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| Prescribing Review Form | |
| REASON FOR CHOICE OF TOPIC  *(The topic chosen should be relevant to the clinician’s practice, have some importance, and there should be potential for change. Examples of the type of stimuli which should lead to a review of prescribing include SPA level 1 data differing from average, a significant event, an audit, a guideline publication suggested a need etc.)* | |
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| DATA TYPE USED  *(The reasons for the choice of data source used should be given, with demonstration of understanding of the advantages, disadvantages and limitations of the source chosen.)* | |
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| COMPARISON WITH OTHERS (IF POSSIBLE)  *(Reflect upon differences and similarities between your data and that of others e.g. Practice, CHP, Scotland as a whole)* | |
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| LIST TOP 3 DRUGS IN THE GROUP YOU ARE STUDYING BY COST OR FREQUENCY, WHICHEVER IS MOST RELEVANT. | |
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| FOR YOUR TOP DRUG (COST OR FREQUENCY) LIST THE INDICATIONS FOR WHICH YOU USE IT; COMMENT UPON THE SAFETY AND EFFICACY FOR EACH INDICATION; COMMENT UPON THE COST EFFECTIVENESS FOR EACH INDICATION; COMPARE YOUR PRESCRIBING IN THIS SITUATION WITH LOCAL/ NATIONAL / REGIONAL GUIDELINES; AND COMMENT UPON POSSIBLE ALTERNATIVE TREATMENTS.  *(Practitioners should demonstrate insight into any variance between their own prescribing and best practice based upon evidence of efficacy, cost-effectiveness, and published best practice guidance, references should be provided).* | |
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| FOR YOUR SECOND DRUG (COST OR FREQUENCY) LIST THE INDICATIONS FOR WHICH YOU USE IT; COMMENT UPON THE SAFETY AND EFFICACY FOR EACH INDICATION; COMMENT UPON THE COST EFFECTIVENESS FOR EACH INDICATION; COMPARE YOUR PRESCRIBING IN THIS SITUATION WITH LOCAL/ NATIONAL / REGIONAL GUIDELINES; AND COMMENT UPON POSSIBLE ALTERNATIVE TREATMENTS.  *(Practitioners should demonstrate insight into any variance between their own prescribing and best practice based upon evidence of efficacy, cost-effectiveness, and published best practice guidance, references should be provided).* | |
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| FOR YOUR THIRD DRUG (COST OR FREQUENCY) LIST THE INDICATIONS FOR WHICH YOU USE IT; COMMENT UPON THE SAFETY AND EFFICACY FOR EACH INDICATION; COMMENT UPON THE COST EFFECTIVENESS FOR EACH INDICATION; COMPARE YOUR PRESCRIBING IN THIS SITUATION WITH LOCAL/ NATIONAL / REGIONAL GUIDELINES; AND COMMENT UPON POSSIBLE ALTERNATIVE TREATMENTS.  *(Practitioners should demonstrate insight into any variance between their own prescribing and best practice based upon evidence of efficacy, cost-effectiveness, and published best practice guidance, references should be provided).* | |
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| LIST ANY CHANGES THAT YOU WOULD LIKE TO MAKE AS A RESULT OF THIS REVIEW. | |
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| ACTION PLAN  *(Describe how you intend to make the changes identified above, identify any barriers to change, and methods of overcoming these, identify and any learning needs identified and include a plan to address these. A timescale for your action plan should be included.)* | |
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| Signature | **Date** |
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