

## Outcomes of the Medical Schools Council Safe Prescribing Working Group

*This summarises the background to and outcomes of the Medical Schools Council Safe Prescribing Working Group and has been circulated to a range of stakeholders including Medical Schools, Foundation Schools and Deaneries, GMC Education Committee, GMC Tomorrow's Doctors Review Group, NHS Employers and Strategic Health Authorities.*

*The recommendations and outcomes of the Working Group are also available on the Medical Schools Council's website at [www.medschools.ac.uk](http://www.medschools.ac.uk).*

### Background to the working group

On 24 January 2007 the General Medical Council (GMC) convened a meeting of interested parties to discuss evidence of, and address the concern of, prescribing errors in junior doctors, an issue that had been raised recently in the media. The outcome of the meeting was the establishment of the Medical Schools Council (MSC) Safe Prescribing Working Group to consider in greater depth safe prescribing in junior doctors and the education that underpins it. The group was led by MSC and supported by the GMC. The Working Group met twice, in May and September 2007, before concluding that their terms of reference had been met pending some ongoing actions which individual members and the secretariat were responsible for.

### Terms of reference

The Safe Prescribing Working Group agreed their terms of reference to be:

- To determine in summary, what a Foundation Year 1 doctor must know on their first day with regards to prescribing.
- To suggest ways to support the development of this knowledge through undergraduate education and foundation training, including assessment.
- To consider ways to support junior doctors in their prescribing.

### Membership of the Safe Prescribing Working Group

Professor Robert Lechler, Kings College London (Chair)  
Professor Elisabeth Paice, London Deanery  
Professor Richard Hays, Keele Medical School  
Dr Katie Petty-Saphon, Medical Schools Council  
Dr Jeffrey Aronson, University of Oxford  
Professor Michael Bramble, South Tees Hospitals NHS Trust  
Professor Ian Hughes, GMC Council  
Ms Emily Rigby, British Medical Association Medical Students Committee  
Mr Qashif Anwar, British Medical Association Medical Students Committee  
Professor David Webb, British Pharmacological Society

Dr Simon Maxwell, British Pharmacological Society  
Dr Joan Martin, GMC Education Committee  
Mr Neal Maskrey, National Prescribing Centre  
Mr Steve Walker, NHS Litigation

### **Corresponding Members**

Ms Jillian Matthew, Audit Scotland  
Ms Claire Sweeney, Audit Scotland

## **Recommendations and outcomes**

- **Statement of competencies in relation to prescribing required by all Foundation doctors**

The Working Group agreed a list of competencies that Foundation Year one doctors should have on their first day. This list is attached for information as Appendix One.

- **Input into the Department of Health's E-learning site**

The Department of Health launched e-Learning for Healthcare (e-LfH) in August 2007. E-LfH was developed in partnership with professional bodies and the NHS. It has been made accessible to Foundation doctors and aims to provide standardised, quality assured training material. Included in the content of the site is a safe prescribing module.

The Working Group was given access to the site and provided feedback to those involved in the development of e-LfH. In particular the Working Group commented that the content was appropriate for final year medical students and it would be helpful if access to the site could be extended to cover this group.

- **Making the British National Formulary accessible for students**

The British National Formulary (BNF) is a key resource for final year medical students and Foundation doctors alike. However there are problems with accessibility, in terms of a lack of specific interpretation of the BNF for students and a lack of funding for hard copies of the full document. The Working Group have tried to address these issues by:

- Submitting a bid for funding for the development of e-learning content, within the Department of Health e-Learning for Healthcare programme, as mentioned above. This bid, if successful, will support the development of a national on-line student formulary. The proposed website would include a list of approximately 100 drugs or drug classes broken down by therapeutic area in similar format to the British National Formulary, principles relating to safe prescribing, therapeutic cases and links to further information.
- Writing to the Chief Executives of all Strategic Health Authorities (SHA) to stress the importance of provision of the BNF for final year medical students and to make clear this is seen as a legitimate use of SIFT.
- Writing to all Deaneries and Foundation Schools to advise them that the MSC Safe Prescribing Working Group has written to all SHA Chief Executives regarding the provision of the BNF and to ask them to do all that they can locally to ensure that the BNF is made available.

- **Standardising the prescribing form**

The Working Group agreed that standardising the prescribing form, one for general practice and one for the wards, was a key measure to assist junior doctors in safer prescribing. To pursue this aim the Chair of the Working Group has written to the Department of Health and its equivalents in the devolved administrations. In his letter the Chair emphasised how important the Safe Prescribing Working Group

sees standardising the prescribing form, highlighting patient safety and the mobility of junior doctors as two main reasons.

- **Prescribing competence tested in OSCEs**

The Working Group discussed the role of OSCEs in developing prescribing competencies. It was felt that it would be helpful for all students to be tested on their prescribing competence in their final year OSCEs.

- **Disseminating the work of the group widely**

The Working Group agreed it was important to disseminate their recommendations and outcomes widely. Therefore this document has been sent to:

- Medical Schools
- Foundation Schools and Deaneries
- GMC Education Committee
- GMC Tomorrow's Doctors Review Group
- NHS Employers
- Strategic Health Authorities

The recommendations and outcomes of the group are also available on the Medical Schools Council's website at [www.medschools.ac.uk](http://www.medschools.ac.uk)

## Related work

### **GMC commissioned research investigating the prevalence and causes of prescribing errors in junior doctors**

Not the responsibility of this Working Group but work that supports the aims of this group is research that has recently been commissioned by the GMC investigating the prevalence and causes of prescribing errors in junior doctors. The research is being carried out by a collaboration of the University of Manchester, Tribal Consulting, the North Western Deanery and the University of Liverpool, led by Professor Timothy Dornan.

