AMA QUEENSLAND

Leading Queensland Doctors
Creating Better Health

AMA QUEENSLAND
SURVEY REPORT

Urinary Tract Infection Pharmacy Pilot Queensland
and
North Queensland Pharmacy Scope of Practice Pilot

MAY 2022

FOREWORD

Everyone who enters a healthcare profession does so out of a desire to help people and contribute to their community. We work as a team, focused on delivering the best outcomes for patients. Pharmacists are vital to this teamwork. Many patients end up seeing their GP because their pharmacist has suggested they need a medical opinion. Pharmacists are experts in medications and provide a critical safeguard over prescriptions, picking up potential errors or unintended adverse impacts. That is why prescribing and dispensing are separated by legislation – to ensure the checks and balances are there to protect patients and enhance the health of our communities. We respect and thank all pharmacists for the valuable contribution they make to the health of Queenslanders.

This survey report is focused on health outcomes for patients. Patients rely on us all to take care of them, to advocate for the necessary policies, frameworks and support for doctors and all healthcare professionals to be able to help them get better, to recover and restore their health. Our survey shows that the *Urinary Tract Infection Pharmacy Pilot* has failed. Women did not receive the care they needed and an alarming number became more ill due to their participation in the trial. This is not fair to patients, pharmacists or doctors to operate in a flawed healthcare framework. It undermines a key strength of our healthcare system – team work.

The Queensland Government has been careless with patient health in this UTI pilot and failed to protect our community and investigate the health outcomes. There is no thorough analysis, scientific evaluation or genuine stakeholder engagement or feedback.

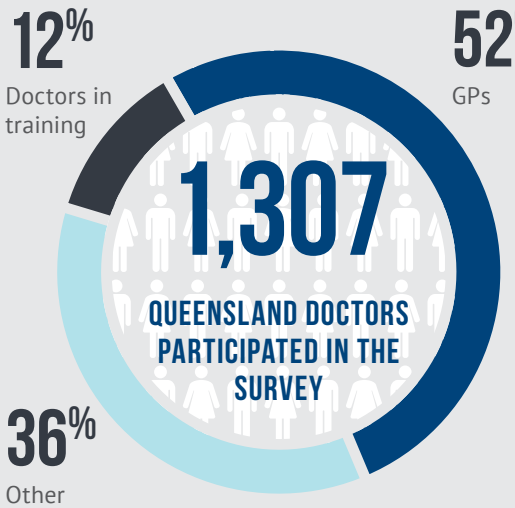
We hold grave concerns that the Queensland Government is now looking to expand this trial in North Queensland and wants to include more health conditions. Queensland is a renegade in this regard and is on a fractured pathway that defies national healthcare policies and frameworks, and flies in the face of Australian medical safeguards and standards. The results of our survey are unfortunately just the tip of the iceberg but we are compelled to stand up for better healthcare for our patients and community.

I acknowledge that delivering high quality healthcare is not without challenge and must embrace a commitment to continuous improvement. However, the UTI trial and proposed expansion in North Queensland are not improvements, but are an erosion of healthcare standards and patient outcomes. They undermine the collaborative strength, standards and expertise our current team-based healthcare system thrives on.

Our survey report is a compelling read for anyone who cares about the health of Queenslanders. I urge you to join me in asking the Queensland Government to change their current collision course and put patients first by investing in strategies that strengthen, not fracture, our healthcare system.

