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Wednesday 5 June 2019

Committee Secretary  
State Development, Natural Resources and Agricultural  
Industry Development Committee  
Parliament House  
George Street  
Brisbane QLD 4000

Dear Committee Secretariat,

**RE: Public submissions Medicines and Poisons Bill 2019**

The Royal Australian College of General Practitioners (RACGP) would like to thank the Queensland Government for initiating this important measure to protect Queenslanders from the growing problem of prescription medicines misuse, particularly narcotic overuse and misuse.

General practitioners (GPs) across Queensland will, in general, applaud the ability to provide additional safety to their patients when prescribing. Nevertheless, the RACGP recognises that real-time prescription monitoring will impose on GPs yet another responsibility to perform in consultations that are already crowded in terms of activities and red tape against reducing real rebates. It is therefore essential that the implementation of the real-time prescribing initiative is done in a way that allows general practitioners to build it seamlessly into their workflows.

A real risk for the modern general practitioner is the potential barrier to communication and understanding, which results from practitioners having to spend more and more time looking at computer monitors rather than engaging meaningfully with patients. Quality care dictates that GPs engage primarily with their patients, not their computers.

As such the RACGP recommends a phased introduction of real-time prescription monitoring. While the RACGP accepts that review of the real-time monitoring servers is likely to eventually become compulsory, it is necessary that there is sufficient infrastructure and education in place before that can happen.

### **Software support**

Real-time prescription monitoring must be built into prescribing software solutions. It is impractical and unsafe for prescribers to consult webpages or other databases outside the prescription software.

Third-party software solutions will either compromise patient privacy or be unrealistically unwieldy to use. Real-time prescription monitoring is already available in most of the software packages in Victoria and needs to be available to a minimum of 95% of users in Queensland before the system is made compulsory.

### **Education**

Education for prescribers is essential. Prescribers require education with regards to the use of the system and additional responsibilities placed on them with the real-time prescribing regime. For prescribers this is simply one change in a sea of changes. However, it is an extremely important issue for any prescribers and for patients. Education will be most effective if delivered at the time of prescription. Flags in the real-time prescription monitoring need to be linked to the relevant guidelines for prescriptions of these medicines, with further links to resources advising prescribers how to deal with common difficult prescription problems (for instance, drug dependent patients, patients with comorbid mental illness, et cetera).

### **Prescriptions outside of primary care**

Many drugs of abuse and misuse are initiated outside the primary care environment, for instance, post operatively or at emergency department presentations. Often, problems with communications lead to these medications being inappropriately continued beyond their useful timeframe. An important principle with real-time prescribing is that all prescriptions are monitored.

The RACGP Queensland welcomes the opportunity to address the inquiry in person. To arrange a suitable time please contact Dr Bruce Willett, Chair RACGP Queensland, via James Flynn, State Manager RACGP Queensland on 07 [REDACTED] or [REDACTED]

Yours sincerely



Dr Bruce Willett  
Chair, RACGP Queensland