

GP Prescribing a good standard but improvement possible

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(Medical Xpress) -- A major study of GP prescribing, led by The University of Nottingham, has found that while the vast majority of prescriptions written by family doctors are appropriate and effectively monitored, around 1 in 20 contain an error.

Researchers looking at a sample of GP practices in England found that where there were errors, most were classed as mild or moderate, but around one in every 550 prescription items was judged to contain a serious error. The most common errors were missing information on dosage, prescribing an incorrect dosage, and failing to ensure that patients got necessary monitoring through blood tests.

The research, commissioned by the General Medical Council, is the largest-scale study of its kind. It provides an important insight into how errors in prescribing come about and the researchers say improvements can be made to reduce the error rate.

The research recommends a greater role for pharmacists in supporting GPs, better use of computer systems and extra emphasis on prescribing in GP training.

Professor Tony Avery of The University of Nottingham's medical school, who led the research, said:

“Few [prescriptions](#) were associated with significant risks to patients but it's important that we do everything we can to avoid all errors. GPs must

ensure they have ongoing training in prescribing, and practices should ensure they have safe and effective systems in place for repeat prescribing and monitoring. I'd also encourage doctors to share their experiences of prescribing issues both informally within their practices, and also formally where appropriate through local or national reporting systems. Prescribing is a skill, and it is one that all doctors should take time to develop and keep up-to-date.”

Professor Sir Peter Rubin, Chair of the General Medical Council, said: “GPs are typically very busy, so we have to ensure they can give prescribing the priority it needs. Using effective computer systems to ensure potential errors are flagged and patients are monitored correctly is a very important way to minimise errors. Doctors and patients could also benefit from greater involvement from pharmacists in supporting prescribing and monitoring. We will be leading discussions with relevant organisations, including the RCGP, the CQC and the Chief [Pharmacist](#) in the Department of Health, to ensure that our findings are translated into actions that help protect patients.”

Provided by University of Nottingham

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