The study will provide the GMC with evidence about the prevalence and causes of prescribing errors among doctors in their first Foundation Year. From this evidence the research will make recommendations for educational interventions for undergraduate medical education (as opposed to systems improvements or compliance by doctors with local protocols) to help reduce the risk of prescribing errors.

Outcomes of this research will be fed into the review of *Tomorrow's Doctors* (the GMC's core guidance for undergraduate medical education) as appropriate and the final report will be received in January 2009.

## Ongoing work

### **Contact details**

If you wish to contact any members from this Working Group, for example in relation to ongoing work, please contact:

- Jocelyne Aldridge, MSC, phone 020 7419 5494 or email [jocelyne.aldridge@medschools.ac.uk](mailto:jocelyne.aldridge@medschools.ac.uk)
- Chris Gulik, GMC, phone 020 7189 5286 or email [cgulik@gmc-uk.org](mailto:cgulik@gmc-uk.org)

## **APPENDIX ONE: Statement of Competencies in relation to Prescribing required by all Foundation Doctors**

### *Introduction*

Prescribing is a core clinical skill practiced regularly by all qualified doctors from day one of their first Foundation post. Effective prescribing can yield great benefits for patients, but medicines are also associated with significant risks. Adverse medication events are common in NHS hospitals. The task of prescribing well is probably getting more difficult, owing to various factors. For all of these reasons it is important that undergraduate medical education delivers a firm grounding in the principles of therapeutics and is supported by appropriate knowledge and practical skills.

To guide the undergraduate learning process the Medical Schools Council Safe Prescribing Working Group has agreed a set of competencies required of all doctors at the beginning of their Foundation training. These take into account the likely prescribing demands and levels of supervision possible in a typical NHS hospital. Although not explicitly stated, the competencies are also applicable to prescription of other therapies such as oxygen, intravenous fluids and blood products.

### **Competencies required of all Foundation doctors**

1. *The ability to establish an accurate drug history.* This may be taken directly from the patient, from a collection of medicines, or from information given by others (carers, GP, old prescriptions). The record of this history should include making relevant conclusions from past exposures, including effective interventions and unsuccessful or harmful ones (drug allergies, adverse drug reactions, and drug interactions).
2. *The ability to plan appropriate therapy for common indications.* This means deducing appropriate treatment, based on symptoms, signs, and investigations. Such treatment might be preventive, curative, symptomatic, or palliative. It should be possible to plan treatment that is appropriate to individual patients. This will involve deciding at a simple level between options that might include different drugs, different formulations, different routes, different doses, and different durations. It should be possible to plan treatment for common acute and chronic conditions, including the use of high-risk drugs (e.g. anticoagulants, opioids, insulin) and commonly used antibiotics. There should be awareness of situations where it is inappropriate to prescribe and also of the role of non-drug therapies (e.g. physiotherapy, TENS machines for pain relief).
3. *The ability to write a safe and legal prescription.* This will usually be on a hospital drug administration chart (once-only, regular, and as required medications), but may include other relevant documentation (e.g. an infusion chart, insulin chart, warfarin chart, oxygen chart, TTO prescriptions). This skill would also include cancelling prescriptions and understanding other aspects of documentation. Prescriptions would be expected to meet appropriate standards, being legible, unambiguous, and complete (approved name written in upper case, appropriate form and route, correct dose appropriately written without abbreviations, necessary details and instructions, signed). It should be possible to prescribe controlled drugs. This skill would normally be undertaken with access to a copy of the British National Formulary. Prescribers should be aware of the legal responsibility of signing a prescription.

4. *The ability to appraise critically the prescribing of others.* This will include the ability to review prescription charts and relate medicines to symptoms (e.g. a nitrate and headache), identify common drug interactions (e.g. erythromycin with warfarin), identify inappropriate prescriptions (e.g. a hypnotic during daytime), and identify obvious dosing errors for common drugs (e.g. aspirin). By implication, all doctors should also be able to review and critically appraise their own prescribing decisions.
5. *The ability to calculate appropriate doses.* These might include simple dosage calculations by weight or body surface area and adjustments for age or renal function. This will include knowledge of different expressions of drug doses.
6. *The ability to provide patients with appropriate information about their medicines.* This will include being able to provide important information about the most commonly prescribed drugs or groups of drugs (approximately 75 in all), being able to help patients make informed decisions about their care, and being able to give instructions that improve safety and effectiveness (e.g. safety warnings about warfarin, explanations about inhaled therapy).
7. *The ability to access reliable information about medicines.* This might include standard hard-copy references, such as the BNF and the Datasheet/SPC compendium, but will increasingly involve an electronic search. This would involve being able to check for contraindications, drug-drug interactions, and known adverse drug reactions.
8. *The ability to detect and report adverse drug reactions.* This should include recognition of specific types of drug-induced disease, such as anaphylaxis, maculopapular rash, bone marrow suppression, liver disorders, kidney disease. It should also include the ability to report an adverse drug reaction and awareness of sources of information on adverse drug reactions.

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