antimicrobial stewardship](#)). I have created three steps for a pragmatic method that works for me:



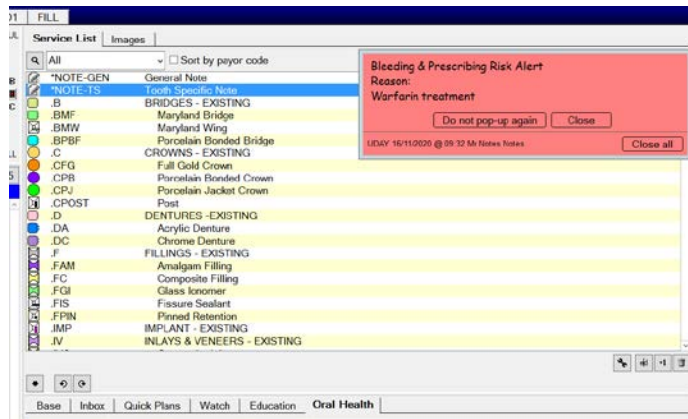
Prescribing medicines under the NHS in line with prescribing guidelines

Looking ahead, I want to continue following a systematic approach to prescribing, that surely promotes safety. To pause for a final check before handing the prescription over to the patient is an idea I now have for the future following a peer review meeting on a study day. My view is that a pause to check, is a safety net for verification of medical history, allergy status, contraindications, or risk of interactions with current medications.

Having wondered how to be certain that I regularly update my knowledge on prescribing, a topic I value immensely important for delivery of a safe dental service, I have included prescribing in my personal development plan (PDP) ([E7 My Personal Development Plan](#)). In line with practice requirements, I am keeping a log of all prescriptions ([E8 Prescriptions log record](#)) and I am now working on my plan to commence an audit on antimicrobial prescribing in a month's time, using a template to capture data, available from the British Dental Association, and guidance on antimicrobial prescribing available from the Faculty of General Dental Practice.

Evidence

E1 pop up alert in patient record

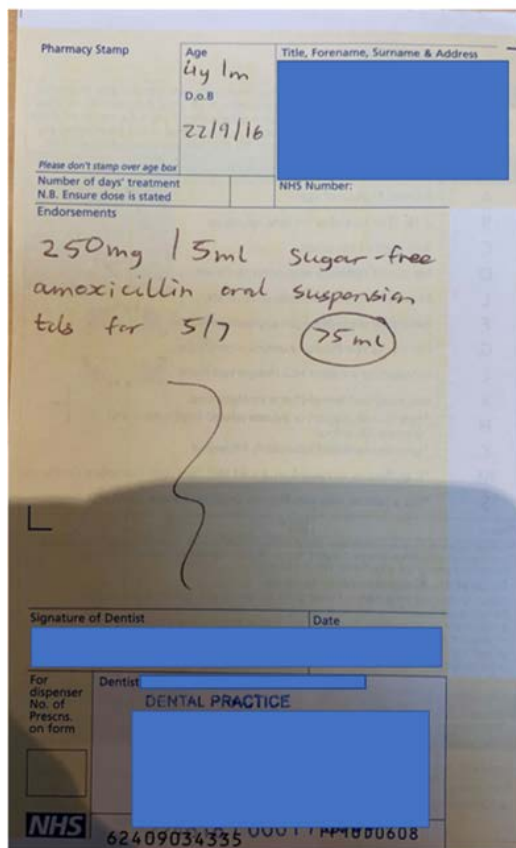


E3 insert case-based discussion
log from portfolio here



CBD inserted here

E2- Example FP10D prescription



E4 – Practice prescribing medicines policy

Kept in practice policy folder

Prescribing Medicines Policy

In providing care for patients at this practice, there are occasions when patients require medicines as part of their treatment. Patients will either be provided with a prescription for the medicine to be dispensed at a community pharmacy or, if appropriate, be provided with the required medicines. This policy explains the practice procedure for:

- Prescribing medicines to NHS and private patients
- Dispensing medicines to patients
- Storing medicines
- Maintaining records

Prescribing medicines to patients

NHS patients

NHS patients who require medicines as part of their dental care are provided with an NHS prescription form FP10D. Only those medicines included in the Secretary of State's List (contained in the DPP/BNF) can be prescribed. Blank NHS prescription forms must be stored securely at all times; each surgery has a designated area for safe storage.

