



**MEDIA RELEASE**

24 February 2022

## **NACCHO and the Aboriginal Community Controlled Health sector oppose the proposed Queensland Community Pharmacy Trial**

Earlier in February 2022, the Queensland Government were proposing a trial in North Queensland to allow pharmacists to autonomously diagnose and prescribe medications for potentially serious and complex medical conditions without collaboration with doctors or a client's broader healthcare team.

NACCHO and the Aboriginal Community Controlled Health Organisations (ACCHOs) in Queensland, along with the RACGP and the AMA, strongly oppose the proposed pilot project. The ACCHO sector are seriously concerned that it sets out to indiscriminately increase the scope of practice for community pharmacists without due consideration for safety, effectiveness, or manifest community need.

**Dr Dawn Casey, NACCHO Deputy CEO**, said, "The trial is proposed for a region in Australia with a very large Aboriginal and Torres Strait Islander population, but the proposal makes no mention of the increased health needs of Aboriginal and Torres Strait Islander people and the need for culturally-safe, comprehensive primary health care.

"There has been insufficient consultation with the community-controlled sector on the proposed trial. Furthermore, the proposed trial will fragment care and result in missed opportunities for comprehensive team-based primary care. An example is the proposal to diagnose and treat acute otitis media. A condition that needs extensive and comprehensive follow-up of hearing health to help address hearing loss in Aboriginal and Torres Strait Islander kids.

"Pharmacists are a valued part of the primary care team and NACCHO supports their role integrated within our ACCHOs where they provide for high-quality, team-based care."

**Dr Karen Price, RACGP President** said that the lack of consultation was concerning and indicative of a poorly thought-through pilot.

"This is just another example of why this pilot was doomed from the beginning," she said.

"Not only has proper consultation not occurred, but there has also obviously not been adequate thought given to how this pilot will impact the health of Aboriginal and Torres Strait Islander patients.

"North Queensland has a higher proportion of Aboriginal and Torres Strait Islander people, and the stark reality is that that many of these patients have complex health needs that require careful monitoring and follow-up from a GP. This pilot will compromise their long-term health because we will see a fragmentation of care.

"I'm not surprised that the Queensland Aboriginal and Islander Health Council has joined the RACGP and other health groups in withdrawing from the steering committee."

**Dr Jason King, Gurriny Yealamucka Health Services Aboriginal Corporation Senior Medical Officer**, said, "Our communities deserve the highest quality care. The pilot project fragments health care for some of the most vulnerable. It undermines the decades of work the ACCHO sector has done to bring us closer to closing the gap in health amongst Aboriginal and Torres Strait Islanders.



He further added, “Pharmacists play an important role in primary health care, however, their proposed scope of practice expansion is a bridge that will see low quality, disconnected health care that places the lives of our communities at risk with no indication of cultural safety or holistic approaches that we know are necessary for success.”

**Dania Ahwang, Wuchopperen Health Service CEO**, said, “ACCHOs are best placed to provide client-centred, culturally safe, integrated and holistic health and wellbeing care for our Aboriginal and Torres Strait Islander communities of Far North Queensland.

“We are concerned with the lack of consultation to date regarding this pilot project given that the proposed service model being implemented by the pilot will seriously fragment and undermine the high-quality primary health care services that we provide to our communities. This also raises further concerns with potential for increased morbidity and mortality for Aboriginal and Torres Strait Islander communities of Far North Queensland which, instead of closing the gap, will make it even greater.”

**Debra Malthouse, Apunipima Cape York Health Council CEO**, said, “We are concerned about the negative impact this pilot will have on the quality of health care for the large Aboriginal and Torres Strait population in North Queensland region. Many First Nations peoples have significant chronic disease burdens and co-morbidities that require ongoing care delivered through a comprehensive primary health care model.

“We expect that this pilot will focus on the patient’s condition, with little or no consideration of the multiple factors that impact on the health and wellbeing of First Nations peoples. Aboriginal and Torres Strait Islander peoples have higher levels of mortality and morbidity than other Australians and the implementation of this pilot will only serve to widen the gap.”

~ END ~

*[NACCHO](#) is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs) across the country on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO is the third largest employer of Aboriginal and Torres Strait Islander people in Australia, with over 3,500 out of the 6,000 staff working in ACCHOs being either of Aboriginal and or Torres Strait Islander background.*

*Many NACCHO members have almost 50 years of experience in the delivery of comprehensive primary health care. Services are delivered through fixed, outreach and mobile clinics operating in urban, rural and remote settings across Australia.*