Professor Chris Perry OAM
President AMA Queensland

SURVEY SNAPSHOT



240 patient complications reported as a result of the UTI pilot

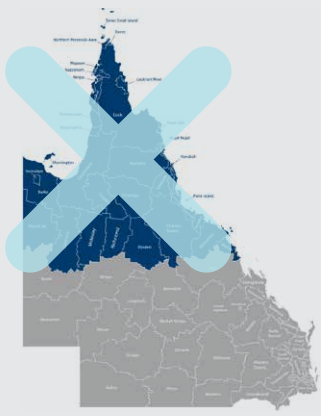
1 IN 5 GPs saw a patient with complications

KEY RISKS OF THE PROPOSED PILOT IN NORTH QUEENSLAND

! **96%** concerned about patient safety

! **87%** believe it will fragment healthcare

! **85%** worried about over prescribing



>50% of GPs said the NQ Pharmacy Pilot would deter them from working in North Queensland

35% had a pre-medical undergraduate degree

39 respondents were Pharmacists prior to studying medicine

> *After having been a community pharmacist for several years and then a doctor, I know of the huge, indescribable gap of knowledge and training between pharmacist and doctor.*
>
> **(Pharmacy-trained doctor)**

SURVEY CONTEXT

1. In June 2020, Queensland Health commenced a two-year *Urinary Tract Infection Pharmacy Pilot – Queensland* (Queensland-wide UTI pilot) allowing pharmacists across Queensland to provide treatment to women with a suspected UTI. This involves pharmacists diagnosing, prescribing and dispensing treatment for UTIs.

2. Arrangements pertaining to the Queensland-wide UTI pilot are outlined in the *Health (Drugs and Poisons) Regulation 'Drug Therapy Protocol – Pharmacist UTI trial'*[1], stating that the Queensland University of Technology (QUT) were engaged to manage the pilot's implementation and evaluation. QUT confirmed a research study has been undertaken and that a report has been provided to Queensland Health.

3. None of this information is available to the public, nor to AMA Queensland.

4. Nonetheless, based on the 'success' of the UTI pilot, Queensland Health intends to significantly expand the pilot in North Queensland by implementing the *North Queensland Pharmacy Scope of Practice Pilot* (NQ Pharmacy Pilot). This expansion would facilitate pharmacists' autonomous prescribing for 23 conditions from June 2022.

5. In the absence of available data, reporting or evaluation of the Queensland-wide UTI pilot, AMA Queensland invited doctors across the state to report on their experiences with patients treated under the UTI pilot. The survey also sought doctors' views on the expansion of the pilot to additional conditions in the NQ Pharmacy Pilot.

6. The survey was open to all Queensland doctors from 18 to 28 March 2022. Access to the survey was publicised via the Queensland Doctors' Community, the GP Alliance, the Australasian Medical Publishing Company, the Business for Doctors Facebook group, Local Medical Associations, and communications with AMA Queensland members via the *Connect* fortnightly newsletter and direct messaging.

7. Survey results were subject to independent statistical analysis, and that analysis forms the basis of this report. The results of this survey are the only publicly available information on patient outcomes from the UTI pilot.

1 https://documents.parliament.qld.gov.au/tableOffice/TabledPapers/2020/5620T974.pdf

PROFILE OF RESPONDENTS

8. A total of 1,307 doctors responded to the survey, comprising both AMA Queensland members and non-members.

9. Respondents included general practitioners (52%), other specialists (36%) and doctors in training (12%), and were geographically spread across Queensland.

10. More than one third of respondents had an undergraduate health or science qualification prior to qualifying as a doctor (35%), including 39 respondents who had obtained a Bachelor of Pharmacy prior to studying medicine.

> *During the pharmacy degree there was little to no education on the process of diagnosis. There was a basic education on the pathophysiology, with no education on the choices in diagnosis methods. As a pharmacist we never had any education on how to examine a patient. Yes there was very good education on appropriate drug treatment choices. And often this would be equal to or even superior to the drug treatment education we received in medical school. However, there was very little focus on the non-drug treatment options.*
>
> **(Pharmacy-trained doctor)**

KEY FINDINGS

RESPONSES RELATING TO DOCTORS' EXPERIENCES WITH THE QUEENSLAND-WIDE UTI PILOT (RUNNING SINCE JUNE 2020)

11. Doctors were asked about their experience with the UTI pilot, specifically:

Question 8 – The Queensland Government has conducted a trial allowing pharmacists to prescribe medications for patients with suspected UTIs. Have you seen patients with complications after accessing the UTI pharmacy trial?

