GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

SKILLS
CONSULTATION SKILLS

Rational Prescribing in General Practice

Medication use is the most common health-related action taken by Australians. In 2015-16, at least one prescription was prescribed or recommended for 42.4% of all problems managed in Australian general practice. When used correctly, medication can significantly improve health outcomes. However, there are also potential harms and negative consequences related to medicines use. Rational prescribing is 'the judicious, appropriate, safe and efficacious use of medicines', and is known to be a challenging area for GP registrars. GP supervisors play a key role in influencing GP registrar prescribing. This consultation skills teaching plan is linked to other GPSA teaching plans on the mechanics of prescribing, polypharmacy and deprescribing and antibiotic prescribing. Also see the GPSA guide to teaching rational prescribing.

TEACHING AND LEARNING AREAS		• Influences on GP prescribing behaviour – patients, supervisor and other GPs, opinion leaders, drug reps, evidence sources etc. • Potential adverse effects and harms of prescribing e.g. common and serious side effects, over-treatment • Key elements of quality prescribing in the GP setting – information gathering, decision making, communication, monitoring • Common prescribing scenarios – 'simple script' request, new patient, opportunistic review of medication list, starting a new drug • Prescribing drugs of dependence and drug seeking behaviour • Evaluating and prescribing new medicines • Key resources for quality prescribing e.g. eTG, AMH, NPS MedicineWise, Prescribing Medicines in Pregnancy Database, Choosing Wisely Australia
PRE- SESSION ACTIVITIES		• Read the 2013 Australian Prescriber article The competent prescriber: 12 core competencies for safe prescribing
ACTIVITIES		• Assessment and teaching on rational prescribing is ideally done by prescribing audit and feedback • See over page for activities
TEACHING TIPS AND TRAPS		• Prescribing is much more than simply writing the script • Avoid being an 'early adopter' of new medications • There is no such thing as a simple script request! • Involve patients in the decision to prescribe or not • Try to use the generic name when prescribing • Become familiar with a prescribing evidence resource e.g. eTG • Discuss the influence of pharmaceutical representatives and remind your registrar that they don't have to see them • Base teaching around commonly over-prescribed medications e.g. antibiotics, opiates • Role model quality prescribing practice • Formal clinical audits involving data collection and feedback reports have been demonstrated to positively influence prescribing practice
RESOURCES	**Read**	• 2017 AFP article - Teaching rational prescribing to general practice registrars: A guide for supervisors • HANDI – Handbook of Non-Drug Interventions
FOLLOW UP & EXTENSION ACTIVITIES		• Registrar to undertake a formal prescribing audit and present the results back to the practice

Activities

RANDOM PRESCRIBING AUDIT

1. Read the 2017 AFP article - Teaching rational prescribing to general practice registrars: A guide for supervisors
2. Review the medical records from a few recent registrar encounters in order to find examples where prescriptions were written
3. Ask to registrar to present the case as a problem representation
4. Supervisor to explore the four stages of prescribing (see box below):
   A. Information gathering
   B. Clinical decision making
   C. Communication
   D. Monitoring and review
5. Supervisor to explore clinical reasoning
6. Consider extending the registrar with hypothetical 'What if?' questions
7. Discuss evidence and resources

Box 4. Suggested questions for audit and feedback of prescribing practice

Information gathering

- Tell me more about the presentation
- Were there risk factors for non-adherence?
- What other clinical information might have assisted you in managing the case?

Clinical decision making

- What was your diagnosis?
- What was the assessment of the severity and management of the disease?
- Why did you decide to prescribe that particular drug?
- What are the risks of prescribing or not prescribing?
- What alternatives could you have used, and what are their advantages and disadvantages?
- What if the patient was a child/elderly/very unwell?
- Where could you seek evidence-based guidance on management of this condition?

Communication

- How did you communicate your management to the patient?

Monitoring and review

- What are your plans for follow-up and monitoring?
- What if the patient does not respond to the prescribed medication?

From the AFP article Teaching rational prescribing to general practice registrars: A guide for supervisors

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Activities

CLINICAL REASONING CHALLENGE

Mrs Mary House, aged 78, presents to you for a repeat prescription of her Fosamax (alendronate).

She has attended the practice for years but you have never seen her before. Her medical record lists her past medical history as osteoporosis, hypertension and OA knees, and her medication list as alendronate 70mg weekly, perindopril 5 mg daily and paracetemol 2 tabs tds.

She is well today with no other complaints.

QUESTION 1. In relation to rational prescribing, what are the MOST IMPORTANT key features of Mary's medication use that you would seek prior to re-issuing the alendronate prescription? List FIVE.

1 _____

2 _____

3 _____

4 _____

5 _____

QUESTION 2. As a relatively new prescriber, you are unfamiliar with alendronate and wish to seek further information on it. What are the MOST IMPORTANT information sources available to you for seeking this information? List up to FOUR.

1 _____

2 _____

3 _____

4 _____

Activities

ANSWERS CLINICAL REASONING CHALLENGE

QUESTION 1
In relation to rational prescribing, what are the MOST IMPORTANT key features of Mary's medication use that you would seek prior to re-issuing the alendronate prescription?

Quality use of medicines is defines as judicious, appropriate, safe and efficacious use of drugs. The following are all important aspects of rational prescribing in Mary's case:

- Indication - abnormal BMD, previous fracture?
- Adherence/side effects (especially GIT)
- Dosing – take 30 minutes before breakfast
- Monitoring/efficacy – recent BMD, stable T score?
- Non-pharmacological treatment – physical activity, calcium intake, smoking?
- Patient understanding – what the drug is for
- Alternative options e.g. denosumab

QUESTION 2
As a relatively new prescriber, you are unfamiliar with alendronate and wish to seek further information on it. What are the MOST IMPORTANT information sources available to you for seeking this information?

- eTG
- AMH
- NPS MedicineWise
- Supervisor
- Local pharmacist

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