MAP – Guidance for Criterion 1: Prescribing

You’re asked to provide a list of 100 CONSECUTIVE drugs (medications) that you have prescribed including the date, preparation and strength. Some of these drugs will be acute, during a surgery and repeat prescriptions which you sign afterwards. Don’t miss any out or “cherry pick”! The list does not have to be “perfect”. You will be expected to reflect on outliers in this exercise. In listing a repeat drug, you may say to yourself “I didn’t initiate this medication”. However, by signing the prescription you are acknowledging that you are legally responsible for this drug and you should therefore include all prescriptions you sign.

What to do with the information gathered?
Complete the table:

COST AND CLINICAL EFFECTIVENESS
You may wish to refer to your BNF for guidance here. E.g. Omeprazole is cost effective and evidence based whereas esomeprazole is not cost effective but is evidence based. Don’t get too tied up with this, simply make a personal judgement and it’s sufficient here to enter a “yes” or “no”.

SIGNIFICANT SAFETY ISSUES
Every drug has some safety aspect but we do not expect you to comment on all 100 items in your list. A good rule of thumb would be, does this medication require blood monitoring? e.g. Warfarin, Lithium, DMARDS etc or may there be significant drug interactions e.g. Statins with Macrolides (Erythromycin).

JUSTIFICATION
Look now for any drugs which are either not cost effective, evidence based or have safety issues in your list and comment about these individually in the final boxes e.g. continued prescribing of a hospital initiated drug. A prescription for esomeprazole may be for a patient whose symptoms were not controlled on omeprazole or lansoprazole. Include a statement to this effect. Azathioprine requires regular FBC and LFTs. You should note that here. Use references where required.

Finally you need to count up your most frequently prescribed drugs in the full list and tell us what your top FOUR are. If there is a tie for fourth place, just pick one of them! You then need to comment in detail about these four drugs in terms of cost/clinical effectiveness and safety issues and reflect on this. Use prescribing guidelines and publications to help here, e.g. BNF, Bandolier, Drug and Therapeutics Bulletin, local Guidelines etc.

To reiterate, this Criterion does not seek a perfect list of drugs but looks for good insight into what you are prescribing and reflection, with a view to improvement, if you discover issues that need to be addressed.