Question 9 – If possible, please describe the issues your patient/s experienced in a de-identified manner.

12. Approximately 15% of respondents (184 doctors) provided care for patients with complications following their treatment by a pharmacist as part of the UTI pilot.

13. Of the 184 respondents who reported post-trial complications, 148 of these were GPs. This equates to one in five GPs seeing patients with complications.

14. Some doctors saw more than one patient with complications. Through the survey, approximately 240 incidents were reported of doctors treating patients experiencing complications[2].

> *Diagnosis is more than a set of symptoms described by a patient. It involves examination and targeted investigations. Often times there is subtlety involved in teasing out symptoms or finding signs. If you have not had appropriate training and experience this is very difficult. We do not let junior doctors practice unsupervised. Therefore, it would be remiss to allow other fields to also do the same.*
>
> **(Pharmacy-trained doctor)**

15. The most frequent comments from doctors related to:

- inappropriate or ineffective antibiotic use
- misdiagnosis and treatment of a condition that was not a UTI
- patients needing hospitalisation as a result of ineffective or inappropriate treatment or misdiagnosis
- patients being reluctant to disclose accurate and relevant information to the pharmacist due to lack of privacy and proximity of other customers
- patients being up-sold unnecessary products
- treatment of male patients (trial was limited to female patients).

16. **Misdiagnoses of another condition** as UTI was the most commonly seen complication reported by doctors[3].

2 Question 8 saw 184 doctors respond 'yes' when asked whether they had seen post-trial complications. Of those 184 respondents, 157 respondents provided details of their experiences, with some doctors seeing up to five patients with complications. Based on analysis of written responses, at least 239 patients experienced complications.

3 A conservative analysis of respondents' comments indicated at least 73 occurrences of misdiagnoses.

17. The most common misdiagnosis related to the patient having a **sexually transmitted infection** (STI) rather than UTI. These included chlamydia, herpes and gonorrhoea. A number of patients were also reported to have pelvic inflammatory disease.

18. **Pregnancy** was misdiagnosed as UTI on at least six occasions, with a number of patients prescribed antibiotics that are unsafe in the first 12 weeks of pregnancy. One patient was reported to have been treated for UTI when her symptoms were actually related to an ectopic pregnancy.

19. **Cancerous conditions** were overlooked on at least nine occasions, with doctors reporting incidents of patients being treated for UTI when the symptoms related to cancer or pre-cancerous conditions, including bladder, gut, cervical and vulval cancers.

20. Other misdiagnosed conditions treated as UTI included lichen sclerosis, prolapse, menopausal symptoms, atrophic vaginitis, a 15cm pelvic mass, renal colic, ruptured ovarian cyst, bladder pain syndrome, pyelonephritis and interstitial cystitis.

> *No pharmacy I ever worked in had an appropriate set up for where accurate diagnosis and a consultation could occur. Often the 'consultation rooms' were simply a cordoned off section of the pharmacy behind the makeup. This had no privacy for patients at all.*
>
> **(Pharmacy-trained doctor)**

21. After misdiagnoses, **inappropriate or ineffective antibiotic use** was the next most commonly occurring complication[4]. Of the 240 incidents reported through the survey, approximately 30% related to antibiotics. Specifically, comments related to:

    - the UTI-causing bacteria being resistant to the prescribed antibiotic
    - repeated courses of the same antibiotic being prescribed
    - patients being prescribed an antibiotic to which they were allergic.

22. Through the survey, doctors reported eight cases where misdiagnosis or ineffective treatment resulted in **hospitalisation** of patients suffering urosepsis or pyelonephritis.

23. Three doctors reported having seen complications in **male patients** treated for UTIs, despite the pilot being specifically limited to 'uncomplicated cystitis in a non-pregnant woman'[5].

