

8 May 2017

Coroners Registrar
Coroners Court of Victoria
65 Kavanagh Street
Southbank VIC 3006

Dear _____,

Re: Court ref: _____ – death of _____

The Royal Australian College of General Practitioners (RACGP) acknowledges receipt of your letter dated 28 February 2017 regarding the death of _____ (Court ref: _____).

The RACGP shares your concerns regarding deaths associated with prescription drugs. As you would be aware we have released two documents regarding clinical governance in the sector Prescribing drugs of dependence in general practice Part A: Clinical governance framework and Prescribing drugs of dependence in general practice, Part B Benzodiazepines. In due course we will release clinical guidance on opioids and another on the management of acute and chronic pain with opioids.

In general, the RACGP acknowledges that clinical governance in this area needs improvement. Not only does this involve adherence to laws and regulation, but also policies and standards at a general practice level, and standards of shared care arrangements. For example, handover of care from a hospital or specialists to a general practitioner.

We support the need for practice self-assessment¹ ([Accountable prescribing](#)) and particularly support a number of specific practice policies relating to better [assessment of patient risk](#) and [other management options](#). Specific practice policies pertaining to ongoing patient management and quality of care and are outlined within the [Clinical governance framework, Appendix D:1-14](#)

Pursuant to Section 72(2) of the Coroners Act 2008, the RACGP responds to the recommendation as follows:

Recommendations

The Royal Australian College of General Practitioners consider the need for further education of its members in relation to the potential for misuse of quetiapine given the circumstances of this death.

RACGP Victoria specifically hosts a Drug and Alcohol Conference in the first half of the year, the conferences are consistently well supported. Referral will be made to the Drug and Alcohol Committee for consideration in the development of the 2018 conference and as a topic for the regular open education sessions facilitated by the committee.

The Royal Australian College of General Practitioners consider the circumstances of this death in the context of its existing guidelines on coordinating care between general practitioners and specialists, and determine whether more practical guidance is required for general practitioners in areas such as:

- (a) How long a general practitioner should rely on specialist prescribing advice before seeking updated advice.***

¹ [Prescribing drugs of dependence in general practice Part A: Clinical governance framework](#)



RACGP

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(b) *How often a general practitioner should be in contact with a specialist if the general practitioner is relying on that specialist's advice to inform ongoing care.*

In response to deficiencies in care co-ordination, specifically, the lack of specialist review of a drug treatment plan, and the lack of objective, documented shared care arrangements, the RACGP has begun to document expectations around these issues.

In addition, the RACGP Standards for general practice include requirements around coordination of care and engaging with other services and continuity of care.

The Coroners finding in relation to this matter and subsequent recommendations will be taken into consideration in the development of the next edition of the Standards.

Finally, with respect to collating these reports for future learnings, we have previously asked the coroners court to begin appropriate classification of these deaths, to address the context in which each of these deaths arise. We would again ask the coroner's office to trial and implement this. I attach a copy of our most recent letter to the Coroners Court of Victoria on this matter.

Should you or the Coroner wish to discuss this further, please contact RACGP Victoria on (03) 8699 0303.

Yours sincerely

Dr Cameron Loy
Chair, RACGP Victoria