

# A service evaluation of the prescribing pharmacist led isotretinoin clinic and its adherence to MHRA prescribing requirements for isotretinoin

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## INTRODUCTION

Post covid pandemic, there was an increased pressure on consultants due to the backlog of unseen patients, thus an increased waiting list. This led for the need of an additional clinic (The prescribing pharmacist led isotretinoin clinic) to alleviate pressure and decrease the current waiting list.

The prescribing pharmacist will see the patient at their second appointment and continue the patients treatment (this includes starting treatment, reviewing, monitoring, prescribing and treatment cessation), liaising with the consultant should there be any interventions needed

Isotretinoin is a retinoid drug licensed for the treatment of severe acne or acne resistant to standard therapy (systemic antibacterial and topical therapy). Due to its safety profile and associated risks<sup>1,2,3</sup> the Medicines and Healthcare products Regulatory Agency (MHRA) have issued new requirements for their prescribing<sup>1,2,3</sup>. These requirements, which came into effect in January 2024, has led to a review of the pharmacist prescribing service provided at Croydon University Hospital (CUH).

## AIMS

- Assess the level of adherence to the updated MHRA safety and prescribing requirements for isotretinoin by the dermatology specialist prescribing pharmacist.
- Establish the level of satisfaction of the service from patients and consultants.

## OBJECTIVES & STANDARDS

### Objectives

- To confirm that all patients under the age of 18 have documented evidence of two independent prescribers agree for the initiation of isotretinoin therapy
- To ascertain the percentage of patients who have an acknowledgement of risks form (ARF) completed, documented and uploaded prior to starting isotretinoin treatment.
- To evaluate if patients of child bearing potential are appropriately started and treated as per the pregnancy prevention program (PPP) requirements.
- To ascertain if all patients have been appropriately counselled and assessed on the risk of psychiatric and sexual side effects associated with isotretinoin.
- To determine the percentage of patients and consultants satisfied with the standard of care and service provided by the pharmacist.
- To determine the level of efficiency and accuracy of the prescribing pharmacists prescribing.

### Standards

- 100% of patients under the age of 18 should have recorded documented agreement that two independent prescribers agree to initiate isotretinoin therapy on the electronic prescribing and medicines administration (EPMA) system.
- 100% of patients should have an ARF documented as complete and uploaded onto their records via the EPMA system before initiation of isotretinoin treatment.
- 100% of women with child bearing potential should have their PPP status documented on their records via the EPMA systems unless for allowed exceptions as per the national guidelines.
- 100% of patients should have documented evidence of counselling and review of sexual and psychiatric adverse events associated with isotretinoin at every appointment.
- To determine the percentage of patients and consultants satisfied with the service of treatment provided by the prescribing pharmacist.
- 100% of prescriptions written by the prescribing pharmacist should be error free

## METHODOLOGY

### Inclusion criteria:

- Patients newly started on isotretinoin therapy for acne between January 2024 – June 2024 by the prescribing pharmacist

