

Why not compile your own formulary?

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IF you would like to re-examine and possibly overhaul your prescribing behaviour, I suggest that you start to compile your own formulary.

The method is very simple. Work through the *British National Formulary* and either *MIMS* or the *Data Sheet Compendium*. List those drugs that you either prescribe or intend to prescribe. For the next month or two, add to the list those drugs that you find yourself using but had not originally included. Then reorganize the list into simple groups for easy reference (for example, antibiotics, alimentary, respiratory), and put it on your desk in the surgery. That is your formulary, and that is where it is best used.

Perhaps to start with, you could leave enough space to add your personal prescribing notes (see Table). If, as your prescribing habits change, the formulary becomes untidy, you can rewrite it. In compiling I exclude, for example, repeat prescriptions of hospital-inspired drugs or those which need scrupulous checking, and include a few which I use infrequently but the names of which I find elusive.

What are the advantages? An immediate one is that you will have in front of you the names of the drugs, whether proprietary or non-proprietary, written exactly as you intend to prescribe them. This will encourage you to be consistent about adopting the particular name you have chosen and you will make fewer mistakes. You will also be less tempted during an embarrassing dysmnesic spasm to dive into, say, *MIMS* and select at random a preparation which is only superficially appropriate or vaguely familiar.

The process of compilation is an education in itself. It helps you to recognize your weaknesses and encourages you to scrutinize the literature more critically. Because the formulary is a dynamic document which undergoes continuous re-evaluation and amendment, you will feel more inclined to review rationally evidence for substituting a different drug for one you currently use. Any such proposed modification can then be simply written into the formulary; since this can be referred to instantly during consultations, there is less reliance on memory. How often have you wished to incorporate into your prescribing behaviour the conclusions drawn from read-

ing several articles on a subject, only to find a fortnight later that you have forgotten them?

When using the formulary one is less inclined to prescribe from whim or under the influence of advertising. A more subtle advantage is that the nature of the formulary encourages you to preserve a relatively consistent and limited core of drugs. You may argue that this is a thoroughly unadventurous practice, but I would maintain the need for selective prescribing as this leads to familiarity and so to safer prescribing.

If you wish to carry out even the most superficial audit of your prescribing behaviour, a formulary will help. You can put a code number next to the name of each drug. Copying two or three digits may be easier than copying a full name, or using carbon paper.

Finally, the formulary can be used in a trainee-trainer project or act as a useful discussion document for peer review.

So if you wish to examine your prescribing habits and are prepared to be honest with yourself, why not take two sheets of paper, open *MIMS* at Chapter 1A and start to compile your own formulary? You can only learn!

Reference

Lewis, J. G. (1980). Good prescribing. *Prescribers Journal*, 20, 1-7.

Extract from a hypothetical formulary, including personal prescribing notes.

- 040 Otrivine nasal drops (as 0.05% or 0.1%). Ephedrine as good?
 - 041 Sudafed (pseudoephedrine) 1 tds
 - 042 Actifed (pse + triprolidine)
 - 043 Actifed Co (pse + triprolidine + codeine) over age 12
 - 044 Linctifed Paed (Actifed Co + guai)
3 m-1y 2.5 ml; 1-5 y 5 ml; 6-12 y 5-10 ml
 - 045 Simple Linctus Paed BPC
 - 046 Squill Opiate Linctus Paed BPC
 - 047 Pholcodine Linctus BPC
 - 048 Mist Ammonia and Ipecacuanha BPC
 - 049 Choline theophyllinate BP (Choledyl). (Look up ...)
 - 050 Menthol and eucalyptus inhal. (? Vick, Karvol)
 - 051 Salbutamol BP
 - 052 Ventolin inhaler
 - 053 Becotide inhaler
 - 054 Atrovent inhaler
 - 055 Intal inhaler (leaflet) ? Look up Zaditen/ketotifen
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