Managing problematic polypharmacy: GP trainee perspectives on their role in deprescribing

Background
Problematic polypharmacy is an increasingly common clinical scenario in part due to increasing multimorbidity and application of multiple single condition guidelines. It is a challenging problem requiring a multifaceted management approach. This includes deprescribing, which is the structured dose reduction or stopping of medications. Qualified GPs struggle with deprescribing due to existing barriers, but little is known about how trainee GPs feel about this skill.

Aim
To explore and understand the perspectives of GP trainees in managing problematic polypharmacy.

Method
A qualitative approach with focus groups using a novel love and breakup letter methodology. Purposive sampling of final year GP trainees led to two focus groups. Data from the groups were subjected to thematic analysis.

Results
Four key themes emerged: value in deprescribing, requiring a generalist skillset, undermined trainee identity, and educational barriers. Trainees recognised a value in deprescribing and the importance of tackling problematic polypharmacy using this skill. They identified key skills to facilitate this but barriers that prevented them from doing so. They also described how some aspects of the hidden curriculum and ‘imposter syndrome’ impact on their ability to develop confidence in these skills. Barriers within their training programme were also recognised.

Conclusion
This study explored the complex area of problematic polypharmacy and deprescribing as relating to final year GP trainees. It identified key skills that trainees feel they need to manage this task in practice. Importantly, it also recognises barriers to be overcome before confident deprescribing can be performed. Potential improvements in training are identified with suggestions for educational opportunities.

James Bennett, Hull York Medical School
James Bennett, Hull York Medical School
Email: james.bennett2@hyms.ac.uk