



Royal College of
General Practitioners

Prescribing assessment mandatory pilot From August 2019

RCGP WPBA group training presentation

Prescribing assessment

- Self- assessment prescribing review for GP trainees set up in conjunction with Nottingham university
- Based on PRACTICE study and REVIST study
- Prescribing errors found in 1/20 prescriptions
- Prescribing integral part of GP work
- Over one billion prescription items issued each year
- To date not formally assessed
- Agreed that trainees would benefit from support in prescribing

Advantages of working with Nottingham study

- Ensured sound study methodology used
- Study already validated in GP setting
- Provides data on normal GP and trainee prescribing for comparison
- Avoid need for extensive and timely piloting

Practicalities of assessment

- To be completed in first half of GP ST3 year
- In addition to other ST3 assessments but reducing total number CbDs to 10 in ST3 year
- Formative tool, mandatory to complete
- Only fail pilot if not completed, no set standard required
- When approved will form part of the data within the ePortfolio on which a summative judgment will be made of the trainees progression

Definition of prescribing error

A prescribing error occurs when, as a result of a prescribing decision or prescription-writing process there is an unintentional, significant reduction in the probability of treatment being timely and effective, or increase in the risk of harm when compared to generally accepted practice.

Other definitions

Suboptimal prescribing:

- These are prescribing problems that do not fit the above error definitions but represent less than ideal practice

Legal errors:

- Where a prescription has not met the legal requirements for prescribing
 - Eg written for wrong patient name

What the review is intended to do

- Review prescribing in a sample of prescriptions
- Be an educational intervention that will highlight areas of prescribing that could be improved to reduce the risk of harm
- Improve communication with patients and those dispensing medication
- Encourage reflection and development of good prescribing habits that will protect against errors in long term
- Confirm good prescribing practice

What review is NOT intended to do

- Review the diagnosis within a consultation
- Set the expectation that all prescribing undertaken in the review must be perfect
- Dishearten or discourage the reviewer
- Review prescribing primarily on the grounds of cost

What is assessed?

- Reflection and learning
- An acceptable error rate is not set, numbers are for comparison and context
- It is not the rate of errors that is important but how the trainee responds to them
- An assessment with no errors and no learning would not be acceptable as this was never the case in either the PRACTICE or REVISIT study

Trainee reviews all consultations backwards from set date trainer gives to identify last 60 scripts issued or computer search may be used

- Data added to trainee spread sheet
- Start of data collection period will be chosen by clinical supervisor
- GP AiT will not know the start date in advance

Trainee reviews the 60 prescriptions in the spread sheet

Any issues highlighted are investigated

- Identify possible causes and methods of avoidance

Trainer will review at least 20 prescription items, including those where the trainee has not identified errors

GP AiT will write up findings and reflections in trainee prescribing assessment log in the ePortfolio and create PDP entries where appropriate

- To discuss results and agree the next steps
- Agree the error avoidance strategies to embed into practice

Tutorial with clinical supervisor

Trainer will complete prescribing assessment form and comment on the review and suggested entries for the PDP, editing and suggesting additional entries if required.
Trainer makes assessment of trainees prescribing at this stage. Both trainer and trainee complete on line survey.

The trainee review -preparation

- Retrospective to capture normal prescribing habits
- Either manual review records from date set by supervisor until 60 prescriptions reviewed or
- Computer generated search added to spread sheet of 60 consecutive prescriptions

How to assess:

- Was the **RIGHT DRUG (s)** selected for the indication and the patient?
- Was the drug prescribed at the **RIGHT DOSE** for the indication and the patient?
- Were the **RIGHT DOSAGE INSTRUCTIONS** written on the prescription in a way the patient can understand?
- Was the **RIGHT FOLLOW UP** planned, enacted or acted upon with regards to the medication?
- Have you provided the **RIGHT DOCUMENTATION** to support prescribing?
- Has the medication been subject to the **RIGHT REVIEW** before prescribing (including checking adherence to therapy)?
- Are there any examples of **GOOD PRESCRIBING** practice?

