RACP and its specialty societies continue support of Choosing Wisely

Media Release

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The Royal Australasian College of Physicians (RACP) today welcomed its ongoing partnership with Choosing Wisely Australia (CWA) by releasing four more top five physician specialty lists.

As part of its CWA campaign, NPS today released lists of 61 medical tests, treatments and procedures that have been identified as low-value practices and interventions.

Four RACP specialties – The Australasian Society for Infectious Diseases (ASID), The Australian and New Zealand Society of Palliative Medicine (ANZSPM) jointly with the Australasian Chapter of Palliative Medicine (AChPM), The Endocrine Society of Australia (ESA), and The Haematology Society of Australia and New Zealand (HSANZ) – are among the 12 Australian medical colleges, societies and associations who have lists included as part of today's CWA launch.

The RACP is supporting this work through its EVOLVE initiative which partners with the College's more than 40 specialties to develop lists for each of the disciplines, as well as facilitate cross-specialty consultation.

RACP President Laureate Professor Nicholas Talley said the RACP and its specialty societies are excited to be founding partners of an initiative that seeks to drive improvements in patient care.

"The Choosing Wisely Australia campaign and the RACP's EVOLVE initiative play an important role in the global movement to improve the quality of care across the health system by reducing tests and interventions that are unnecessary or ineffective for some patients," Professor Talley explained.

"This work will lead to improved knowledge and changes in clinical practice, helping to ensure patients get the highest quality care they need," he added.

Dr Simon Allan, spokesperson at ANZSPM said: "It's important not to delay conversations around end of life and palliative care. One of our recommendations is to not delay discussion of and referral to palliative care for a patient with serious illness.

“Early access to palliative care has been shown to reduce aggressive therapies at the end of life, prolong life in certain patient populations, and may ensure more appropriate hospitalisation.”

ASID President Professor Cheryl Jones said: “Overuse of antibiotics increases healthcare costs and puts patients at risk of harmful side effects. It also contributes to antibiotic resistance, making some infections hard or even impossible to treat.”

Associate Professor and Chair of ESA Medical Affairs Committee Warrick Inder said the Medical Affairs sub-committee of the ESA collaborated with RACP to compile a list of 44 possible low-value interventions using desktop research.

“The list was examined and refined down to eight interventions – six interventions were deemed sufficiently common or important to warrant consideration, and two additional practices were identified by the committee.

“A review of the evidence for these eight was completed and circulated to the broader membership for feedback via an online survey. Based on the results of the survey, a top five was identified and approved by the Society’s Executive Committee.”

Australasian Society for Infectious Diseases	The Australian and New Zealand Society of Palliative Medicine	Endocrine Society of Australia	The Haematology Society of Australia and New Zealand
• Do not use antibiotics in asymptomatic bacteriuria • Do not take a swab or use antibiotics for the management of a leg ulcer with no indication of clinical infection • Avoid prescribing antibiotics for upper respiratory tract infections • Do not investigate or treat for faecal pathogens in the absence of diarrhoea or other gastrointestinal symptoms • In a patient with fatigue, avoid performing multiple serological investigations without a clinical indication or relevant epidemiology.	• Do not delay discussion of and referral to palliative care for a patient with serious illness just because they are pursuing disease-directed treatment • Do not delay conversations around prognosis, wishes, values and end of life planning (including advance care planning) in patients with advanced disease • Do not use oxygen therapy to treat non-hypoxic dyspnoea in the absence of anxiety or routinely use oxygen therapy at the end of life • Do not use percutaneous feeding tubes in patients with advanced dementia; instead use oral assisted feeding • To avoid adverse medication	• Don’t routinely order a thyroid ultrasound in patients with abnormal thyroid function tests if there is no palpable abnormality of the thyroid gland • Don’t prescribe testosterone therapy unless there is evidence of proven testosterone deficiency • Do not measure insulin concentration in the fasting state or during an oral glucose tolerance test to assess insulin sensitivity • Avoid multiple daily glucose self-monitoring in adults with stable type 2 diabetes on agents that do not cause hypoglycaemia • Don’t order a total or free T3 level when assessing thyroxine dose in hypothyroid patients.	• Do not conduct thrombophilia testing in adult patients under the age of 50 years unless the first episode of venous thromboembolism (VTE): occurs in the absence of major transient risk factors (surgery, trauma, immobility); or, occurs in the absence of oestrogen-provocation; or, occurs at an unusual site • Limit surveillance computed tomography (CT) scans in asymptomatic patients with confirmed complete remission following curative intent treatment for aggressive lymphoma – except for patients on a clinical trial • Do not extend anticoagulation beyond 3 months for a patient with a nonextensive,

	interactions in cases of polypharmacy, do not prescribe medication without conducting a drug regimen review.		index venous thromboembolic event (VTE), which occurred in the setting of a major, transient risk factor • Do not perform baseline or routine surveillance CT scans or bone marrow biopsy in patients with asymptomatic early stage chronic lymphocytic leukaemia (CLL) • Do not treat patients with immune thrombocytopenic purpura (ITP) in the absence of bleeding or a platelet count <30,000/L without risk factors for bleeding

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About The Royal Australasian College of Physicians (RACP): The RACP trains, educates and advocates on behalf of more than 15,000 physicians and 7,500 trainee physicians across Australia and New Zealand.

The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The College offers 60 training pathways. These lead to the award of one of seven qualifications that align with 45 specialist titles recognised by the Medical Board of Australia or allow for registration in nine vocational scopes with the Medical Council of New Zealand.