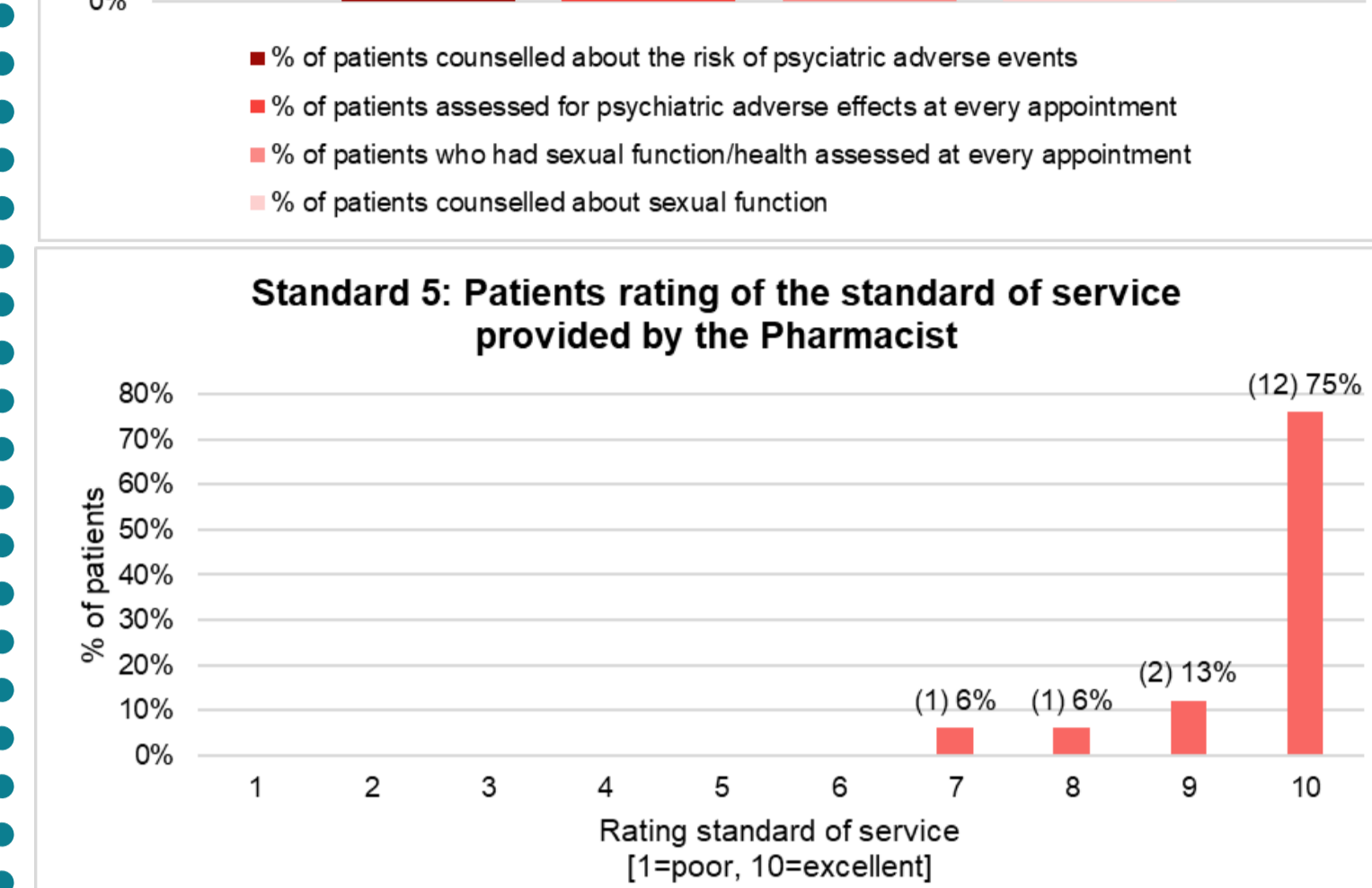
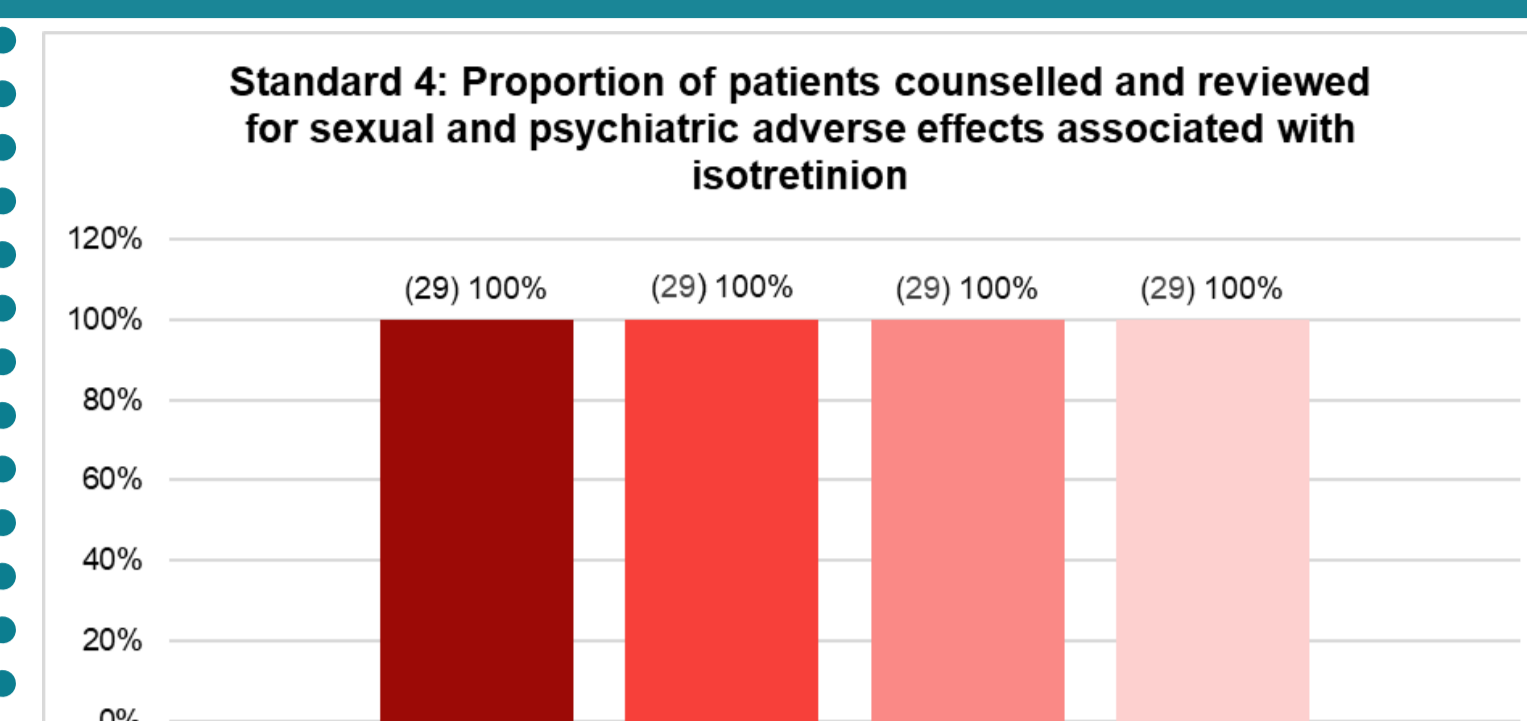