How to assess:

- Was the **RIGHT DRUG (s)** selected for the indication and the patient? *Is this drug suggested by NICE or other guidelines as first choice are there good reasons to use it if it is second choice? Have allergies or contraindications been considered?*
- Was the drug prescribed at the **RIGHT DOSE** for the indication and the patient? *E.g. is the dose the one advised by BNF bearing in mind LFT and renal function?*
- Were the **RIGHT DOSAGE INSTRUCTIONS** written on the prescription in a way the patient can understand? *They should be in plain English (not qid or qds) and should be specific (as needed is never appropriate; which eye or ear should be stated.)*
- Was the **RIGHT FOLLOW UP** planned, enacted or acted upon with regards to the medication? *E.g. if there should be a review of blood tests were these arranged; were arrangements made for review of a trial of treatment? Etc.*

How to Assess pt 2

- Have you provided the **RIGHT DOCUMENTATION** to support prescribing? *Does the documentation make the indication, monitoring and follow up clear; If prescribing does not follow normal guidance is the reason documented?*
- Has the medication been subject to the **RIGHT REVIEW** before prescribing (*including checking adherence to therapy*)? *Have any necessary discussions taken place before continuing medications with risks e.g. HRT?*
- Are there any examples of **GOOD PRESCRIBING** practice? *E.g. following guidelines, clear explanations, clear details on OTC suggestions*

Errors

- More than one type can apply to a single prescription
- Trainee should consider possible reasons why and how to avoid in future
- Good practice should make conscious decision to continue
- Look for themes and patterns
- If significant error this should be highlighted to the supervisor and follow practice procedures

Preparing for the review

- Have available reference sources:
 - BNF and BNF for children
 - Local formulary guidance
 - Local clinical guidelines e.g. antimicrobial
 - The Self- assessment Prescribing review for GP trainees document

Excel spread sheet part 1

- Direct copy from clinical system or
- Completed manually

Prescription number 1-60	Patient number	Age	Issuing user name	Date of issue	Medication	Dosage (as written)	Quantity	Linked problem	If linked problem not completed or inaccurate, condition for which medication was issued
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Excel spread sheet part 2

- Place a 1 in relevant box if issue identified
- Last box details what should have been done

prescribing error	Right Drug
suboptimal prescribing	Right Dose
prescribing error	Right Dose Instructions
suboptimal prescribing	
prescribing error	Right Follow up
suboptimal prescribing	
prescribing error	Right Documentation
suboptimal prescribing	
prescribing error	Right Review
suboptimal prescribing	
Good prescribing	Description of prescribing issues identified

Excel spread sheet part 3

- Records reflections on possible reasons the issue occurred
- Asks about possible strategies that could be used in future to prevent issue occurring again
- This section is essential
- Numbers alone are not acceptable

GP Prescribing proficiencies

- The trainee needs to self assess and to reflect on their performance against the GMC Generic Professional Capabilities for Prescribing safely- called GP prescribing proficiencies
- The supervisor needs to assess the trainee against the same proficiencies

GMC Prescribing proficiencies

- Assess the risks and benefits including that posed by other medications and medical conditions.
- Identify when prescribing unlicensed medicines and informs patients appropriately.
- Adhere to local guidelines and evidence based medicine.
- Use antimicrobials appropriately.
- Counsel patients appropriately including instructions for taking medicines safely in line with up to date literature.
- Review and monitor effects including blood testing at appropriate intervals
- Range of ages and clinical areas covered in

assessment

Analysing the results

- How many prescribing events have been highlighted by you?
- Were there any themes that could be identified within these prescribing events?
- Which areas of good prescribing did your review identify?
- What was the number of prescribing events in each of the prescription categories (new repeat, repeat repeat etc.)?
- What was the number of prescribing events in each of the prescribing event categories (right drug, right dose etc.)?
- Are there any prescribing events that have occurred more than once (e.g. incorrect dose of an antibiotic)?
- Are there examples of good prescribing that have occurred more than once?
- When the possible reasons and possible strategies for the future are considered are there recurring themes e.g. need to refer to guidelines, need to document indication. How can this then link to your personal development plan?
- Which areas of the BNF cover the majority of the prescribing (e.g. antimicrobial and analgesia)? Would your clinical supervisor consider this typical of current prescribing and that of a post CCT GP?

