



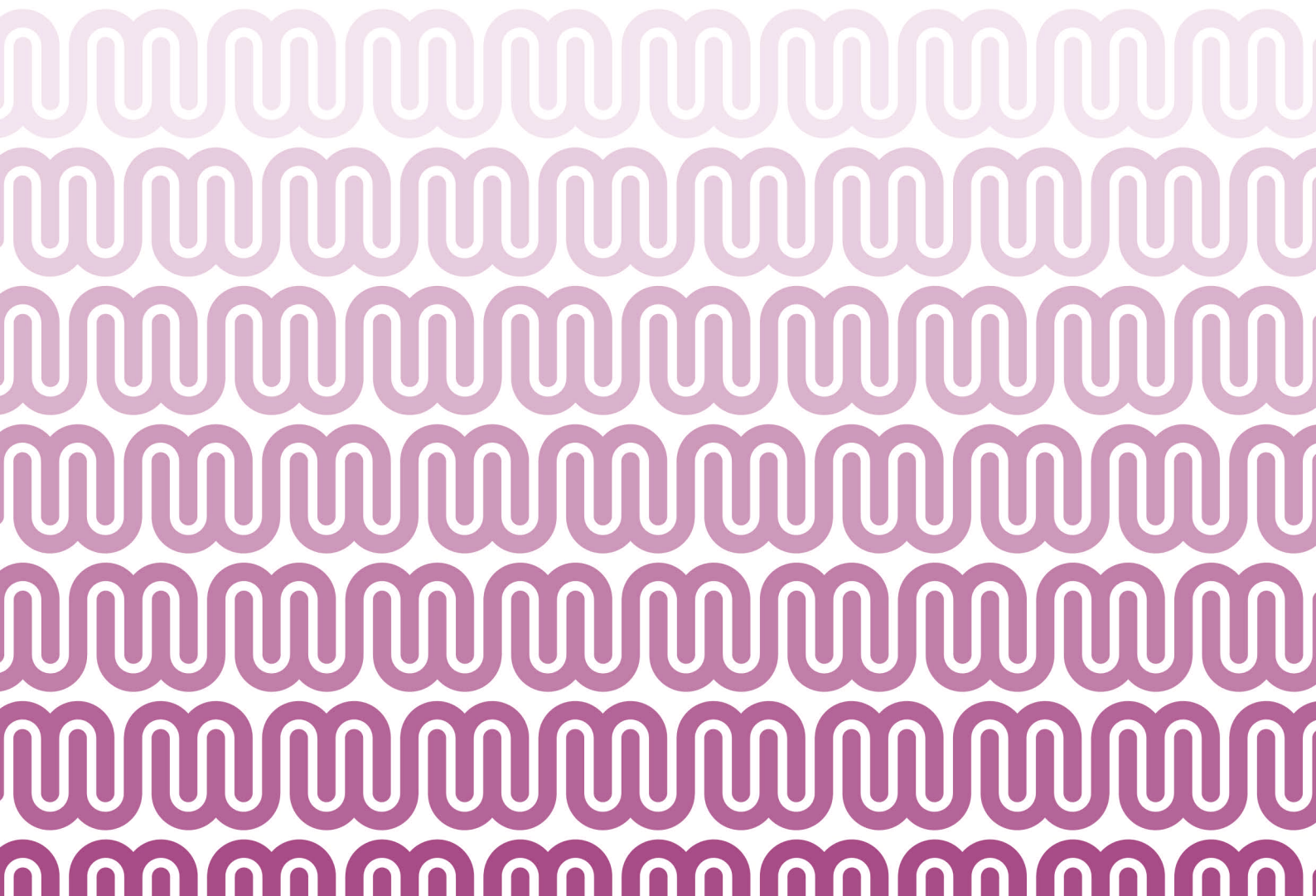
**mental welfare**  
commission for scotland

# **Who should prescribe emergency medication when an emergency detention certificate (EDC) is in place?**

Advice notes

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July 2025



# Our mission and purpose

## Our Mission

To be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.

## Our Purpose

We protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

## Our Priorities

To achieve our mission and purpose over the next three years we have identified four strategic priorities.

- To challenge and to promote change
- Focus on the most vulnerable
- Increase our impact (in the work that we do)
- Improve our efficiency and effectiveness

## Our Activity

- Influencing and empowering
- Visiting individuals
- Monitoring the law
- Investigations and casework
- Information and advice

## Who should prescribe emergency medication when an emergency detention certificate (EDC) is in place?

**We were asked if a junior doctor, not S22 approved, can prescribe urgent medication for someone detained under an EDC.**

For a patient admitted under an emergency detention certificate (EDC), there will not always be a medical practitioner available for urgent on-the-spot prescribing. Also, there will not necessarily be an approved medical practitioner available to prescribe urgent treatment under section 243 (s243) of the Mental Health (Care and Treatment) (Scotland) Act 2003. Can a junior doctor prescribe 'as required' treatment in anticipation of it being needed?

In legislation, it is the responsible medical officer (RMO) who must **notify** the Commission of the administration of urgent treatment under s243. The RMO must identify who authorised the medication at the time. This appears to suggest that there was no intention that the medication must have been authorised by the RMO, nor by an approved medical practitioner (AMP). Remember that the T4 notification is retrospective and not an authorisation for treatment.

Our view is that any approved prescriber, including non-AMP resident doctors, can prescribe urgent medication during emergency detention periods. And we consider that any such medication can be prescribed in anticipation of the grounds for administration being met. But it must be clear to the prescriber and to anyone administering medication that it can only be administered if the s243 grounds are met. So best practice points are:

- Any decisions to prescribe urgent medication under s243 should be discussed with the RMO. Note that the term 'RMO' includes the ordinary RMO for the patient and also any covering RMO, e.g. the on-call out-of-hours AMP.
- The prescriber must have information on the grounds for s243 urgent administration of medication before making a decision to prescribe, and tailor this legal requirement to the situation of the individual patient.
- Anyone giving medication in this situation must also be conversant with the s243 grounds when deciding whether to give prescribed medication in this situation.
- We recommend that this type of decision-making is outlined in psychiatric emergency plans. Also, there should be a prominent display of the s243 grounds in, or adjacent to, medication and prescribing documentation to guide those prescribing and administering medication.
- Psychiatric emergency plans should also consider how people in mental health services which do not have on site medical cover can access medical treatment in an emergency situation.

As outlined above, such prescribing decisions should be made on an individual, case-by-case basis. We would be concerned if prescribing of 'as required' medication in such circumstances was adopted as routine practice.



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