

Advice for Foundation Year 1 (FY1) Prescribing

Background

The development of good prescribing skills is an essential part of pre-registration training and is one of the reasons for the extended supervision implicate before full registration. All doctors are responsible for their own prescribing and need to be fully conversant with the Trusts own prescribing guidelines and practice as well as national practice. Doctors should not independently initiate therapy beyond their own competence but can and should while in supervised training initiate and continue therapy that is supervised at a level appropriate to their training requirements and clinical care of their patients. Such supervision of prescribing should be delivered by all members of the clinical team. The Trusts risk management and other clinical governance procedures take this into account.

All prescribing is potentially dangerous and these guidelines have been developed in the context that in hospital and patient discharge prescribing is monitored. It is recognized that FY1 with suitable team prescribing training will at times have more relevant prescribing skills than specialist post registration doctors not experienced in a condition.

FY1 doctors have prescribing policy laid down by the Deanery. This advice is accordingly also directed at others in the Trust who need to understand the limitations of FY1 prescribing.

Specifics

FY1 doctors should

- ensure they are familiar with any drug they prescribe or continue a prescription of to the standard implicate by the information in the current BNF relevant for that licensed indication. Where the use is outside the license they should ask advice from more senior prescribers.
- be familiar with relevant Trust policies in [Policy Centre](#) including “ [Medicines Policy](#)” , “[Policy for the Prescription and Administration of Oxygen in Adults](#)” and the guidelines on [Microguide](#) including “[Antibiotic guidelines](#)” and [Pharmacy](#) where relevant to practice. Our experience is that many specialities have yet to put all their clinical guidelines on microguide but this will be increasingly used and this should be enquired about at service induction. Some such as A&E have their clinical guidelines in a separate APP or the case of Anticoagulation, Paediatrics and Womens Health on Policy Centre.
- use drugs marked without restriction in the Trust formulary to initiate their own prescribing.
- continue prescribing of clinically indicated drugs (whether formulary or non-formulary) that patients are admitted to hospital on or need re-charting as an inpatient **with-in the restrictions below** and taking care that there are no transcription errors. If they are unfamiliar with the drug they should check the BNF and/or formulary. If the dosage prescribed or clinical indication is inconsistent with this information they should check the patients notes and if still unsure contact a registered doctor

- if they omit or add a drug on admission ensure discussed as part of management plan with a supervising senior
- if they become aware of an medications error report it as a clinical incident and/or draw it to attention of authority as appropriate
- apply any specific prescribing restriction of the undergraduate Dean or that their training supervisors have agreed is appropriate for them (FY1 doctors will be expected to undertake a Deanery wide prescribing assessment during the induction process into the Trust and this will be supplemented if necessary by the Trusts own assessment and prescribing training programme)
- not make dosage increases to drugs marked consultant only or specified consultants only in the formulary unless specified in an approved protocol used by the team supervising the FY1 (Consultants who do not regularly supervise FY1 may be unaware of their current prescribing rights and assumed knowledge. Indeed they have GMC duties not to inappropriately delegate and to ascertain the competencies of other doctors before delegating prescribing)
- only prescribe drugs for out of license use or unlicensed drugs where this has been explicitly stated in the Trust's general formulary as permissible (see Trust Unlicensed Medication Policy)
- never prescribe, transcribe or administer cytotoxic therapy (See Trust Cytotoxic Medication Policy). This restriction at Deanery instructions includes most immunosuppressive therapy at whatever dose apart from steroids. This restriction includes the continuation of **oral** low dose methotrexate and azathioprine at identical dosage to already prescribed and transcription in any context. FY1s should be aware that new methotrexate scripts written by other doctors must be countersigned by a pharmacist (or out of hours by a consultant physician) before being administered.
- only prescribe potassium containing intravenous solutions which are currently available as commercially-prepared ready to use diluted solutions. Never add a potassium chloride solution greater than 10% by concentration to another intravenous solution.
- utilise the Trust prescription and TTA documents for all their prescribing
- **never prescribe using an FP10NC or other outside prescription form**

