20 August 2012

Ms Lidia Lo Giusto
Coroners Registrar
Coroners Court of Victoria
Level 11 / 222 Exhibition St
MELBOURNE VIC 3000

Dear Ms Lo Giusto,

Re: Court ref - COR 2008 004042
Investigation into the death of DAVID A TRENGROVE

I write in reference to your letter of 28 May 2012 regarding recommendations made to the Royal Australian College of General Practitioners (RACGP) relating to the Inquest into the death of David A Trengrove.

The RACGP is Australia's largest professional general practice organisation and represents urban and rural general practitioners.

The RACGP's mission is to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research and by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice and developing standards that general practices use to ensure high quality healthcare.

As requested, a statement of action that has and/or will be taken by the RACGP in relation to the recommendations made by the Coroner (sections 72 (3) and 72 (4) of the Act) is outlined in this letter in response to recommendations 2 and 4 made to the RACGP.

<u>Recommendation 2:</u>

To reduce the harms and death associated with benzodiazepine use in Victoria, the Royal Australian College of General Practitioners should update its guidelines for appropriate prescribing of benzodiazepines in the context of general practice within 12 months. The updated guidelines should explicitly address the following areas:

a) general principles for benzodiazepines prescribing
b) appropriate use of benzodiazepines to treat specific conditions such as insomnia, anxiety and panic disorder
c) strategies for identifying and treating patients who are seeking benzodiazepines in excess of medical need
d) managing the risk of harm and death associated with benzodiazepine use and misuse.

<u>RACGP response to Recommendation 2:</u>

The RACGP confirms that the Coroner's recommendations will be implemented. The College agrees that the 2000 benzodiazepines guidelines do not reflect current advances in evidence and has therefore removed these from the website until they can be updated.

Whilst the RACGP acknowledges the Coroner's urgency, guideline development and/or update, must follow existing protocols and processes to ensure rigour and effectiveness within general practice and can often take longer than a twelve month period.

As part of the update, the Coroner's recommendations to address specific areas will be considered. These include: (a) general principles for prescribing (b) appropriate use of benzodiazepines to treat specific conditions such as insomnia, anxiety and panic disorder (c) strategies for identifying and treating patients who are seeking benzodiazepines in excess of medical need and (d) managing the risk of harm and death associated with benzodiazepine use and misuse.

The RACGP can confirm involvement of key members of the RACGP's National Networks of Addiction, Pain Management and Psychological Medicine1. The update will be guided by internal policies and procedures in the development of evidence-based clinical guidelines and include systematic review, project scoping using the RACGP Quality Framework2; formation of a clinical working group and adherence to NHMRC3 and AGREE II 4 standards in the development of guidelines.

The activities described above relate to recommendation 2 and also apply to recommendation 4.

Recommendation 4:

That within three months of receiving this finding, the Chair of the RACGP Victoria Faculty advise the Coroners Court of Victoria regarding;

- progress that the RACGP has made toward developing guidelines to assist Victorian general practitioners who prescribe opioids to treat chronic non-malignant pain
- the scope of areas, topics and issues that the RACGP guidelines will address
- any hurdles that hinder the RACGP's capacity to complete the guidelines and disseminate them to all Victorian general practitioners
- the RACGP's proposed timeline for implementing the guidelines in Victoria.

RACGP response to Recommendation 4:

The RACGP responds to these recommendations from a national perspective as they are pertinent to all Australian general practitioners and not just to those in Victoria. Hence, I respond on behalf of the RACGP Victoria Faculty Chair.

The scope of areas will be developed in consultation with the clinical working group in line with the directions and priorities of the RACGP to address a clear need by general practitioners and their teams. As mentioned previously, scoping will involve consideration of the four specific areas detailed in recommendation 2.

The capacity for development, completion and dissemination of the guidelines to all general practitioners nationally (not just Victoria) is contingent on existing and future RACGP resourcing. As mentioned previously, guideline development can often take longer than a twelve month period and will require extensive research and planning before a timeline can be estimated.

Clinical Indicators:
At the present time, the RACGP is undertaking a project of relevance to the Coroner's recommendations. The Clinical Indicators Project, which commenced in 2011, involves the development of a set of clinical indicators for general practice to monitor and improve the quality of clinical services. The aim is to provide practical strategies and policies to support quality clinical governance. Two of the indicators relate to benzodiazepine prescribing practices. The activities a general practice would undertake to meet these indicators would complement the development of guidelines to address safe prescribing of benzodiazepines in general practice.

Specifically, indicator 2 states that a practice has a policy on the safe prescription of benzodiazepines and opioids. Such a policy should include quality improvement goals, which include the following:

- improving prescription and dispensing of opioids for people with chronic non-malignant pain
- improving management of pain in people with pre-existing drug and alcohol problems
- reducing unsanctioned use of benzodiazepines and pharmaceutical opioids
- improving the safety of staff and patients.

Other components the practice policy should include are the provision of continuing education for all staff; the development of clinical protocols which includes appropriate prescribing standards and training in appropriate prescribing and recognition of dependence in patients; and adoption of 'ceiling doses' which may trigger review by a pain medicine specialist if the dose is reached or exceeded.

To support the implementation of this indicator, it is envisaged the RACGP will produce template policies for general practices to suit their particular needs. Examples include policies relating to:

- benzodiazepine reduction
- opioid reduction
- opioid dosing thresholds
- continuation of opioid management plans for patients with chronic non-malignant pain
- alprazolam prescribing.

Another indicator (22) states that the practice have an intervention program for minimising benzodiazepine use in active patients aged 60 years or more. There is evidence to suggest that the benefits of these drugs may not justify the increased risks, particularly if the patient is over 60 and has additional risk factors for cognitive or psychomotor adverse events. This indicator was selected because widespread use of this strategy would be clinically and economically beneficial.

This work forms part of a broad approach pertaining to prescribing drugs of addiction in which the RACGP has been involved, which includes various advocacy efforts to ensure discharge to GPs rather than discharge to pharmacists for medication reviews, and calls for improved medication safety generally in general practice.

In conclusion, the RACGP welcomes a multi-level approach to a systemic public health issue. An RACGP audit of recommendations made by an Australian Coroner over the past 10 years (2000-2010) highlighted re-current issues surrounding doctor shopping, prescription and supply of drugs of addiction. The RACGP is committed through the development of guidelines and various other initiatives, to address this problem by bringing about service improvements to safety and quality within Australian general practice in order to prevent the sort of circumstances that occurred in this case.

I trust that this is to your satisfaction, but encourage you to contact Ms Helen Bolger-Harris on 03 8699 0432 should you require any additional information.

Yours sincerely,

Claire Jackson

Prof Claire Jackson
President

References

1. Royal Australian College of General Practitioners. National Faculty of Specific Interests. 2012 [cited 2012 13 August]; Available from: http://www.racgp.org.au/nfsi.
2. Royal Australian College of General Practitioners. A Quality Framework for Australian General Practice,. 2006 [13 August 2012]; Available from: http://www.racgp.org.au/Content/NavigationMenu/Advocacy/AqualityframeworkforAustralianGeneralPractice/20060210qualityframe_backgpaper.pdf.
3. Australian Government NHaMR. Resources for guideline developers. 2011 [13 August 2012]; Available from: https://www.nhmrc.gov.au/_files_nhmrc/file/guidelines/developers/nhmrc_levels_grades_evidence_120423.pdf.
4. Agree. Advancing the science of practice guidelines. Welcome to the AGREE Enterprise website. 2010 [13 August 2012]; Available from: http://www.agreetrust.org/.