24. A common theme among doctors' comments, especially relating to misdiagnosis of STIs, was patients' reluctance to provide full and frank information to a pharmacist in the presence of other customers or to discuss sexual history over the counter. Non-disclosure of sensitive or embarrassing information due to a **lack of privacy** may have contributed to misdiagnoses.

4 A conservative analysis of respondents' comments indicated at least 67 occurrences of problematic use of antibiotics.

5 https://documents.parliament.qld.gov.au/tableOffice/TabledPapers/2020/5620T974.pdf page 2.

> *When I was practising as a pharmacist, patients would say 'yes' and nod through any questions just to get what they are after. Patients were always hesitant to discuss topics over a counter where others were picking up Panadol and throat lozenges.*
>
> **(Pharmacy-trained doctor)**

RESPONSES RELATING TO DOCTORS' VIEWS ON THE NQ PHARMACY PILOT
(DUE TO COMMENCE IN NORTH QUEENSLAND IN JUNE 2022)

25. A number of respondents (39) had obtained a Bachelor of Pharmacy prior to studying medicine. These respondents were asked whether they thought they could have diagnosed and treated patients as a pharmacist, to which the overwhelming response was 'no'.

26. Overwhelmingly, respondents considered the proposed **training inadequate**. Fewer than 2% of respondents believed the training required for pharmacists to participate in the NQ Pharmacy Pilot (120 hours of online training) was adequate for pharmacists to safely diagnose and treat patients for the 23 conditions covered in the NQ Pharmacy Pilot.

27. All of the respondents with a Bachelor of Pharmacy considered the proposed training to participate in the NQ Pharmacy Pilot to be inadequate.

> *As a pharmacist, I thought I could [diagnose and treat] and said this multiple times. However, having trained as a doctor, I realise how inadequate my knowledge and training was in the area of prescribing. It's the Dunning-Kruger effect.*
>
> **(Pharmacy-trained doctor)**

> *Pharmacists are not trained to diagnose or treat patients. Having studied both pharmacy and medicine, the latter involves two full time clinical years seeing patients and learning how to take a history, perform a physical examination, order investigations and come to diagnostic and management decisions. This process is not able to be delivered at a pharmacy counter.*
>
> **(Pharmacy-trained doctor)**

28. Respondents frequently highlighted the important **separation between prescribing and dispensing** functions, and the invaluable safety net embedded in the health system when pharmacists check medication decisions through the dispensing process.

29. Doctors clearly value their working relationships with pharmacists and the safety net pharmacists provide, with a number of doctors commenting about personal experiences of their patients benefiting from this safeguard.

30. Concerns about **conflicts of interest** related to potential **financial incentives** in both diagnosing and selling products were raised repeatedly. Similarly, doctors held concerns about upselling of non-essential products, and the potential for pharmacists to feel obliged to sell a medication for every condition even when conservative management would be more appropriate.

> *Patients need appropriate history, examination and investigations on consultations prior to provision of treatment. Other conditions unrelated to the presentation may be exposed on consultation. The skill of consultation and appropriately managing a patient requires skills and in-depth medical knowledge.*

31. Doctors held concerns over patient safety relating to the NQ Pharmacy Pilot, with 96% of respondents highlighting this as a key risk of the pilot.

32. Commentary often reflected doctors' concerns about risk of **'misdiagnosis and missed diagnosis'**. This included myriad other issues canvassed by doctors during a consultation beyond the specific trigger for the appointment. Examples included opportunities to conduct routine or overdue screening, monitoring and management of other conditions, and checking-in with patients about their mental health.

23. A high proportion of doctors (87%) perceived risks associated with the **fragmentation of healthcare**. Respondents' reflections on this issue frequently highlight concerns about a pharmacist autonomously altering treatment without the doctor's knowledge or consent, and without adequate record keeping of that decision. Inadequate or incomplete medical records, and absence of patient monitoring or follow up were significant concerns.

