

Do FY doctors feel supported to prescribe safely?

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Introduction: Safe prescribing is a fundamental skill of all doctors. Despite this, nearly 9 in every 100-medication orders are associated with a prescribing error (1). Foundation Schools are increasingly stipulating that prescribing competence should be assessed during Foundation Year (FY) training either through successful completion of the Prescribing Safety Assessment, or Trust/Foundation School specific assessment. Our Trust provides support and internal assessment of FY prescribing but until now we had not consulted FYs on the value of this support or their preferences on how to improve safe prescribing.

Aims: To assess the support FYs currently receive to prescribe safely in a UK teaching hospital.

Methods: As part of FY training and development program at our Trust, we undertook an anonymous survey of FY doctors (year 1 and 2) who attended a session on safe prescribing. The doctors had all completed at least one year of training after finishing medical school. A 7-point Likert scale addressed *i*) confidence in prescribing, *ii*) awareness and application of safe prescribing, *iii*) local support for safe prescribing, *iv*) recommendations for teaching safe prescribing and *vi*) improving training and support in this area. Open-ended questions were also included to explore the qualitative aspects of the topic. All responses were aggregated.

Results: 94 FY doctors completed the survey (FY1 = 18, FY2= 76). 87% of FYs felt confident prescribing (64% through undergraduate training). 19% admitted to frequently prescribing drugs they had never heard of. 56% checked with a senior colleague or pharmacist before prescribing unfamiliar drugs and 93% checked the BNF. 46% Google® the drug including Wikipedia®. Other resources used were Trust guidelines and MIMS®. 50% were confident that they could access all the necessary information on prescribing, but only 35% knew how to access the Trust Medicine Information department. 78% of doctors felt they would like feedback on their prescribing practice, but this had only been received by 15%. With respect to teaching about safe prescribing, 78% favoured case-based discussions and only 29% preferred on-line learning.

Three things highlighted by FY doctors as useful in supporting safe prescribing practice included 1) discussions with pharmacists (57%), 2) the BNF (46%) and 3) access to local Trust clinical guidelines (27%). Factors thought to help increase support of training in safe prescribing included additional teaching and training, especially early in the rotation (33%), access to guidelines/apps (29%), regular feedback (15%) and more support from ward pharmacists (11%).

Discussion: Most FY doctors surveyed by their second year felt confident and supported in their prescribing by a combination of e-resources, access to BNF and discussion with ward pharmacists.

A proportion of FY doctors admitted to using less appropriate sources to support prescribing, such as Google / Wikipedia, and some doctors found it hard to access online prescribing information, such as intranet guidelines. Preferences to help improve prescribing training included facilitator-led case-based discussions, access to guidelines and apps and regular feedback. As a result of this survey, our Trust is developing a multi-modality and multi-disciplinary approach to improve local safe prescribing education strategies.

References: 1. GMC Report December 2009 – EQUIP study