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To: [medboardconsultation](mailto:medboardconsultation@ahpra.gov.au)
Subject: medboardconsultation@ahpra.gov.au
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Dear Sir/Madam

My name is [REDACTED] and I've been a registered pharmacist for 23 years. Throughout the COVID pandemic, I have seen the rise in poor prescribing practices by out-of-area doctors utilising a question are to prescription model such as used by Instascripts.

More than half of these scripts have been highly inappropriate for the patient.

For example, I have seen:

1. Prescribing of 1mg respiradone for a 14 year old autistic patient so that his grandmother could control him. According to his regular GP (who was easily accessible), this medication was not to be dispensed.
2. Prescribing pantoprazole for a PPI naive patient with chest pain. She had heard about the medication from a friend. I referred her to hospital.
3. The prescribing of blood pressure medications without a clear picture of what the patient's blood pressure is - the doctor puts on the bottom of the script that the pharmacist must check and make the clinical decision to refer or not. This is not the pharmacist's role - it's the doctor's responsibility.
4. Prescribing of antibiotics that are inappropriate for the patient's infection (according to the eTG). This has happened more times than I can count.

I believe that questionnaire to script business model is dangerous to patients - especially our older patients. It needs to be stopped.

I am VERY concerned about using Telehealth for patients that have never been seen by the doctor, however, I also understand that sometimes this is necessary due to lack of doctors in rural and remote areas.

Kind regards

[REDACTED]
BSc BPharm

[REDACTED]
Sent from my iPhone