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# A Day in the Life of a Prescriber

## INTRODUCTION

Prescribing is an important area of clinical risk in primary care. A recent systematic review, focused on UK literature, found an overall prescribing error rate in primary and secondary care of 7.5%<sup>1</sup>. Repeat prescribing, prescribing for secondary care, medication reviews, and medicines reconciliation are areas where the available evidence is not of high quality.

### Aims

1. To provoke discussion on some of the areas in prescribing where errors can occur.
2. To give clinicians some ideas, a stimulus to change behaviour, and encourage development of protocols to lessen the chance of mistakes arising.
3. To provide information and stimulate discussion on several areas of prescribing where clear guidance is lacking.

The cases below are designed to illustrate the problems described in the aims of the module. They are real cases, but are **not** meant to be the focus of the group's discussion. Instead, PBSGL groups are encouraged to think of similar cases in their own place of work.

Studying all the cases is not compulsory. If the group runs short of time, and completing the group feedback is still to be done, it is better to leave out a case completely. The feedback, where group members say what changes they will make in practice as a result of the meeting, is an essential part of the learning process – more important than “completing the cases”.

## CASES

### Case 1. Kenny, age 26

You are going through your Docman letters early one morning and see a discharge letter about Kenny. He was admitted with a collapse, which was diagnosed as syncope. Fortunately he has made a full recovery. The letter mentions that his QT