

10 August 2023

The Hon Shannon Fentiman MP  
Minister for Health, Mental Health and Ambulance Services  
Minister for Women  
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**By email:** [REDACTED]

**Subject: Concerns about Estimates and media statements**

Dear Minister

AMA Queensland members continue to be alarmed about the permanent implementation of the Queensland Government's Urinary Tract Infection Community Pharmacy Service (the 'UTI Program') and steadfast commitment to expand allied health scope of practice without adequate regard for patient safety.

In particular, members have raised concerns about recent media reports and statements made during the 4 August 2023 Health and Environment Committee Estimates Hearing (the 'HEC Hearing'). Their concerns relate to:

- the treatment of UTIs under and claimed benefits to emergency departments (EDs) of the UTI Program;
- the Queensland Government's intentions regarding changes to authorised prescribers of MS-2 Step; and
- the North Queensland Community Pharmacy Scope of Practice Pilot (the 'NQ Pilot').

Each of these issues is addressed below.

### UTI Program

The HEC Hearing transcript records the following statement:

*Ms FENTIMAN: ... You will all have seen the numbers released a few weeks ago in the paper about the kinds of conditions that people are presenting to emergency departments with: UTIs. There are 100 people a day in this state going to an emergency department with a UTI. Empowering our pharmacists to do more—which is why we made the UTI service permanent in Queensland—takes pressure off emergency departments.*

The Minister was also reported as stating during an ABC Radio Brisbane interview on 3 August 2023 that going to a community pharmacy to obtain antibiotics to treat a UTI 'is such a relief than having to try and find a GP appointment'.

As comprehensively detailed by AMA Queensland Councillor and General Practitioner Dr Steph Dawson-Smith, the UTI program was based on the flawed Urinary Tract Infection Pharmacy Pilot – Queensland (the ‘UTIPP-Q’) which, on the evidence presented in its own outcome reports, harmed patients.

Amongst a host of failings that directly threatened the safety of women, the UTIPP-Q failed to adequately exclude women who had a:

- sexually transmitted infection (STI);
- complicated UTI; or
- resistant UTI.

Both AMA Queensland and Dr Dawson-Smith have written to Queensland Health and the Minister on multiple occasions about these alarming failings but are yet to receive a response directly addressing the concerns.

In addition, our emergency doctors have advised that many of the patients presenting with a UTI to our EDs are not patients who could have been treated under the UTIPP-Q or UTI Program in any event. This is because many of these patients require admission or IV antibiotics, are over 65 years of age, of male sex, aged care residents or otherwise ineligible for the UTIPP-Q or UTI Program. UTIs in many patients are also complicated by definition and must be assessed and treated by a doctor (e.g. urosepsis and pyelonephritis). This means statements that the UTI Program will relieve pressure on our EDs are incorrect.

Recent research published in MJA InSight also found ED overcrowding was due to bed block, particularly by aged care and NDIS patients, rather than a lack of access to general practice. This means that programs that seek to reduce ED presentations are not targeting the actual problem, which is bed block and lack of patient flow in hospital in-patient settings.

Finally, AMA Queensland members continue to remain concerned about the UTIPP-Q’s and UTI Program’s contribution to antimicrobial resistance. Recent research published in The Lancet confirmed that ‘the main drivers [of antimicrobial resistance] are still the misuse and overuse of antibiotics’. It is clear that inherent flaws in the UTIPP-Q and UTI Program create a high risk that patients who do not have a UTI will be inappropriately prescribed antibiotics, contributing to increasing incidences of antimicrobial resistance.

## **MS2-Step**

The HEC Hearing transcript records the following statements:

- *Ms FENTIMAN: ...I also welcome the recent decision of the TGA to allow midwives and nurses to prescribe MS-2 Step, which will make it more accessible to women who need it, especially in regional and remote areas. I have committed to making sure that Queensland implements legislative changes to make that happen as soon as possible.*

*Dr MacMAHON: Minister, is there a time frame for that action plan to be implemented?*

*Ms FENTIMAN: Very soon. I have recently met with key stakeholders who had some final feedback on the action plan. I do want to make sure that we get it right, so it will be released very shortly.*

The Therapeutic Goods Administration did not specifically reference the health practitioners that are now authorised to prescribe MS-2 Step under its changes, other than medical practitioners and those 'with appropriate qualifications and training'. Doctors are alarmed that the Minister's statements indicate an intention to use Queensland Extended Practice Authorities to broaden authorised prescribers to midwives and nurses without consultation or due regard for the serious implications for patient safety.

This is particularly acute given the recent announcement by MSI that it is ceasing its 24/7 nurse telephone support line for MS-2 Step. Medical abortions, including the use of MS-2 Step, are not low-risk treatments and broadening those authorised to prescribe these medicines must be done in consultation with doctors and, at a minimum, be only extended to those working in collaborative, multidisciplinary health care settings. Convenience must not be put before patient safety.

### **NQ Pilot**

AMA Queensland has been advised by Queensland Health that the next stage of the NQ Pilot, a quality and safety framework workshop with stakeholders, is scheduled for 23 August 2023.

Despite removing a requirement for a signed, written confidentiality agreement, the Department is still requiring participants maintain confidentiality until the NQ Pilot has commenced. The Department's correspondence states confidentiality is required 'due to the sensitive nature of this initiative' but does not explain what it regards as sensitive about the NQ Pilot or any reasonable explanation for the requirements.

AMA Queensland and doctors throughout our state remain concerned about the secrecy surrounding the NQ Pilot, particularly given it is not based on evidence but rather the result of a 2020 election commitment:

*to work with the Pharmaceutical Society of Australia and other stakeholders to design and implement a trial of pharmacists practicing to their full scope in North Queensland.*

This raises serious questions about the Government's motives for continuing with the NQ Pilot and factors that have influenced its decision.

AMA Queensland members have also reported that the Minister made statements during an ABC Radio Brisbane interview on 3 August 2023 that the NQ Pilot was a 'trial' of pharmacist prescribing and a 'scope of practice trial'. AMA Queensland has consistently advocated for both the UTIPP-Q and NQ Pilot to be undertaken as clinical trials, but this has repeatedly been rejected by Queensland Health.

We hope the Minister's statements are an indication that the Government has recognised the serious implications for patient health under this dangerous pilot and will be ensuring it is correctly implemented as a clinical trial with all the associated ethical and safety protections.

We remain extremely concerned about these issues and would welcome an opportunity to discuss them with you further.

Yours sincerely



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**President**  
**AMA Queensland**



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