Author's response to reviews

Title: Identifying competencies required for medication prescribing for general practice residents: a nominal group technique study.

Authors:

Jean-Pascal Fournier (jean-pascal.fournier@univ-tlse3.fr)
Brigitte Escourrou (brigitte.escourrou@dumg-toulouse.fr)
Julie Dupouy (julie.dupouy@dumg-toulouse.fr)
Michel Bismuth (michel.bismuth@dumg-toulouse.fr)
Jordan Birebent (jordan.birebent@dumg-toulouse.fr)
Rachel Simmons (rachel.simmons@mail.mcgill.ca)
Jean-Christophe Poutrain (jc.poutrain@dumg-toulouse.fr)
Stéphane Oustric (stephane.oustric@dumg-toulouse.fr)

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Author's response to reviews: see over
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Dear editor,

Thank you for your consideration of our manuscript.

Please find attached our third revision of the manuscript. We hope to have successfully answered the issues that you have raised.

Please do not hesitate to contact us if you have any further questions or comments regarding our manuscript.

We are looking forwards to your decision.

Sincerely yours,

Dr. Jean-Pascal Fournier
Département Universitaire de Médecine Générale
133 route de Narbonne, 31062 Toulouse
fax number: 33 5 62 88 90 84, telephone number: 33 5 62 88 90 48
email: jean-pascal.fournier@univ-tlse3.fr
The conclusion 'This preliminary study has identified and ranked medication prescribing competencies that could be focused on in general practice resident curriculums. Our results suggest that developing communication skills regarding medication prescribing could be of interest.' is disappointing - what does 'could be of interest' mean? curriculums should be replaced by 'curricular'.

Accordingly, the conclusion has been changed:

“This preliminary study has identified and ranked medication prescribing competencies that should be focused on in the general practice curriculum. Our results corroborate with elements of medication-prescribing competency frameworks, as well as general practice curricula. Our results further suggest a need for developing general practice residents’ communication skills regarding medication prescribing, especially in the context of an absence of a prescription.”

The paper mentions GP training/curriculum in France 'general practice curriculum in France is based on a competency framework' but the authors need to describe the situation in other countries, otherwise the paper may be only thought to be relevant to the reader in France.

We have added data from the UK and Australian general practice curricula in the background section, to illustrate discrepancies in other curricula.

“Outside France, other general practice curricula have addressed the issue of medication prescribing-competencies. In the UK curriculum produced by the Royal College of General Practitioners (RCGP) [13], the ‘Patient Safety and Quality of Care’ section underlines that “prescribing and monitoring of medication needs to be understood, developed and explored to ensure high-quality, safe care”. Item 1.7 of the ‘Enhancing Professional Knowledge’ section states that medication prescribing should adhere to the General Medical Council’s principles of good medical prescribing, without providing further details. To our knowledge, the most comprehensive curriculum on the topic is the one from the Royal Australian College of General Practitioners (RACGP) [14]. The ‘Quality use of medicines’ section provides 41 training outcomes distributed in the five domains of general practice defined by the RACGP.”

Also, our results are now discussed according to this data.

“Interestingly, the UK RCGP curriculum has been updated during the study period, introducing emphases on medication prescribing-related competences.[13] The following three items have been added to the Patient Safety and Quality of Care’ section: ‘demonstrate an understanding of the principles of medicines management’, ‘describe how to report adverse drug reactions and clinically significant errors through the appropriate national reporting systems’ and ‘provide patients with information on the risks and benefits of treatments to allow them to make informed decisions’. The last two items have been identified by the participants of our study, though expressed differently. Also, our list shares elements that are similar to those of the curriculum from the RACGP [14]: two of the five domains are identical (communication skills and regulatory/legal aspects), and the majority of the items are common, although expressed differently. Some discrepancies include items referring to specificities of the Australian and French health care systems. The RACGP curriculum underlines some points that have not been identified by the participants, such as the
importance to take into account health literacy, culture and language influences when prescribing medication, or a focus on prescribing of antimicrobial agents. Also some points cited by the participants are not found in RACGP curriculum (prescribe in international nonproprietary names’, ‘deprescribe’, or ‘re-evaluate chronic medications’)."