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Royal Australian College of General Practitioners

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31 July 2026

Conjoint Professor Anne Duggan
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care

Attn: Fiona Doukas
Email: ccs@safetyandquality.gov.au.

Dear Professor Duggan,

Re: Review of the Venous Thromboembolism Prevention Clinical Care Standard

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the Venous Thromboembolism (VTE) Prevention Clinical Care Standard (the Standard). Our comments on the consultation questions are provided from a primary care perspective as outlined below.

Quality statement 6 – Reassess risk and monitor the patient for VTE-related complications

This clinical care statement requires VTE and bleeding risk to be reassessed and documented at least every 7 days. This timeframe should be based on evidence with a clear rationale. One of the references in the current Standard has been rescinded and the other lacks a rationale for the 7-day timeframe.

Consideration should be given to re-evaluation in non-hospital care. Hospital in the home and residential aged care facilities, for instance, are both settings with an increased risk of VTE and/or bleeding.

Quality statement 7 – Transition from hospital and ongoing care

Clinical handover to a patient's general practitioner (GP) should ideally occur at or before discharge, not within 48 hours. This is because patients often present to their GP immediately after discharge for medication prescriptions. In addition to sending information directly to the patients GP, uploading of discharge information to the patient's My Health Record would help improve continuity of care.

The VTE prevention plan should make it clear whether measures are temporary or recommended long-term. Treatments included in discharge medicines lists can sometimes be continued for longer than intended because of unclear communication and an over-reliance on outpatient follow up. This is particularly important as outpatient follow-up does not always occur within the timeframe expected by the inpatient clinical team.

Additional feedback

Whilst already addressed within the existing statements, clearly documenting a patient's history of previous thromboembolic disease, risk factors and bleeding events is essential to ensuring good clinical care. This could be achieved either by introducing an additional quality statement, or by placing greater emphasis on this within the existing statements.

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Thank you again for the opportunity to provide feedback on the Venous Thromboembolism Prevention Clinical Care Standard. For any enquiries regarding this letter, please contact Stephan Groombridge, Head of eHealth, Quality Care & Standards on 03 8699 0544 or stephan.groombridge@racgp.org.au

Yours sincerely

Professor Mark Morgan

Chair, RACGP Expert Committee – Quality Care

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