P19

JUNIOR DOCTOR PRESCRIBING: INTRODUCTION OF AN ELECTRONIC PRESCRIBING ASSESSMENT

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Aim The aim of this work is to evaluate the feasibility of introducing the Royal College of Paediatrics and Child Health (RCPCH) paediatric prescribing assessment¹ via an electronic prescribing system to assess junior doctors starting at the regional children's hospital.

Method Face-to-face teaching and case based assessment were carried out at induction using the RCPCH paediatric prescribing tool and assessment sheet. Some junior doctors failed the

assessment and as a consequence the paediatric pharmacists developed three further prescribing assessments. These have been reviewed by the RCPCH and NPPG joint medicines committee and are due to become available on the RCPCH website. For each doctor sitting the assessment, two patients were created and admitted onto the electronic medicines management test system. This was to ensure that there was no possibility of accessing live patient data. The doctors were then given two scenarios with the relevant hospital numbers and asked to prescribe for their patients. The answers were checked by pharmacists using the RCPCH marking criteria.

Results A total of seven doctors undertook the assessment, four passed and three failed. Two doctors who failed the initial test sat a further electronic test, one of these passed and one failed. The third re-sit was conducted using paper charts and the individual passed. One junior doctor is still to sit a re-sit paper. This pilot highlighted a number of limitations, including a strong reliance on IT support and equipment. The e-prescribing team were required to set up the test patients and switch the computers to the test system before use. Finding a venue with enough computers was also a challenge. For those who failed, organising an electronic re-sit took longer to arrange than the preceding paper based assessment. Due to shift patterns, re-sits needed to be done at different times therefore increasing the pharmacist's workload. Advantages included the answers being easy to access and legible therefore marking time was reduced.

Conclusion This work has highlighted several obstacles in providing an electronic assessment including the need for IT support, equipment and the difficulty in sourcing these at short notice for resits. The electronic assessment has enabled the test to be marked more efficiently, it is clear who the prescriber is and the prescriptions are legible. Using e-prescribing allowed the doctors to be evaluated on their ability to use the system. However this is not the intention of the RCPCH assessment tool, which has been designed to assess the doctor's ability to follow instructions, use the BNFC and perform calculations correctly. Our intention is to extend this assessment to include all trainees in the region when they attend regional mandatory study days. Introducing the assessment at this early stage in a doctor's training would identify any problems quickly and allow them to be addressed appropriately. Due to the large number of doctors, an electronic assessment may be impractical based on our findings and a paper based assessment may be more appropriate.

REFERENCE

- 1 RCPCH Paediatric Prescribing Tool. Available from <http://www.rcpch.ac.uk/training-examinations-professional-development/examinations/assessment-tools/safe-prescribing-tool/p> (accessed 25 Jun 2014).