10 February 2023

Ms Jayne Stinson
Chair Select Committee on Access to Urinary Tract Infection Treatment
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The Rural Doctors' Association of South Australia (RDASA) welcomes the opportunity to provide a written submission to the Select Committee on Access to Urinary Tract Infection Treatment.

We would also like to present oral evidence to the Committee.

There are multiple concerns about allowing pharmacists to prescribe and dispense antibiotics for presumed UTIs.

While it is somewhat encouraging to think we make it look like a simple task requiring limited thought or skills developed during our training, there are many occasions when further investigation and examination are necessary as well as looking into ways of preventing future episodes and managing associated issues around potential triggers none of which can be appropriately managed in a busy retail and dispensing environment.

My personal practice, shared by most of my colleagues in a recent discussion is to always test a urine sample and unless lab access is unavailable (eg out of hours) I always send it to the lab to confirm or rule out infection and provide information about best choice of antibiotics if the first option proved ineffective, which is not an uncommon occurrence.

For women with frequent recurrent infections with established known triggers and thorough investigation of underlying issues I will occasionally issue them with a script to have on hand to start with the onset of symptoms which to me seems a better way of managing this scenario rather than fragmenting care with the pharmacy providing antibiotics on spec.

While I can appreciate that it appears a simple easy option for a woman with symptoms she believes to be caused by a bladder infection just to pop into a pharmacy to grab some antibiotics, it seems counter-intuitive to be opening

up ease of access to antibiotics when good antimicrobial stewardship to lessen the growth in multiply resistant organisms is recommending the exact opposite.

It is also not uncommon for the symptoms to in fact be from a different issue, ranging from pregnancy to menopause to cancer.

While the Qld trial was reported as a positive experience for those involved, the outcome report was not terribly robust in its scope and appears to have been designed to simply determine acceptability and satisfaction without any in-depth assessment on safety or risk. All medical organisations involved in the steering committee withdrew once it became apparent that concerns about risk and safety were not being addressed. While the outcome report failed to capture any significant safety concerns and with a superficial read seems to suggest it should be adopted widely, the Qld AMA surveyed its members about any adverse outcomes noted and was quite damning in its findings. https://www.ama.com.au/qld/news/NQ-surveryFinalReport

A separation between prescribing and dispensing has long been held as a gold standard to help prevent unconscious bias towards an inappropriate recommendation from which the prescriber benefits financially. For this reason medical practitioners are not able to own pharmacies. This standard seems to be completely overlooked in this proposal.

While there are certainly many issues currently at play in limiting access to medical appointments, lowering the standard we are trained and expected to meet in general practice care by enabling non-doctors to provide a cut-down service is not a robust solution to this complex problem.

Yours sincerely,
On behalf of the RDASA Executive and management

Dr P. Rischbieth
President, Rural Doctors' Association of South Australia