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8 April 2022

Dear Professor Perry and Dr Dale,

Re Study 2000000140, 'Evaluation of the prescribing pilot: Urinary Tract Infection Pharmacy Pilot-Queensland (UTIPP-Q)'.

Thank you for your letter of Thursday 7 April 2022. The matters you raise are important and relate both to the UTIPP-Q service introduced by the Queensland Department of Health (QH) and to the research study (ID above) evaluating the pilot's implementation and outcomes.

The study submission did not seek ethics approval from QUT for the QH pilot service itself, but specifically for the research evaluation. However, the research application gave information on similar clinical service initiatives in other countries, literature on diagnosis of uncomplicated urinary tract infection (UTI) from history and symptoms, treatment options, and set out procedures for informing people about the pilot, and subsequently the research, as well as the requirements of pharmacy accreditation and pharmacist training, the options for treatment including advice to consult a general practitioner, and the seven-day follow-up contact.

The parameters related to patient participants collected for the QUT study were sourced from the clinical record completed after the pilot service was provided. These data included answers to screening questions for the pilot, eligibility criteria related to advice and treatment options, the management and treatment provided, and resources provided by the pharmacist to the patient such as self-care information, and brochures. Data were also collected from the seven-day telephone follow-up on whether the treatment helped, and whether further assistance from another health practitioner was sought. An additional short questionnaire was separately emailed to patient participants asking questions on satisfaction with the service, and why the service was chosen.

The accreditation and training requirements were a condition for pharmacists being able to register to take part in the pilot clinical service. Pharmacist participants were asked to complete a survey about their experience with the pilot, including the training.

I understand that the research study has now completed and that a report has been provided to QH. I am not aware of the metrics of success to be applied by QH in deciding whether the pilot will be continued. Nor do I know of the budgetary allocation made by QH.

The AMA survey results from doctors who have seen patients who participated in the pilot clinical service are concerning. Thank you, I would be most grateful to receive information on the survey and its results. It would also be worthwhile to know whether respondent doctors have passed on

information about any adverse outcomes to QH. Any information on outcomes and the survey findings seem very relevant to a decision on the continuation of the clinical service, and I urge the AMA to share them with QH.

Thank you again for your letter.

Yours sincerely,

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