Trainee completes prescribing reflection form

	Number of Prescriptions	Prescribing error	Suboptimal prescribing
Number scripts reviewed			
"Right Drug"			
"Right Dose"			
"Right Dose Instructions"			
"Right Follow Up"			
"Right Documentation"			
"Right Review"			
OTC			
Total of all errors/suboptimal			

Trainee prescribing reflection form

Prescribing trainee assessment reflection

- I confirm that I have completed a review of 60 of my prescriptions in line with the RCGP WPBA prescribing assessment guidelines and have attached my spread sheet of results to this log*
- Reflect with reference to the GP Prescribing Proficiencies outlined above.
- What do you plan to maintain with regard to your prescribing? * *[Reflect on what you are doing well]*
- What do you plan to improve with regard to your prescribing? * *[Consider how to improve your suboptimal prescribing]*
- What do you plan to stop with regard to your prescribing? * *[Comment on any significant errors]*

Trainee prescribing reflection form continued

Prescribing trainee assessment reflection

- Which of the GP prescribing skills listed above have you not covered (if any) in this assessment? How will you address these?*
- Using your reflections above complete the following PDP(s):*
[creates a mandatory draft PDP entry which trainer will review]
- Learning Objectives:
- Target Date:
- Action plan:
- How will I know when it is achieved?:
- [Request generation of second PDP as required]

Supervisor responsibility prior to assessment

- At least 20 prescribed items need reviewing by the supervisor (this can be practice pharmacist)
- Patient names should be chosen at random from the list and cover range of dates
- Assessor should select patients where no errors have been identified as well as those with errors
- Assessor should review the patient records and relevant guidance to make a judgment
- Assessor should complete the same excel spread sheet as the trainee
- If very different results are found from those of the trainee additional prescriptions should be reviewed

Trainer assessment form

- **1. How accurate was the trainee's own assessment of prescribing?**
[Randomly sample 20 prescriptions, including those where the trainee has not identified any errors, to make a judgment. If you have good agreement with your trainee's reflections, then you don't need to review any more. If there is limited agreement, with many errors or suboptimal prescribing being missed or if your trainee appears to have assessed most of their prescribing as being either suboptimal or having errors, the assessment criteria and guidance should be discussed and the trainee should re-review their prescribing before you continue the assessment.]
- **2. Comment on your trainee's performance against the GP prescribing proficiencies in particular which ones were not covered by this assessment ? *How will these be demonstrated and assessed?***

Trainer assessment form continued

- **3. Has your trainee demonstrated the GP prescribing proficiencies across people at extremes of age, which includes babies, children and older people with frailty? If not, which patients need further evidence and how will this be demonstrated and assessed?**
- **4. Please comment on your trainee's PDP and on any further outstanding learning needs not already covered above? Support them in making their PDP a SMART performance improvement plan to address these if needed.**

End assessment

The trainer needs to make a judgment on the overall level of proficiency of the trainee by selecting one of the following: **This assessment demonstrates the trainee is currently**
[Please select one of the following]:

- A safe, reflective GP prescriber at this point in time

[It is still expected that they have PDPs to further improve their prescribing]

- Needs to develop specific prescribing skills to fulfil the prescribing proficiencies

[Those not in the PDP should be reviewed and recorded in a prescribing assessment review]

- Needs support and educational input prior to repeating all of this assessment

Descriptors of the assessment grades

A safe, reflective GP prescriber at this point in time:

1. Trainee has completed the prescribing assessment as instructed including reviewing 60 prescriptions
2. Trainee has written a reflective log entry on prescribing and uploaded their completed spread sheet
3. The trainee has not missed any significant errors or many areas of good prescribing in their review
4. The trainee has reflected well on the errors and good prescribing examples they have highlighted in this review
5. The trainee has not made any significant errors or many minor errors that they have not reflected appropriately on
6. The trainee has completed a SMART PDP to further improve their prescribing
7. The trainee has demonstrated many of the prescribing proficiencies in this review
8. The trainee has assessed in this review a range of prescriptions for most common conditions
9. The trainee has assessed in this review a range of prescriptions for most of the population groups