Writing NHS Prescriptions

Prescriptions should be written legibly in permanent ink, be dated and state the name and address of the patient. The age and date of birth of the patient should be stated; where the patient is under 12 years, this is mandatory. Including the weight of the child enables the prescribed dose to be checked. The prescriber should state their address and profession and sign the prescription in ink. Prescriptions should

- State the dose, dose frequency and number of days of treatment required. Where the preparation is to be taken 'as required', you should state the dose and frequency or the quantity to be supplied
- Avoid using unnecessary decimal points
 - quantities of 1 gram or more should be written as 1g etc.
 - quantities of less than 1 gram should be written in milligrams – 500mg, not 0.5g
 - quantities of less than 1mg should be written in micrograms – 100 micrograms and not 0.1mg
- When a decimal point is unavoidable, use a zero before the decimal point where there is no other figure – 0.5ml, not .5ml
- Use approved titles for names of medicines and preparations, not abbreviations.

Blank NHS prescription forms should be stored securely to avoid their theft and misuse:

- Keep the prescription pad in a locked drawer to ensure that it is not visible
- Stamp each prescription as you need it; avoid stamping multiple prescriptions for future use
- Draw a diagonal line across the blank part of the form under the prescription to avoid additions being made after issue to the patient
- Write the quantity in words and figures (mandatory when prescribing controlled drugs)

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Private patients

Where a private patient requires medicines as part of their treatment, a private prescription will be provided

A private prescription must be written in ink using headed practice notepaper and include the following information:

- Name, address and signature of the prescribing dentist
- Name, address and age (if under 12) of the patient
- Date of prescription
- The name of the medicine – clearly written without abbreviation
- The dose and frequency or the quantity to be supplied should be stated – avoiding the use of decimals whenever possible

Private prescriptions for controlled drugs (schedule 2 and 3) must be provided using the form FP10PCD. Blank controlled drugs prescription forms must be stored securely in the designated safe area within each surgery.

Patients receiving medicines as part of their NHS treatment will not be charged. Patients will need to be aware of a charge at the pharmacy where applicable.

Record-keeping of prescribed medicines

The prescriber is required to accurately note full prescription details including justification, following latest professional guidance.

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E5 Prescription record keeping

Template that has been personalised for a patient record

Clinical Note
Invoice Notes

Diagnosis justifying prescription: Acute peri-apical abscess that is spreading and risk to health

Medical History reviewed?: Yes, and no contraindications for prescribing, no known allergies

Prescribed: 500mg Amoxicillin tds for 5 days

NHS script number: 62409034353

Instructions:
 1) recommended to visit any pharmacy to obtain antibiotics, and this is chargeable item unless valid exemption
 2) complete the course as instructed on the label
 3) patient must seek advice by contacting us should there be any questions on use, or issues that may arise.

