**Some work ideas for GP trainees who are unable to undertake full clinical work or who are working from home**

**This is a list of routine work that might be appropriate for some GP trainees, if they are unable to help clinically within the practice, this list is by no means exhaustive.**

* Look at the MHRA bullietins, check drug warnings and do appropriate searches eg Picato MHRA Feb 2020, Febuxostat and CV dx July 19

https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter

* Ensure all Pregnancy prevention program paperwork completed on female patients taking Valproate (April 19 MHRA)
* Looking at PINCER searches to optimise patients who are being flagged up in each of the prescribing domains
* Searching for any patients who have been on a bisphosphonate for over 5 years, do they need another DEXA, a drug holiday?
* Optimise switches. What are your highest potential cost saving areas for your practice identified by optimise? You CCG pharmacist will be able to tell you. E.g reducing Lansoprazole form 30mg to 15mg where possible
* QOF work
* Looking at the highest anticholinergic burden patients, is there anything that can be taken off their scripts?
* Searching for pts on prolonged QT drugs that shouldn’t be on repeats like hydroxyzine and metoclopramide
* Catching up with routine med reviews
* Looking at DMARDS, are they all having their bloods done when they should?
* Do you have a list of carers in the practice?
* Do you have a list of veterans?
* Look at becoming a dementia friendly/ LD friendly surgery
* Are the safeguarding lists up to date?
* Audits
* Clinical governance – updating protocols that will be needed for CQC in the future