**Template letter in response to Dermatology requests to use a proforma, requesting that it is a “requirement of the MHRA”.**

Thank you for your letter regarding the requirement to complete the BAD proforma in relation to MHRA requirements. Having discussed this with the LMC, the LMC is not aware that it is National or SBUHB policy to refuse a referral if a template is not completed. GPC Wales policy is for a universal referral form via WCCG, and not for individual templates. The LMC advocate for a WCCG referral in the free text box, with the correct referral information. However, if referrals are missing essential information (which should be made clear on the HealthPathway), this should be sent back to the practice to be amended and in the future asked to ensure that this information is included.

It is noted that MHRA makes no obligation on GPs to be second approved named HCP, specifically states a "standard" GP cant prescribe isotretinoin, and states that initial information giving on isotretinoin should occur in primary care but this is not a requirement. It makes no mention as to whether the referral comes from a GP or AHP**. There is no obligation for GPs to be involved in this new pathway and it is for secondary care to organise how to work around what is secondary care guidance as GPs do not prescribe isotretinoin unless they are a specialist GP who wants to take shared responsibility for the treatment decision, which would be done on an individual basis.**

Regarding the specific form, the LMC feel that the form encourages GPs to act outside of their expertise, shifts secondary care workload to primary care, and is onerous to complete.

* With regards to section 2. GPs refer to dermatology if a patient has acne unresponsive to primary care treatments or there is diagnostic uncertainty rather than 'to prescribe isotretinoin' per se. GPs do not initiate isotretinoin. They will therefore be unable to confirm if the patient meets the licensed indications as the medication is outside their expertise.
* Section 3 describes counselling and blood testing solely required for the prescribing of isotretinoin. This therefore is the responsibility of the specialist prescriber, as per the All Wales Communication Standards (standard 2 and 3).
* Section 5 asks GPs to be "second approved named healthcare professional" referencing recent MHRA advice. This requires the GP to take on a shared responsibility for the treatment decision; something that is not made clear and most GPs will not be competent or happy to undertake. The follow on comment that declining "might lead to a delay in initiating treatment." is inflammatory and will pressurise GPs to act outside their competence.
* Sections 1, 4, 6 and 7 ask referrers to repeat much information that is pre populated into WCCG referrals, such as prescribed medications and past medical history.

There is no requirement for this form to be completed by our Practice and as such we would be grateful fi you could review this patient with XXXXX symptoms for review of their condition and management of their symptoms. This position is not intended to be obstructive, but to simply adhere to our contractual duty to provide safe, consistent and appropriate care for our patients during a funding and resource crisis.