

4 May 2021

Ms Aisha Warsame  
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[cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Ms Warsame,

**Re: Court ref: COR 2013 004627 – Statement request regarding the death of Patricia Jocelyn Eve Grant**

The Royal Australian College of General Practitioners (RACGP) thanks the Coroners Court of Victoria for the letter dated 31 March 2021 regarding the death of Patricia Jocelyn Eve Grant.

**Requested responses to the following questions (Attachment A):**

- 1. *What responsibilities do General Practitioners have to monitor and report concerns relating to abuse and neglect of older adults?***
- 2. *What responsibilities do General Practitioners have to monitor and take action when older adults who have needs for care and support do not attend the General Practitioner for repeat prescriptions of important medication when they are due?***
- 3. *What responsibilities do General Practitioners have to monitor and take action when older adults who have needs for care and support stop attending the General Practitioner, or when their attendance reduces significantly without explanation?***

RACGP Responses:

- 1. *What responsibilities do General Practitioners have to monitor and report concerns relating to abuse and neglect of older adults?***

General Practitioners have a professional duty of care. The RACGP have produced guidelines with respect to the management of potential abuse. The guidelines are based on risk and are available at <https://www.racgp.org.au/getattachment/f6a881c2-fece-45d1-86c7-a4409530097f/Abuse-of-older-people.aspx>

- 2. *What responsibilities do General Practitioners have to monitor and take action when older adults who have needs for care and support do not attend the General Practitioner for repeat prescriptions of important medication when they are due?***

The Australian Primary Care system does not have a registration system and consumers are at liberty to attend any practice as they chose fit. However, good medical practice particular for older people with complex and chronic morbidities usual attend one practice for continuity of care. General Practice (GP) accreditation in Australia (of which a large majority of practices are) recommends practices have process in place which include reminders. Reminders are used to provide preventative and proactive care. Older people on repeat prescriptions are likely to have chronic conditions and so the majority will have a high probability of having a reminder in their

clinical software. Reminders are proactively acted on and patients are contacted to attend for care needs in relation to the reminder.

Older, community-living people can have gaps in attending a GP for repeat prescriptions because they are in a private hospital, public hospital, admitted to a Residential Aged Care Facility, moved away to be with relatives, changed to another practice, or died. Systems do not exist to routinely inform the usual General Practitioner of these occurrences. Prescriptions for most long-term medications cover a 6-month supply and the script is valid for use within 12 months. A patient's regular pharmacist will typically dispense each medication monthly but as with General Practitioners (GPs), patients are at liberty to change pharmacies at will. GPs do not rely on overdue prescribing to trigger clinical reviews because of these long-time frames. Instead, GPs proactively set reminders for essential preventative and monitoring requirements.

**3. *What responsibilities do General Practitioners have to monitor and take action when older adults who have needs for care and support stop attending the General Practitioner, or when their attendance reduces significantly without explanation?***

The Australian Primary Care system does not have a registration system and consumers are at liberty to attend any practice as they chose fit. Therefore, if a patient reduce attendance at a practice it may be as a result of them seeking care elsewhere. As mentioned in (2) above many such people with have chronic conditions and have reminder systems for proactive care. When this is the case the practice will have systems and process to reach out to that patient, usually three times using different modes.

We hope that this information is useful. If you have any further questions about the above, please contact RACGP Victoria State Manager Kon Kakris via [kon.kakris@racgp.org.au](mailto:kon.kakris@racgp.org.au).

Yours sincerely



Dr Anita Muñoz  
Chair, Victoria Faculty