



Royal College of  
General Practitioners

**Dr Jonathan Leach MB ChB MSc(Med) FRCGP DRCOG DIMC RCS(Ed)**  
**Joint Honorary Secretary (elect)**

**FAO Mr John G Tomalin**  
Exeter and Greater Devon Coroner's Office  
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27 September 2017

Dear Mr Tomalin,

Inquest into the death of Carly Marie Gordon – RCGP response

Thank you for your letter seeking comments from the Royal College of General Practitioners on factors relating to general practitioner care following the inquest you conducted into the death of Carly Marie Gordon last year.

I was very sorry to hear that Ms Gordon had died.

On behalf of the College, I set out below a brief description of the remit of the Royal College of General Practitioners. I also provide some detailed comment on the specific concerns you raise in your report with regard to the RCGP's expectations for general practitioner care in the case of a patient presenting with symptoms such as those of Ms Gordon.

The role of the College

The Royal College of General Practitioners is a registered charity under Royal Charter and is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 50,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with significant expertise in patient-centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we also maintain close links with other professionals working in General Practice, such as practice managers, practice nurses and physician assistants.

As well as running the postgraduate Membership examination (MRCGP) which is now required for doctors to qualify as GPs, the College also provides continuing professional development (CPD) for its members, and these continuing programmes are also available to non-members of the College. However, not all GPs are members of the College, and older GPs may never have joined. The General Medical Council holds the register of all who are considered able to practise as GPs, and it is to the GMC that revalidated doctors will be notified.

Similarly, it is not for us to comment on the performance of any individual GP and the information set out below is solely to show you what we provide in the context of training and advice to our Members.

RCGP Education and Training

Currently all doctors wishing to follow a career in general practice in the UK are required to undergo a 3 year programme of vocational training for general practice, based on the College's GP Curriculum. (The curriculum forms the foundation for GP training and assessment across the UK, prior to taking the College's Membership Examination (MRCGP) and is relevant to GPs throughout their career, including preparation for revalidation) <http://www.rcgp.org.uk/gp-training-and-exams/gp-curriculum-overview.aspx>

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Patron: His Royal Highness the Duke of Edinburgh Registered charity number 223106

The Royal College of General Practitioners provides guidance to general practitioners on the use of benzodiazepines and other medication. For your ease of reference, I have attached the 2013 consensus statement which was developed with a range of partner organisations.

In general terms benzodiazepines should be used in lowest possible dose and for shortest possible time. Should patients find it difficult to withdraw even after 2-4 weeks, guidance is available for supporting safe withdrawal in support with psychological service and specialist services where needed.

RCGP curriculum currently contains safe prescribing and medicines management approaches and this is examined routinely as part of the Membership Examination which all doctors take should they wish to be accredited as a general practitioner. Details of the curriculum can be found at <http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/online-curriculum/managing-complex-care/3-14-drugs-and-alcohol-misuse.aspx>. I can confirm that that this important work is included in the training of all GPs. Key to the learning are statements in the curriculum as follows:

- Appreciate that drug and alcohol use is common the community and that harmful use is often unrecognised and can take a range of forms (including excessive use, binges, risk-taking behaviours or dependency).
- Understand the presenting signs and symptoms of drug/alcohol misuse, as well as the signs and symptoms of withdrawal).
- Make sure that repeat prescriptions are monitored for long-term prescribing of addictive drugs and appropriate action taken if this is happening.
- Work in partnership with the wider primary healthcare team including pharmacists, specialist services, the voluntary and criminal justice sectors.

In addition to my comments above, the RCGP supports a range of other educational initiatives which support the better prescribing of medication and thus the improved care of patients – these include the RCGP certificate in the management of drug misuse and also a free to access e learning programme.

Benzodiazepines and other psychotropic drugs can be very effective when they are prescribed appropriately and in accordance with clinical guidelines but the RCGP is very clear that there can be difficulties withdrawing them if a patient has been taking them for a period. Overall through our activities, we would like to see a reduction in the number of prescriptions for benzodiazepines issued and via initiatives above this is our aim.

I trust that you will find these comments helpful.

Yours sincerely,



Dr Jonathan Leach  
Honorary Secretary (elect) of Council

**Addiction to  
Medicines  
Consensus Statement**

**January 2013**

1. Medicines have an important role in healthcare. However, dependence on prescribed and over-the-counter medicines can occur and can be devastating to those affected and their families. Care is needed in the initiation of any drugs that can lead to dependence and in managing the risk and development of withdrawal symptoms.
2. Medicines can be obtained via prescription, over-the-counter and from illicit and online markets. Some medicines, such as painkillers, and tranquillisers like benzodiazepines, carry a known risk of dependence. Health and social care professionals across the statutory and voluntary sector need to work together to prevent addiction to medicines from occurring and to support all those suffering dependence and its impact.
3. In line with the NHS Constitution, all patients should be treated with dignity and respect and provided with information to enable them to make informed decisions about their treatment. This should include information both about the risk of dependence, and about how this can be reduced by taking medicines as prescribed and in ways that are consistent with the information supplied with the medicines
4. Prescribing should be informed by the latest good quality guidance such as that provided by the National Institute for Health and Clinical Excellence (NICE), and where appropriate patients should be offered appropriate non-pharmacological options as alternatives or adjuncts to pharmacological treatments.
5. Practitioners and patients should reach agreement on the duration and review of any proposed course of medication or treatment. Longer term prescribing can increase the risk of dependence, and with some medicines, such as tranquillisers like benzodiazepines, should only be considered under exceptional circumstances and with regular review by practitioners with suitable expertise and understanding of the risks.
6. Care should be taken when reducing and stopping any medication because this can cause serious withdrawal symptoms in some patients and requires suitable expert support.
7. Patients should be supported to make informed decisions about their treatment and this should include information on the risk of dependence and withdrawal and how this can be reduced.
8. Everyone needs to be aware of the risk of dependence and be proactive to prevent it and address it when it occurs.
9. Addiction to medicines is a serious issue that is best addressed through collaborative action.
10. Evidence to support prescribing is available through the web-based NHS Evidence service managed by NICE ([www.evidence.nhs.uk](http://www.evidence.nhs.uk)) and the British National Formulary, which is made available to all NHS prescribers.
11. Non-pharmacological options that can be used as alternatives or adjuncts to pharmacological treatment could include physical rehabilitation advice for pain conditions; and lifestyle advice, psychological and social therapies and support interventions for anxiety, depression and pain conditions.
12. Regardless of someone's route into dependence, there should be a clear pathway to support his or her individual recovery needs.
13. Very many of those individuals affected by dependence on prescription or over-the-counter medicines require expert treatment and support to reduce their medication. Withdrawal symptoms for some medicines can be prolonged and some individuals require a gradual reduction to achieve success. The recovery pathway for an individual needs to take account of the medicine(s) to which a patient is addicted, any ongoing physical or psychological health needs, the period of addiction and the wider support needs of the patient.
14. Local areas should ensure that there are services to respond to the range of local need.
15. Services dedicated to treating addiction to medicines, working alongside other community well-being services and primary care, can provide advice, support and individual reduction regimens that improve patient outcomes.
16. Through this consensus statement we will strive to deliver improvements to prevent addiction to medicines and to support those who have developed problems to recover.
17. We the undersigned, representing the Department of Health, professional groups, Royal Colleges, specialist services and voluntary organisations support this joint consensus statement on the action needed to tackle addiction to medicines.



Royal College of  
General Practitioners



The  
British  
Psychological  
Society



**NHS**  
*National Treatment Agency  
for Substance Misuse*



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For better  
mental health



CENTRE FOR PHARMACY  
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