Descriptors of the assessment grades

Needs to develop specific prescribing skills to fulfil the prescribing proficiencies as identified in the PDP(s) and Q5 above has been fulfilled:

- The trainee has demonstrated 1-6 of the above, however they have:
- Not demonstrated many of the prescribing proficiencies in this review- list those not demonstrated
- Not assessed in this review a range of prescriptions for certain common conditions- list which conditions need to be demonstrated
- Not assessed in this review a range of prescriptions for some of the population groups- list which population groups need to be demonstrated

Descriptors of the assessment grades

Needs support and educational input prior to repeating all of this assessment:

For example the trainee may:

- Not have completed the prescribing assessment as instructed and not reviewed 60 prescriptions
- Not written a reflective log entry on prescribing or uploaded their completed spread sheet
- Have missed significant errors
- Not have reflected well on errors and good prescribing they have highlighted in this review, showing no suggestions for change or acceptance of the need to improve
- Have made significant errors or many minor errors that they have not reflected appropriately on
- Not have completed a SMART PDP to further improve their prescribing

Descriptors of the assessment grades

In addition, the trainee may:

- Not have demonstrated that they have many of the prescribing proficiencies in this review
- Not assessed in this review many prescriptions for certain common conditions
- Not assessed in this review many prescriptions for some of the population groups

Questionnaires

- Mandatory questionnaires to be completed by trainee and supervisor on completion of assessment
- Required to identify any unintended consequences in introducing a totally new assessment into GP training.
- If successful will be a mandatory assessment from August 2020

Evidence forms

- **Trainee needs to complete a new learning log type “prescribing assessment” and attach:**
 - Excel spreadsheet – having removed any identifiable ID numbers
- **The trainer will complete a new Prescribing assessment form**
- **Both need to complete on line surveys:**

Additional information

Right Drug

- Evidence for use in the indication
- Allergies
- Contra-indications/Cautions
- Interactions with co-prescribed medication
- Local and national prescribing guidelines
- Local formulary
- Social issues (e.g. carers, inclusion in a monitored dosage system)
- Formulation
- Duplication or omissions in therapy.
- Correct use of brand prescribing for safety reasons

Additional information

Right Dose

- Renal or hepatic function
- Age / weight
- Local and national prescribing guidance (including MHRA)
- Is the dose correct for the indication?
- Has increasing or reducing dosing been done appropriately?
- Most appropriate strength of tablet prescribed for the required dose.

Additional information

Right Dosage Instructions

- Clear and unambiguous (avoiding “as directed”)
- Up to date (with current usage/latest letters from secondary care)
- Include route of administration/area of application/treatment eye or ear
- Are the instructions able to be read and understood by the patient?

Right follow up

- Has the necessary monitoring has been planned/taken/acted upon e.g. blood tests, BP.
- Has the item been placed on repeat appropriately so that it cannot be continued without a necessary review?

Additional information

Right Documentation

- Is the indication for prescribing clear?
- If prescribing does not follow normal guidance is the reason documented?
- Is the plan for any necessary monitoring or follow up documented?

Right Review

- Where the medication has been used before, has under or over-ordering been addressed before supplying (adherence to therapy)?
- Have any necessary discussions taken place before continuing medications with risks e.g. HRT?

Additional information

Good prescribing

- Does prescribing show that local guidelines have been referred to e.g. antimicrobial guidelines?
- Is the prescribing plan in the notes and thought process accurate and clear for the next clinician to follow?
- Is the OTC advice that has been given very clear with regards to medication dosage and further advice?

Prescribing assessment -1st half ST3

Summary

- Trainee searches /downloads 60 retrospective scripts they have initiated
- Reviews 60 against prescribing errors manual – right drug, dose, dosage frequency, documentation, follow up.
- Trainee reflection on the assessment via prescribing assessment log entry
- Completes table mapping their prescribing to errors
- Supervisor, (possibly pharmacist if available), samples 20 of scripts, including those where the trainee did not identify any errors and uses the records, local and national guidance and the prescribing manual to assess them in the same way as the trainee
- Trainer completes new prescribing assessment form
- Formative feedback is provided reviewing any significant errors, learning plans and any proficiencies or patient types not covered
- Both trainer and trainee complete the on line survey