> *[Doctors use] skills and experience in all the nuances of patient care – communication, compassion, history-taking, diagnostic skills, building differentials and following up my patient to ensure that I have done no harm and that they are well and satisfied with their care.*

24. **Over-prescribing** was also a significant concern to doctors, with 85% of respondents reflecting concerns about this issue. Commentary from respondents included frequent discussion of over-prescribing of antibiotics, antimicrobial stewardship, and the potential use of inappropriate antibiotics due to insufficient clinical investigation prior to prescribing leading to antibiotic resistance.

35. **Medico-legal issues** were raised by 75% of respondents, with many doctors expressing apprehension about ambiguity over responsibility for adverse effects experienced by patients.

36. Around a third of doctors held reservations that the NQ Pharmacy Pilot would exacerbate **workforce shortages** (36%).

> *Pharmacists are good at being pharmacists and I appreciate their scope of expertise and enjoy working with pharmacists doing Home Medicines Reviews. However they are not doctors and do not have the clinical training or expertise to take an appropriate history and do a physical examination.*

37. Other risks identified by respondents included:

- worsening relations between doctors and pharmacists
- increased ED presentations
- pharmacists being pressured by customers wanting certain medicines
- conflict of interest for pharmacists
- lack of responsibility and accountability to patient
- undermining of doctors
- 'second rate' care for vulnerable populations
- dealing with misdiagnoses and delayed treatment
- pharmacists lacking key skills
- being a disincentive to study medicine
- pharmacists are too busy
- pharmacy does not provide the setting to discuss private health matters (patients may not feel comfortable to disclose)
- over-reliance on medication as the treatment approach
- inability to use the opportunity to provide broader health screening.

38. More than 50% of GPs said the NQ Pharmacy Pilot would deter them from working in North Queensland. Common reasons for this deterrent effect were expectations that GPs would need to 'pick up the pieces' and deal with the consequences of the pilot, and the undermining of patient safety.

39. When asked about options for addressing workforce shortages, respondents endorsed other solutions, including collaboration with local governments to provide appropriate supports for doctors in rural and regional areas, appropriate financial arrangements, GP training programs and pathways for allied health professionals to obtain medical qualifications.

40. Doctors also expressed concern over the **evaluation** of the pilot. Given the inaccessibility of information about the UTI Pilot, doctors are seeking clear information about how the pilot will be evaluated and how outcomes will be measured.