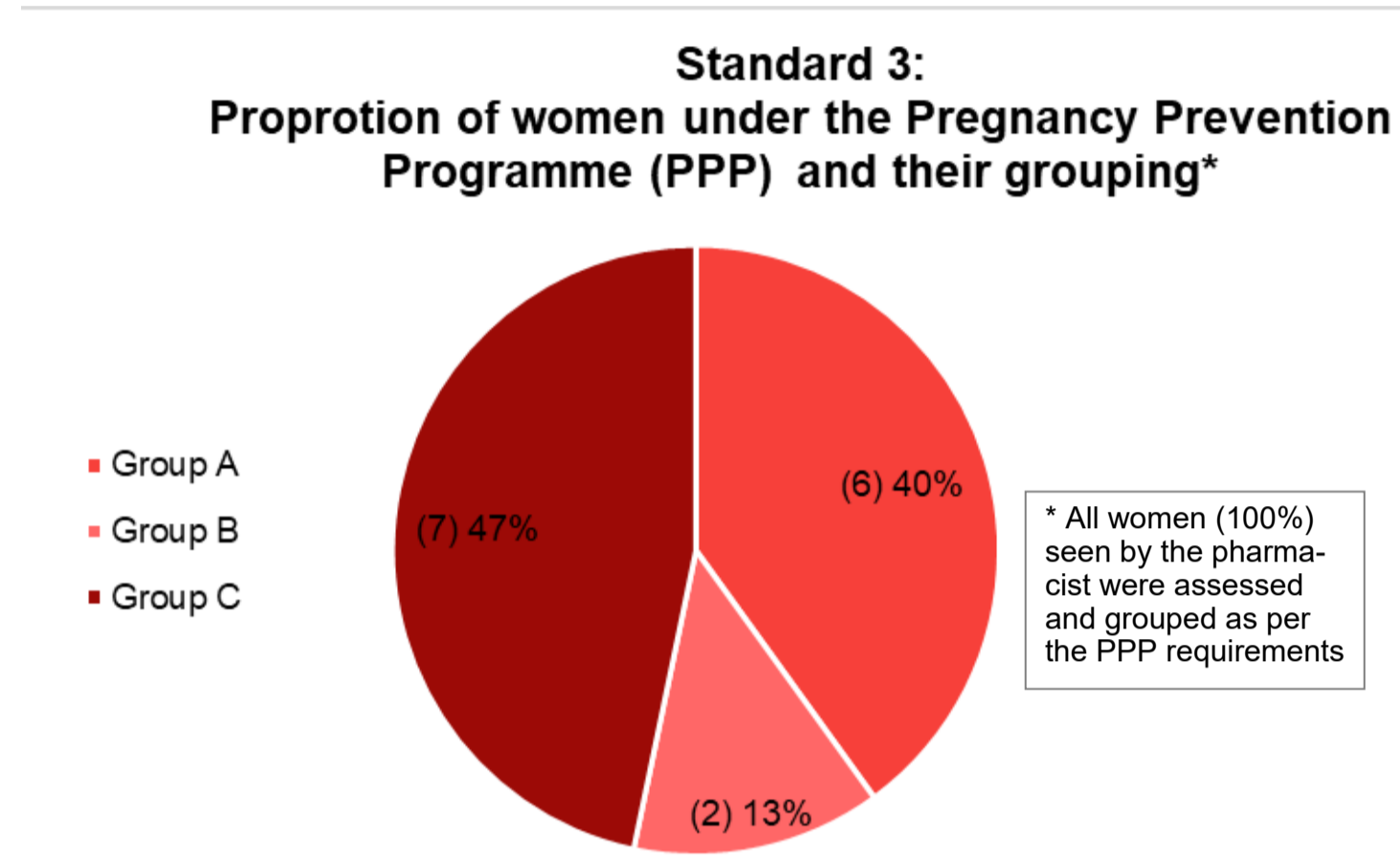