References

1. [Foundation Doctor Role and Responsibilities within the Local Education Provider and Minimum Requirements for Clinical Supervision of Foundation Doctors. London Deanery April 2013](#) has been replaced by [FAQs for Trainees](#) and other information in the site <https://lonkssfoundation.hee.nhs.uk/>
2. [Good practice in prescribing and managing medicines and devices \(2021\) GMC](#)
3. [Medicines Policy](#)

The reference copy of this document as a Clinical Guideline in Trust Format follows:

Advice for Foundation Year 1 (FY1) Prescribing

Version:	1.9
Ratified by:	D&T Committee
Date ratified:	October 2002, 19 March 2014
Name of originator/author:	Dr M L Jenkinson/ Dr Alison Leak
Person responsible for implementation:	Lead Clinician Drugs & Therapeutics
Date issued:	Oct 2002, Mar 2006, Oct 2008, May 2009, Feb 2014, Sep 2015, June 2020
Review date:	June 2023
Target audience:	Prescribers

Version Control Schedule

Version	Date	Author	Status	Comment
1.0	Sept 2005	Dr M L Jenkinson	Final	Update
1.1	March 2006	Dr M L Jenkinson	Final	Update
1.2	October 2008	Dr M L Jenkinson	Final	Update
1.3	May 2009	Dr M L Jenkinson	Final	Update
1.4	February 2014	Dr M L Jenkinson	Final	Update and changed to Advice
1.5	February 2014	Dr M L Jenkinson	Final	PDF version of 1.4 used while sharepoint problems 2015
1.6	September 2015	Dr M L Jenkinson	Final	Minor changes in emphasis and revert to standard Trust Guidelines format
1.7	June 2020	Dr M L Jenkinson/Gail Franklin	Final	Minor update format, spelling and links
1.8	July 2021	Dr M L Jenkinson	Final	Updated GMC link
1.8.1	July 2022	Dr M L Jenkinson	Final	Updated Deanery Link

Consultation and Ratification Schedule

Name and Title of Individual	Date Consulted
Dr Leak, Director of Medicines Education	2002

Name of Committee	Date Reviewed
D&T committee	2002
D&T committee	Sept 2006
D&T committee	March 2014
D&T committee	July 2020

Contents

Section	Page
1	Introduction, Background and Purpose
2	Definitions
3	Scope
4	Guidance
5	Consultation and Approval
6	Review and Revision Arrangements
7	Training
8	Document Control including Archiving Arrangements
9	Monitoring
10	References and Associated Documentation

1. Introduction, Background and Purpose

1.1. Background

1.1.1. The development of good prescribing skills is an essential part of pre-registration training and is one of the reasons for the extended supervision implicate before full registration. All doctors are responsible for their own prescribing and need to be fully conversant with the Trusts own prescribing guidelines and practice as well as national practice. Doctors should not independently initiate therapy beyond their own competence but can and should while in supervised training initiate and continue therapy that is supervised at a level appropriate to their training requirements and clinical care of their patients. Such supervision of prescribing should be delivered by all members of the clinical team. The Trusts risk management and other clinical governance procedures take this into account.

1.1.2. All prescribing is potentially dangerous and these guidelines have been developed in the context that in hospital and patient discharge prescribing is monitored. It is recognized that FY1 with suitable team prescribing training will at times have more relevant prescribing skills than specialist post registration doctors not experienced in a condition. It is recognized that detail in policy and guidelines may not seem or even be relevant so this guideline has been created to summarize some key points and does not exist in isolation.

1.1.3. FY1 doctors have prescribing policy laid down by the Deanery. This advice is accordingly also directed at others in the Trust who need to understand the limitations of FY1 prescribing.

