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Pharmacy trial is a prescription for disaster

A visit to the pharmacist for a urinary tract infection (UTI) will cost Queenslanders more than a bulk-billed GP consultation under a State Government trial that allows chemists to perform the work of doctors.

Pharmacists who complete a three-hour online training module and a 20-question multiple choice exam are able to charge a set fee of \$19.95 to provide a diagnosis.

Wide Bay GP Dr Nick Yim, who worked as a pharmacist for four years before practising medicine, said role substitution which allowed health practitioners to work beyond their scope of training was dangerous to patient care.

“The pharmacist will not have access to the patient’s medical history to correlate symptoms, will not send urine samples for testing and cannot examine the patient for symptoms of pelvic and bladder cancer which may be similar to infection,” Dr Yim said.

“I’m not exactly sure what the patient is paying for but it’s a prescription for disaster for patient care.”

Dr Yim said pharmacists filled a vital and valuable role in the health care system, but they were not trained to be doctors.

“As a pharmacist, I probably felt I could diagnose a UTI easily due to the simplicity of the condition, but I realise now – having worked as a GP – that I didn’t have the knowledge or training to ensure the symptoms were not masking something more serious which, left untreated, could become a major health issue,” he said.

“Pharmacists are the experts when it comes to the safe use of medicines, but diagnosing patients is not something they get trained to do and that’s why doctors are opposed to the trial. You do not want cookbook or recipe medicine. Each patient is different.”

The pharmacy trial comes at the same time as the State Government expanded the number of vaccinations that Queensland pharmacists can provide from three to nine – the same as GPs.

“GPs are able to provide many of these vaccinations free of charge for patients that meet certain criteria, and provide complete care for the patient without conflict of interest,” Dr Yim said.

“I know from first-hand experience that pharmacists are always needing to look for new ways to get traffic into their retail outlets and expanding their scope of training through the UTI trial and vaccinations helps them achieve this.

“Pharmacists are also trained in companion selling – recommending customers purchase other products from the shelves apart from their prescriptions. There are shelves of perfumes, cosmetics and non-evidenced products.”

Apart from poor patient care, Dr Yim said allowing more antibiotics to circulate in the community flew in the face of national and global efforts to combat antimicrobial resistance, forecast to kill 10 million people by 2050.

“We need less antibiotics in the community, not more,” he said.

“Queenslanders deserve safe, quality and accessible healthcare but altering the scope of training of pharmacists is not the way to deliver it.

“We need to ensure doctors and pharmacists work in a collaborative manner, such as seeing pharmacists within GP practices, medication optimisation and reviews. Our patient’s come first.”

MEDIA CONTACTS: Fran Metcalf, Sequel PR - 0417 627 867; Gabrielle Corser, AMA Queensland – 0419 735 641.