**Letter template for doctors in training to write to their Federal MPs**

*This template provides content themes to guide the development of your letter to your local MP.*

*We recommend you modify and personalise this template.*

*Letters with local examples and personal experiences are the best way to demonstrate and substantiate your point in a compelling way.*

Dear *[Name of MP]*

As a doctor in training and AMA member who *[lives/works]* in *[Insert your town or suburb and electorate*], I am entrusted on a daily basis with the care and treatment of many of your local constituents.

Despite the difficulties of the last two years due to COVID-19 including vaccine supplies, sufficient PPE, RATs, timely processing of PCR results, last-minute roster changes, and delayed college training and examinations, I enjoy caring for my patients and the close relationship we form as doctor and patient.

The skill and dedication we pour into our work as doctors is one of the reasons why we are the most trusted profession in Australia providing person-centred, continuing, comprehensive and integrated care to individuals and the community.

I believe parliamentarians would share this view, which is why I was shocked and dismayed to learn of the proposed *North Queensland Scope of Practice Pilot*. This Queensland Government pilot will give pharmacists in 37 local government areas authority to ‘autonomously prescribe’, that is diagnose and prescribe medications for 23 serious and complex medical conditions. This trial makes a mockery of medical training, and the professionalism doctors apply to patient care every day. It is insulting to hard-working doctors everywhere. *[This is the sentiment members have shared with us but express your views as you see fit.]*

The pilot also puts the future of medical care across the country at risk. We are looking to the Federal Government to ensure the sustainability of high-quality primary health care across Australia. Rural general practice is critically important for the health of Australians, and the Australian economy. We need to incentivise more doctors to train and work in this field. Not provide further discouragement by allowing pharmacists to act outside their scope.

This proposal will threaten the safety of our patients, increase the fragmentation of health care, exacerbate workforce shortages and add further pressure to hospital emergency departments and surgery wait lists. I believe it will… *[See below potential themes you can use or extrapolate.]*

**Risk patient safety with pharmacists working outside of their expertise**

* The range of serious conditions covered by this pilot are well outside the scope of pharmacist expertise and present serious risks to patient health and complex legal ramifications for any health professional involved.
* GPs train for 12 years to diagnose conditions. Pharmacists train for four years in dispensing appropriate medications. 120 hours of extra, online training leaves pharmacists and patients at risk.

**Pose a serious conflict of interest**

* There are serious conflicts of interest where pharmacists both prescribe and sell medications to patients that may place pressure on prioritising profits.

**Increase costs to patients**

* This is a ‘no cost’ proposal for the Queensland and Federal Governments but patients will pay the costs, directly to pharmacists.

**Exacerbate workforce shortages and hospital pressures**

* This pilot does nothing to address the shortages of GPs in regional and Indigenous communities.
* It will further fragment health care and exacerbate emergency department ramping, hospital bed block and surgery wait lists, as doctors will need to treat sicker patients with more advanced illnesses in the hospital system.

This flawed and risky strategy seems motivated by The Pharmacy Guild to build commercial opportunities for pharmacies, without adequately taking into account the potential patient harm. The guild says this trial will result in less congestion in emergency departments but our physicians do not see this on the ground. Patients will go to hospital emergency departments with serious medical conditions misdiagnosed by pharmacists or present at a later more advanced stage, adding further pressure to surgery wait lists. Ultimately, doctors will have to address the poor patient health outcomescreated by this trial and provide the quality care Queenslanders expect, need and deserve.

This proposed pilot must not proceed, as it will do nothing to address the shortage of doctors in rural and remote communities, will cost lives and threaten the very sustainability of the medical profession in Queensland and across the country. I encourage you to read AMA Queensland’s position on this trial that outlines the full risks and issues presented by this pilot by visiting [qld.ama.com.au/Stop-NQ-Pharmacy-Trial](https://qld.ama.com.au/Stop-NQ-Pharmacy-Trial).

As my local Member of Parliament, I urge you to consider the issues raised in my letter and by AMA Queensland, and to share these concerns with the Minister for Health and Prime Minister, as these changes will have long-term effects on Medicare, and federal funding of general practice in rural and regional Australia.

I look forward to meeting with you at a suitable time so can I personally discuss my opposition to the trial.

Yours sincerely

*[Signature]*

*[Your name]*

*N.B. We urge you to follow up your correspondence by seeking a meeting with your MP either individually or with colleagues. Read our tip on how to engage your local MP* [*here*](https://qld.ama.com.au/Talk-to-your-MP)*.*