41. Fewer than 4% of respondents believed the NQ Pharmacy Pilot should proceed.

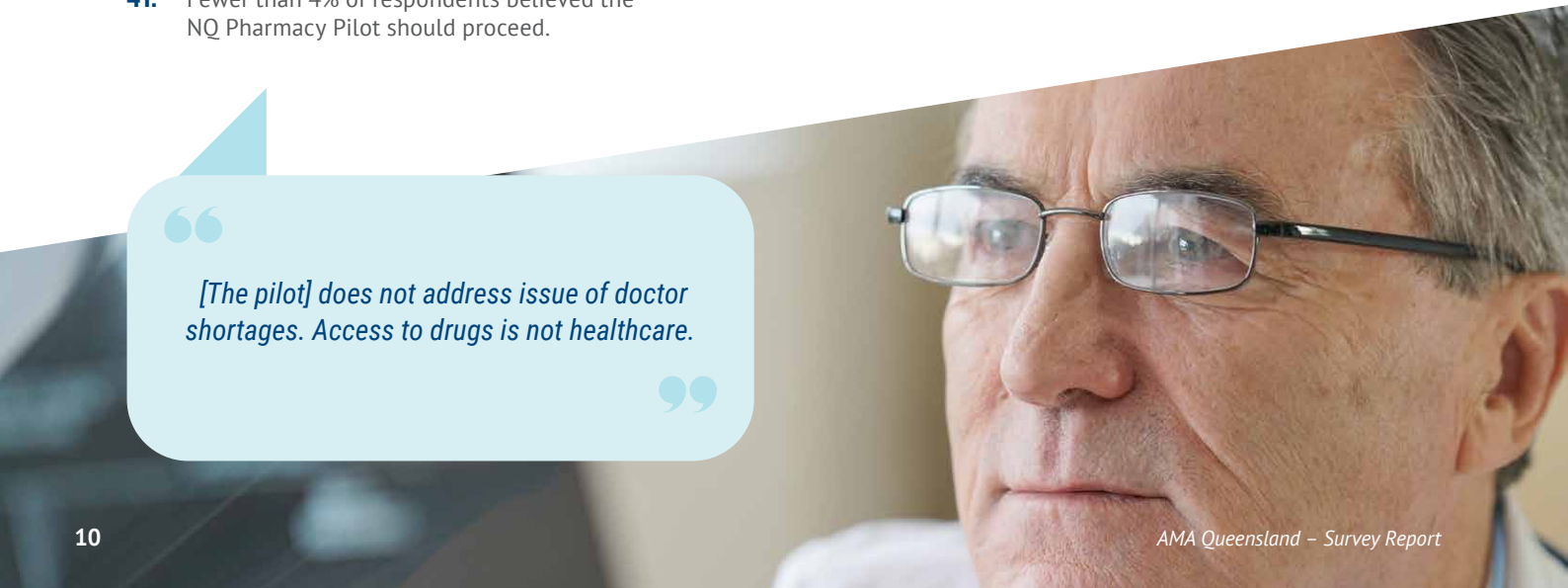
FOLLOW UP WITH RESPONDENTS POST-SURVEY

42. A number of survey respondents who reported patient complications consented to being contacted by AMA Queensland for further information. These respondents were asked about whether they reported their patients' adverse results to Queensland Health.

43. Despite efforts to find a way to report patient complications to medical authorities, respondents conveyed they were not able to find such a mechanism and their patients had not been given information about how to report complications.

44. Some doctors were unaware of the UTI pilot until their patients presented with complications from failed treatment from a pharmacist.

> *One of my patients ended up in hospital with a kidney infection after being prescribed an antibiotic for UTI by a pharmacist with no urine test. It was subsequently shown that the infection was resistant to the prescribed antibiotic.* ***I spent two days trying to find out where to report patient outcome without success.***
>
> *A true trial would have had a reporting mechanism. Patients should have had a piece of paper outlining what to do if they had complications.*



> *[The pilot] does not address issue of doctor shortages. Access to drugs is not healthcare.*

[When studying] pharmacy, the teaching centred around medicines – mechanism of action, indication, side effects, drug interactions and associated counselling. When we learnt about conditions, it was brief. The objectives of our course never focused in detail about pathophysiology, diagnostics, differentials.

(Pharmacy-trained doctor)

