**Trainer prescribing assessment form**

**GP Prescribing Proficiencies**

All prescribing GPs are expected to demonstrate the following, across people of all ages which includes extremes of age, for example babies, children and older people with frailty (based on the GMC GPCs 2017):

1. Assesses the risks and benefits including those posed by other medications and medical conditions, reducing polypharmacy where possible.
2. Identifies when prescribing unlicensed medicines and informs patients appropriately.
3. Adheres to national or local guidelines (including recommendations for over the counter prescribing (OTC) and evidence-based medicine.
4. Uses antimicrobials appropriately.
5. Counsels patients appropriately including giving instructions for taking medicines safety in line with up to date literature.
6. Reviews and monitors effects including blood testing at appropriate intervals.

**Prescribing assessment form**

**From trainee review of 50 prescriptions:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number ofPrescriptions | 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** |  |  |  |
| **Good Prescribing** |  |  |  |

**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?**

**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.**

**This assessment demonstrates the trainee is currently *[Please highlight 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☐

***Competencies/ capabilities that may inform, be demonstrated in follow up reviews of the trainees prescribing***

**☐ *Clinical management***-has the trainee prescribed safely, are they aware of and applying local and national guidelines including drug and non-drug therapies, are they aware of legal framework for appropriate prescribing?

**☐ *Community orientation***-has the trainee demonstrated how they have adapted their own clinical practice to take into account the local resources, for example in cost-effective prescribing and following local protocols?

**☐ *Maintaining performance Learning and teaching***-has the trainee shown a commitment to professional development through reflection on performance and the identification of personal learning needs (in their learning log and verbally)?

**☐ *Fitness to practice***- has the trainee reflected on and learnt from (in their learning log and verbally) performance issues (drug errors) in order to improve patient care?

**☐ *Organisation, management and leadership***-has the trainee produced records that are succinct, comprehensive, appropriately coded and understandable?

**☐ *Managing medical complexity***-has the trainee simultaneously managed the patients’ health problems, both acute and chronic (e.g by taking into account co-morbidities, existing medication and allergies), communicated risk effectively to patients (from documentation in the clinical records), recognised the inevitable conflicts that arise when managing patients with multiple problems and taken steps to adjust care appropriately (taking into account co-morbidities, investigations, existing medication and allergies)?