

Planning for sustainability through clinical education:

Medication review and deprescribing

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Outline

- Introduction
 - A question to you
 - Discussion and our thoughts
 - An exercise
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- How to plan sustainability?

Introduction – CLAHRC NWL and Medicines Optimisation

- CLAHRC NWL: Medicines Optimisation work stream:
 - ImPE
 - Medicines @ Discharge
 - STOPIT
 - Medication review
 - ReMAC
- Tackling ‘problematic polypharmacy’



Then along came Shreena

- Undergraduate project student, King's College London
- At C&W/CLAHRC NWL to look at roles and responsibilities around medication review
- Literature search presented:
- **Eureka moment:**
 - All of the literature seemed to be aimed at senior doctors and nurses: not at undergraduates or novice trainees
 - These are the prescribers of the future
 - They could be prompting reviews NOW

Gap in the literature? A new meds op strategy?

What was Shreena's work?

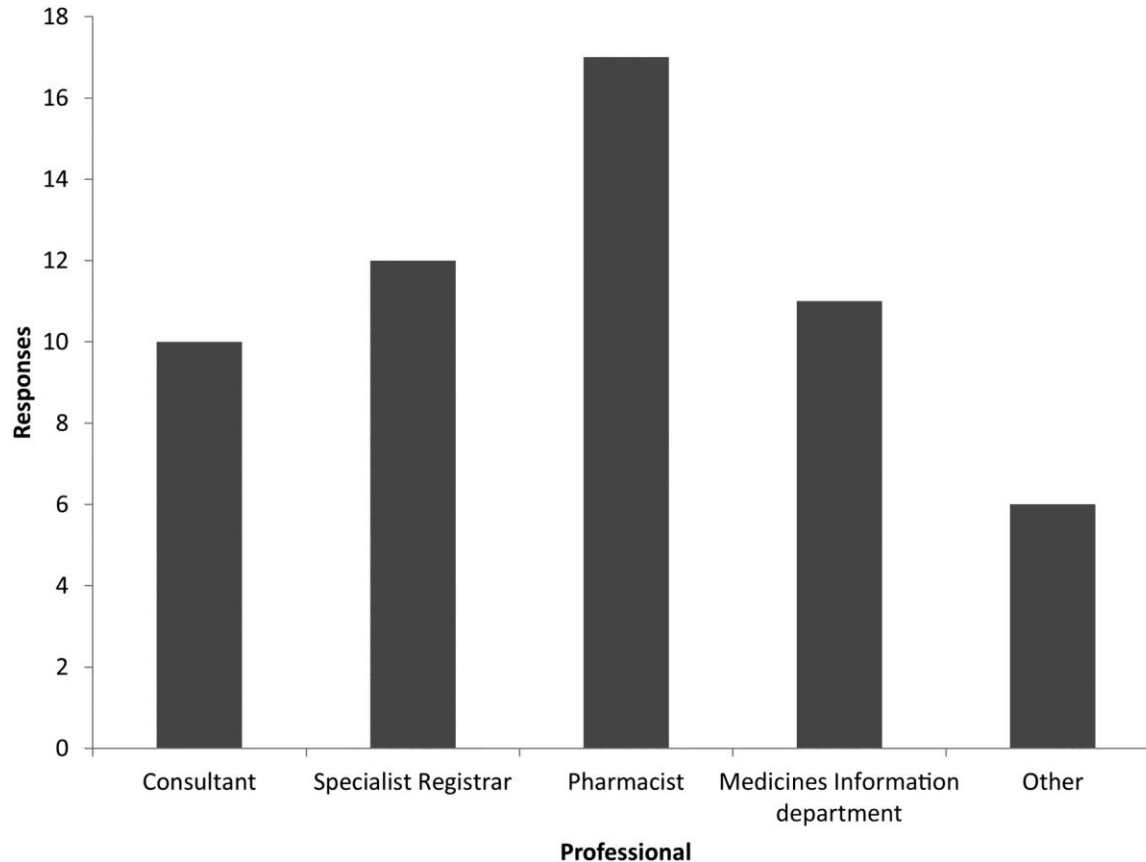
- A survey of one hospital's foundation year 1 doctors
- How they feel about reviewing medicines
- Who they think is responsible
- Their awareness of medication review tools

Before showing you some of the project, a question to you?

Please get your mobile phones ready

What do you think of the results?

What did we find from Shreena's survey?



Seventeen out of 20 respondents would approach a pharmacist if they did not recognise a medication prescribed for their elderly patient. This was followed by registrars (12 responses). <http://ejhp.bmj.com/content/early/2015/06/03/ejhpharm-2015-000664>

The 'bottom up approach to education around medication review and deprescribing'

- Hypothesis confirmed: the F1 doctors don't think about deprescribing and aren't sure whose job it is
- Our strategy is born and strategies are developed to launch and embed it
- Suggest review local education around medication review and deprescribing
- Aim: educating juniors and undergraduates, to enter the workplace with the confidence and skill to at least consider the need for deprescribing a) at the point of initial prescribing b) when undertaking medication review.

Influence curricula

- Chelsea & Westminster Hospital training
- UCL School of Pharmacy – undergraduates
- London foundation training for pharmacists c/o UCL
- National competency framework for prescribers c/o Royal Pharmaceutical Society

Sustainability and QI

- A component of sustainability is demonstrating the effect of the intervention – motivation to continue!
- BUT:
 - How to demonstrate the effectiveness of this education to establish whether it ultimately leads to patient benefit and a reduction in problematic polypharmacy?

An evaluation?

- Compare those people exposed to new curricula to those in old curricula?
- Compare those in institution with new curricula to an institution unchanged?
- Over what time frame?
- How? – use the Electronic Prescribing records and unique prescriber number?
- Spill-over effects?

Exercise:

On your tables using the sheets provided, please discuss and record thoughts on the following:

- Who else should we contact to influence curricula?
- Any advice on our plan for evaluation?

Thank you!

References

1. EJHP Themed issue on deprescribing:

<http://ejhp.bmj.com/content/24/1.toc>

2. Jubraj et al. 2015:

<http://ejhp.bmj.com/content/early/2015/06/03/ejhpharm-2015-000664>