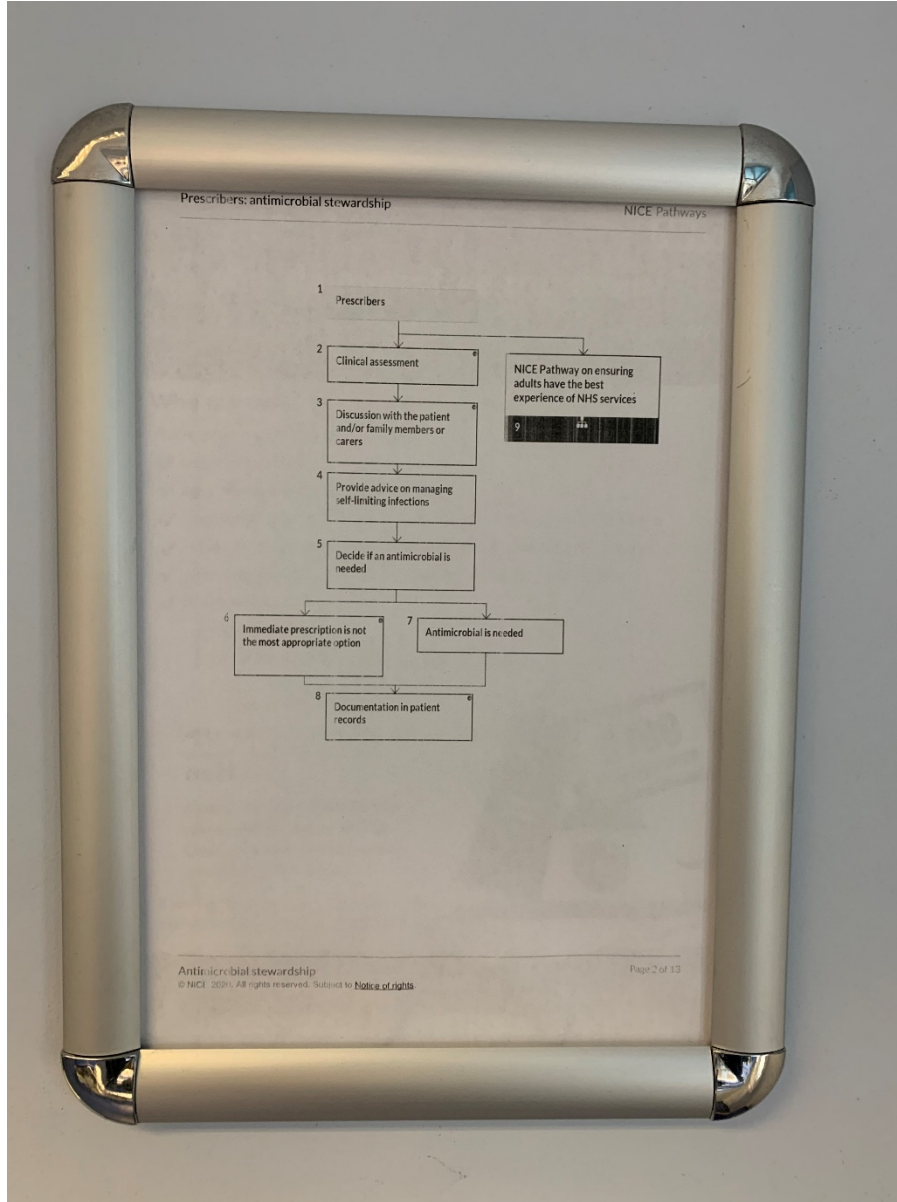
Satisfied that patient understood instructions.

Clinical notes will not print on the patient's invoices and estimates

OK
Cancel

E6 NICE - Antimicrobial Stewardship

Displayed in my surgery as aide-memoire



E7 My Personal Development Plan



relevant section of PDP inserted here

E8 Prescriptions Log Record Keeping

Record kept confidential and secure in surgery

6240903453

Prescription Log for _____

DATE	NHS	PRIVATE	PATIENTS NAME	WHAT WAS PRESCRIBED?	PRESCRIPTION NUMBER
20/12/18	✓		[REDACTED]	Naf toothpaste 1.17	62302728
24/12/18	✓		[REDACTED]	Amoxicillin	62302728
24/12/18	✓		[REDACTED]	Amoxicillin	62302728
24/12/18	✓		[REDACTED]	Amoxicillin	62302728
02/01/19	✓		[REDACTED]	Naf toothpaste 0.619c	62302728
07/01/19	-		[REDACTED]	Amoxicillin	62302728
14/01/19	✓	✓	[REDACTED]	Amoxicillin	—
15/01/19	✓		[REDACTED]	Naf toothpaste 0.619c	62302728
22/01/19	✓		[REDACTED]	Naf toothpaste 1.17	62302728
27/01/19	✓		[REDACTED]	Naf toothpaste 1.17	
01/02/19	✓		[REDACTED]	Naf toothpaste Detachable	62302728
11/02/19	✓	-	[REDACTED]	Amoxicillin	—
12/02/19	✓		[REDACTED]	Naf toothpaste 1.17	62302728
12/2/19	✓		[REDACTED]	Naf toothpaste 0.619c	62302728
14/02/19	✓		[REDACTED]	Amoxicillin	62302788
14/02/19			[REDACTED]	Naf toothpaste 1.17	62302788
18/02/19	✓		[REDACTED]	Amoxicillin	62302783
25/02/19	✓		[REDACTED]	Duraphat TP 1.17	62307288
01/03/19	✓		[REDACTED]	Amoxicillin	62302788
07/03/19	✓		[REDACTED]	Amoxicillin	62302728
12/03/19	-		[REDACTED]	Amoxicillin	62302728

End