*Quality management of drugs of dependence checklist*

Purpose:

This simple checklist was developed from content in the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a). It is designed to enable general practices to evaluate their status in managing drugs of dependence for their respective populations. As each general practice is different, findings should be interpreted individually.

For more information, please refer to the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a).

[Insert practice name] quality management of drugs of dependence checklist

*Current as of: [insert date of last revision]*

*Version no: [insert version number]*

*Review date: [insert date]*

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| 1. Quality and safety infrastructure |  |
| a. Is your practice accredited to The Royal Australian College of General Practitioners’ (RACGP’s) *Standards for general practices*? |  |
| b. Is there a clinical leader responsible for safety and quality within the general practice? |  |
| c. Does the general practice support relevant training, education and resources for staff to be able to identify patients with more complex needs and those at higher risk? |  |
| d. Does the general practice have policies regarding the management of patients according to their mental health status and use of drugs of dependence to provide the appropriate level of service internally and externally? |  |
| e. If the general practice contains a general practice-based drugs of dependence management program, does it ensure suitably qualified staff, organised support and ongoing quality assurance arrangements? |  |
| f. Does the general practice promote the development of competency in prescribing drugs of dependence for its clinical staff? |  |
| g. Does the general practice have strategies to ensure the occupational health and safety of GPs and other members of the practice team? |  |
| 2. Clinical policy |  |
| a. Does the practice have agreed clinical policies regarding prescribing drugs of dependence? (Refer to *Appendix D of* [*Prescribing drugs of dependence in general practice – Part A*](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a)) |  |
| 3. Organisation of services |  |
| a. Does the general practice have an effective handover system to ensure safe and continuing healthcare delivery for patients (eg buddy system for continued care in the GP’s absence)? |  |
| b. Does the general practice facilitate GPs’ access to information management data to monitor potential prescription drug abuse (eg state and territory health ministries’ drug units and Prescription Shopping Information Service [PSIS] or SafeScript)? |  |
| c. Does the general practice allow GPs the right to discontinue care of a patient who has behaved in a violent or threatening manner? |  |
| d. If the general practice contains a general practice-based drugs of dependence management program, does the general practice have a system of care to maximise health outcomes? |  |
| 4. Preventive health and screening |  |
| a. Is there evidence that GPs use urine drug screening to detect misuse or abuse of drugs of dependence? |  |
| 5. Clinical documentation |  |
| a. Do GPs ensure patient records are clear, up to date and contain sufficient information for another practitioner to take over care? |  |
| 6. Clinical assessment |  |
| a. Is there evidence of an adequate assessment and management plan for each patient taking a drug of dependence? |  |
| 7. Clinical management |  |
| a. Do GPs use principles of universal precautions to guide their approach to patients who require drugs of dependence? |  |
| b. Do GPs use specialist support to manage problematic drug use in patients with more complex issues or if the clinical situation deteriorates? |  |
| 8. Prescribing safety |  |
| a. Do GPs prescribe within legislative frameworks and comply with professional standards and approved clinical guidelines? |  |
| b. Do GPs ensure a permit or authority from the relevant state or territory health department when prescribing a Schedule 8 (S8) drug to a patient who is drug dependent? |  |
| c. Do GPs inform patients that drugs of dependence are to be prescribed from one practice and preferably by one GP, and drugs should be dispensed from one pharmacy? |  |
| 9. Clinical practice review |  |
| a. Do GPs have a structured approach to reviewing opioid prescriptions after 12 months? (eg similar to *Appendix D.10 of* [*Prescribing drugs of dependence in general practice – Part A*](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a)) |  |
| 10. Populations for intervention |  |
| a. Does the general practice engage in population interventions to reduce use of drugs ofdependence? (eg reducing benzodiazepines use through a practice letter similar to *Appendix E.1 of* [*Prescribing drugs of dependence in general practice – Part A*](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a)) |  |

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