SURVEY QUESTIONS

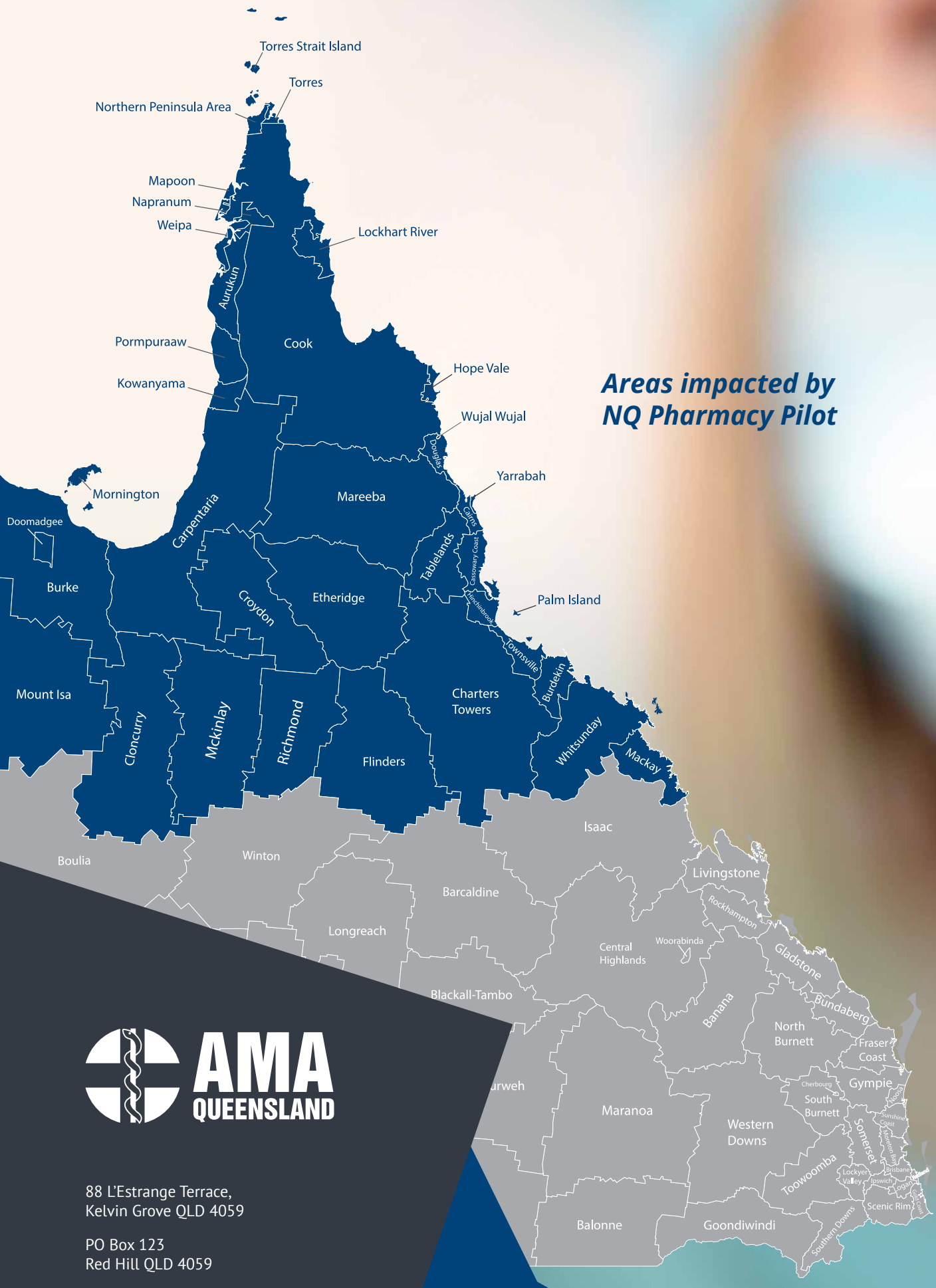
The survey sought the following information from respondents.

- What area do you work in?
- What is the primary region you work in?
- Before qualifying as a doctor, did you obtain an undergraduate qualification in health and/or science?
- What was your undergraduate qualification?
- (If Pharmacy) Do you think you could have diagnosed and treated patients as a pharmacist, and why?
- The Queensland Government has conducted a trial allowing pharmacists to prescribe medications for patients with suspected UTIs. Have you seen patients with complications after accessing the UTI pharmacy trial? If so, please describe the issues your patient/s experience.
- Should the North Queensland Scope of Practice Pilot allowing pharmacists to autonomously prescribe go ahead?
- Would this trial deter you from working in North Queensland, and if so, why?
- Do you believe 120 hours of additional online training will enable pharmacists to safely diagnose and treat patients for the conditions include in this trial?
- What do you believe are the key risks of this trial?
- What other solutions should the Queensland Government consider to address medical workforce shortages?

I was a specialist pharmaceutical chemist, and I worked in a community chemist shop too, but with most of my experience in hospital pharmacy I would say I never examined a person until medical training.

I just didn't know what I didn't know.

(Pharmacy-trained doctor)



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