2. Definitions

2.1. FY1 is a Foundation Year 1 doctor (with provisional registration with GMC)

3. Scope

- 3.1. All clinical staff

4. Guidance

FY1 doctors should:

- 4.1. ensure they are familiar with any drug they prescribe or continue a prescription of to the standard implicate by the information in the current BNF relevant for that licensed indication. Where the use is outside the license they should ask advice from more senior prescribers.
- 4.2. be familiar with relevant Trust policies including “ Procedure for the Storage, Prescription and Administration of Medicines in Hospitals and Clinics for all disciplines” and the “Antibiotic policy”.
- 4.3. use drugs marked without restriction in the Trust formulary to initiate their own prescribing.
- 4.4. continue prescribing of clinically indicated drugs (whether formulary or non-formulary) that patients are admitted to hospital on or need re-charting as an inpatient **with-in the restrictions below** and taking care that there are no transcription errors. If they are unfamiliar with the drug they should check the BNF and/or formulary. If the dosage prescribed or clinical indication is inconsistent with this information they should check the patients notes and if still unsure contact a registered doctor
- 4.5. if they omit or add a drug on admission ensure discussed as part of management plan with a supervising senior
- 4.6. if they become aware of an medications error report it as a clinical incident and/or draw it to attention of authority as appropriate

- 4.7.** apply any specific prescribing restriction of the undergraduate Dean or that their training supervisors have agreed is appropriate for them (FY1 doctors will be expected to undertake a Deanery wide prescribing assessment during the induction process into the Trust and this will be supplemented if necessary by the Trusts own assessment and prescribing training programme)
- 4.8.** not make dosage increases to drugs marked consultant only or specified consultants only in the formulary unless specified in an approved protocol used by the team supervising the FY1 (Consultants who do not regularly supervise FY1 may be unaware of their current prescribing rights and assumed knowledge. Indeed they have GMC duties not to inappropriately delegate and to ascertain the competencies of other doctors before delegating prescribing)
- 4.9.** only prescribe drugs for out of license use or unlicensed drugs where this has been explicitly stated in the Trust's general formulary as permissible (see [Trust Unlicensed Medication Policy](#))
- 4.10.** never prescribe, transcribe or administer cytotoxic therapy (See Trust Cytotoxic Medication Policy). This restriction at Deanery instructions includes most immunosuppressive therapy at whatever dose apart from steroids. This restriction includes the continuation of **oral** low dose methotrexate and aziothioprine at identical dosage to already prescribed and transcription in any context. FY1s should be aware that new methotrexate scripts written by other doctors must be countersigned by a pharmacist (or out of hours by a consultant physician) before being administered.
- 4.11.** only prescribe potassium containing intravenous solutions which are currently available as commercially-prepared ready to use diluted solutions. Never add a potassium chloride solution greater than 10% by concentration to another intravenous solution.
- 4.12.** utilise the Trust prescription and TTA documents for all their prescribing
- 4.13.** **never prescribe using an FP10NC or other outside prescription form**

5. Consultation and Approval

5.1. Drugs & Therapeutic Committee.

6. Review and Revision Arrangements

- 6.1. Review on at least a two yearly basis or if updated guidelines from GMC or Health Education

7. Training

- 7.1. No training required except document should be sent to all new FY1s at induction

8. Document Control including Archiving Arrangements

- 8.1. Pharmacy administration for Lead Clinician Drugs & Therapeutics.

9. Monitoring

- 9.1. By clinical incident reporting and where applicable by GMC/Health Education England Survey of FY1s.

10. References and Associated Documents

4. [Foundation Doctor Role and Responsibilities within the Local Education Provider and Minimum Requirements for Clinical Supervision of Foundation Doctors. London Deanery April 2013](#) has been replaced by [FAQs for Trainees](#) and other information in the site <http://lonkssfoundation.hee.nhs.uk/>
5. [Good practice in prescribing and managing medicines and devices \(2021\) GMC](#)
6. [Medicines Policy](#)