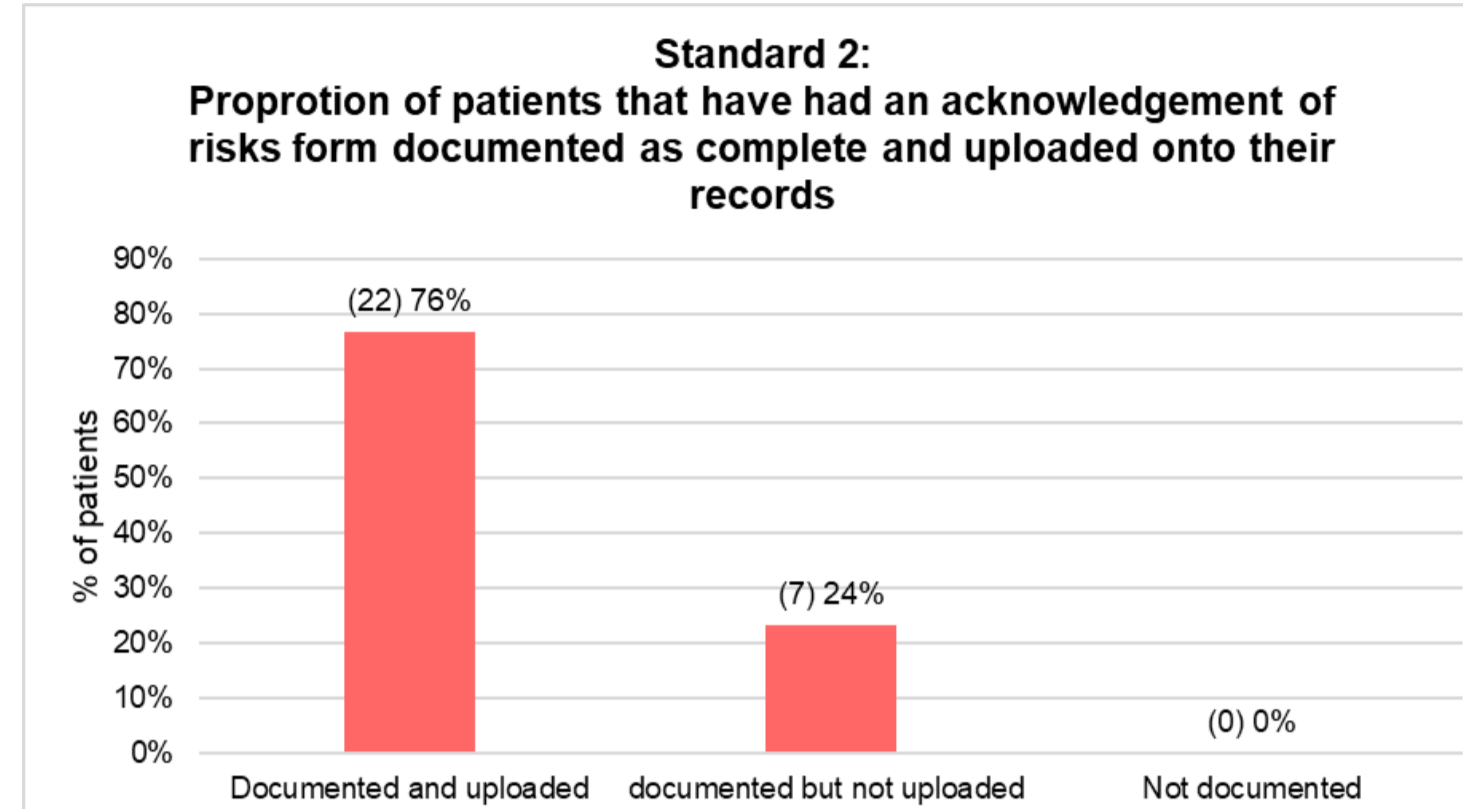
### Exclusion criteria:

- Duplicate patient prescription encounters for the same patient
- Patient seen before January 2024 or after June 2024
- Patients prescribed isotretinoin for indications other than acne
- Patients not newly initiated on isotretinoin between January 2024 – June 2024
- Patients started on treatment outside of the trust
- Patients started on treatment by a clinician other than the prescribing pharmacist

- After reviewing the data obtained from the EPMA team against the above inclusion & exclusion criteria, a total of 29 patients were identified.
- A pilot study was initially conducted and based on the results the data set was amended, updated and included in the final study.
- The data was then used on Microsoft Excel spreadsheet to review and categorise patients.
- All data obtained was via reviewing the patient's EMPA records and documentation.
- A list of interventions conducted by the outpatient pharmacy regarding prescriptions written by the prescribing pharmacist was reviewed.
- All patients were contacted via telephone to complete a verbal satisfaction survey and all prescribers were sent an e-Survey

## RESULTS

Standard 1:	Percentage of patients met by Pharmacist
100% of patients under the age of 18 should have recorded documented agreement that two independent prescribers agree to initiate isotretinoin therapy on the electronic prescribing and medicines administration (EPMA)	100%



Standard 5: Consultant survey questions	Response
How beneficial do you find having a pharmacist prescriber led clinic?	10 (4 consultants, 100%)
1 being not beneficial, 10 being very beneficial.	
Standard 6: 100% of prescriptions written by the pharmacist should be error free	100% achieved

## DISCUSSION

Standard	Discussion
Standard 1	All patients under the age of 18 (100%) had the consultant and pharmacist agree to initiate treatment for the patient. Standard achieved.
Standard 2	100% of patients had an ARF documented as complete but only 76% of patients had both the ARF documented as complete and uploaded onto their records. 24% patients did not have their ARF uploaded onto their records. To work on uploading all forms to the patients records.
Standard 3	All eligible patients (100%) of child bearing potential were assessed against the PPP recommendations and were grouped accordingly. Thus this standard has been met; 100% of patients had their PPP status were documented on their records.
Standard 4	All patients (100%) have had documentation that they have been counselled and reviewed for psychiatric and sexual adverse effects. All patients (100%) had their PROM completed prior to starting treatment. Two patients (9%) did not have a PROM repeated within three months of initiating treatment. Whilst this is not a requirement and is a recommendation, the dermatology department can
Standard 5	88% of patients rate the standard of service provided by the pharmacist above 9/10 which is generally considered as an excellent service. All consultants that completed the questionnaire (100%) agreed that the pharmacist led clinic very beneficial and rated it 10/10 .
Standard 6	There were no reported errors (100%)

## CONCLUSION

This service evaluation shows that the majority of the pharmacist's standard of treatment is in line with the updated national requirements and guidelines, though improvements in documentation processes are strongly recommended. Ensuring documentation templates, and the uploading of all documents to be completed within 2 weeks would help navigate this.

It has been established that the consultants are pleased with the amount of alleviation of pressure from their own workload and support and service the pharmacist provides. A high percentile of patients have confidence and find the pharmacist comforting, reassuring and thorough in treatment.

The pharmacist-led clinic alleviates consultant workloads and offers a high standard of care. Expanding clinic hours is suggested to further reduce patient wait times and increase service capacity.

## RECOMMENDATIONS

All forms to be uploaded to patient records within 2 weeks (ARF, PROMs, etc)

- Rationale: To ensure there is documented evidence of compliance
- How: Admin team to have protected time during the week to focus on uploading documents
- Deadline: Within 3 months

Update current documentation template to clearly name the two agreeing prescribers for under 18 year old patients

- Rationale: Ease of auditing
- How: Pharmacist to update the current documentation clinic template
- Deadline: Within 3 months

All patients to have a PROM repeated within 3 months of initiation

- Rationale: To be in compliance with MHRA recommendations
- How: Documentation of patients score within three months on their records
- Deadline: Within 3 months

Increase pharmacist isotretinoin clinic time

- Rationale: Further reduce current wait time and consultant burden and a larger patient size for the next audit
- How: Increase clinic time to 2-3 full days
- Deadline: Long term goal

Maintain high satisfactory scores – 100% patients to vote over 8/10

- Rationale: Maintain a good standard of service
- How: Implement the recommendations to improve satisfactory ratings
- Deadline: Review at next audit (12 months)

## REFERENCES

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