



GUIDELINE FOR PHARMACISTS SUPPORTING
**ABORIGINAL AND TORRES
STRAIT ISLANDER PEOPLES WITH
MEDICINES MANAGEMENT**





This publication contains material that has been provided by the Pharmaceutical Society of Australia (PSA), and may contain material provided by the Commonwealth and third parties. Copyright in material provided by the Commonwealth or third parties belong to them. PSA owns the copyright in the publication as a whole and all material in the publication that has been developed by PSA. In relation to PSA owned material, no part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968 (Cth), or the written permission of PSA. Requests and inquiries regarding permission to use PSA material should be addressed to: Pharmaceutical Society of Australia, PO Box 42, Deakin West ACT 2600. Where you would like to use material that has been provided by the Commonwealth or third parties, contact them directly.

Disclaimer

Neither the PSA, nor any person associated with the preparation of this document, accepts liability for any loss which a user of this document may suffer as a result of reliance on the document and, in particular, for:

- use of the Guidelines for a purpose for which they were not intended
- any errors or omissions in the Guidelines
- any inaccuracy in the information or data on which the Guidelines are based or which is contained in them
- any interpretations or opinions stated in, or which may be inferred from, the Guidelines.

Notification of any inaccuracy or ambiguity found in this document should be made without delay in order that the issue may be investigated and appropriate action taken. Please forward your notification to: Pharmaceutical Society of Australia, PO Box 42, Deakin West, ACT 2600.

Aboriginal and Torres Strait Islander people should be aware that this guideline may contain images and names of people who are deceased.

Images in the guideline were produced in line with COVID restrictions at the time they were taken.

ISBN: 978-0-908185-91-7

Date of Publication: July 2022

© Pharmaceutical Society of Australia Ltd, 2022

CONTENTS

About the artist	4	Medicine management services	39
Artwork story	5	Medication reconciliation and lists.....	40
Foreword	6	Medication reviews.....	41
Acknowledgements	7	Dose administration aids.....	42
About the guideline	8	Medicine management services in different settings.....	42
Purpose.....	8	Medicine access programs	46
Scope	8	PBS listings for Aboriginal and Torres Strait Islander peoples.....	46
Terminology.....	10	Closing The Gap Pharmaceutical Benefits Scheme Co-payment program.....	47
Guideline overview	12	Medicines supply under the S100 Remote Area Aboriginal Health Services (RAAHS) program.....	47
Health services overview	14	Aboriginal and Torres Strait Islander pharmacy programs	49
Introduction	16	Community Pharmacy Agreement Aboriginal and Torres Strait Islander specific programs.....	49
Centrality of culture	18	Resources	53
Local culture	19	Aboriginal and Torres Strait Islander cultural training.....	53
Family and community.....	19	Indigenous Allied Health Australia	53
Elders.....	19	National Aboriginal and Torres Strait Islander organisations.....	53
Men's and women's business.....	19	Aboriginal and Torres Strait Islander specific clinical resources.....	54
Sorry Business.....	20	Aboriginal and Torres Strait Islander specific patient resources.....	54
Traditional Custodians.....	20	Aboriginal and Torres Strait Islander people health information.....	54
Addressing the community.....	20	Guidelines, standards and program rules	55
Welcome to Country and Acknowledgement of Country.....	20	Other resources.....	55
Cultural awareness, cultural competency and cultural respect	21	References	56
Providing culturally safe and responsive care	22		
Cultural safety.....	23		
Models of care	26		
Co-design and co-development	27		
Working in partnership	29		
Engaging with Aboriginal and Torres Strait Islander organisations.....	30		
Aboriginal and Torres Strait Islander health worker and health practitioner workforce.....	30		
Working with Aboriginal and Torres Strait Islander communities	32		
Providing healthcare services	34		
Health promotion activities	34		
Assisting better health through quality use of medicines	35		
Barriers to medicines management	36		
Communicating about medicines	36		
Patient advice and assistance.....	36		
Adherence to medicines.....	37		
Medicine labelling and directions	38		
Medicines education.....	38		

Acknowledgement of Country

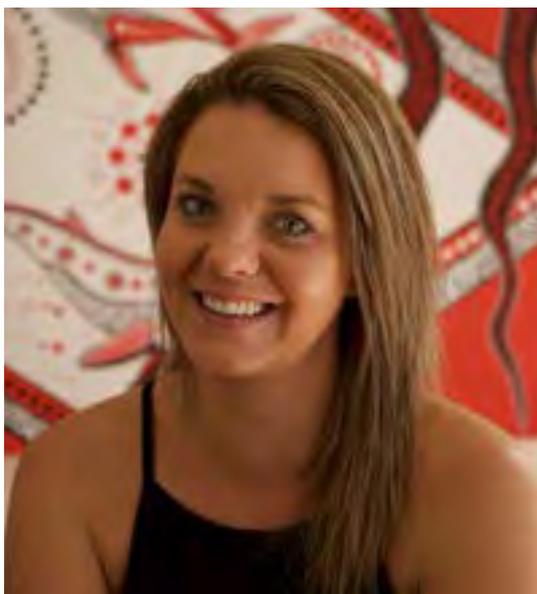
We recognise Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia. We recognise that Aboriginal and Torres Strait Islander history and cultures are inseparable from Australia's collective history and culture and are something to be proud of and celebrate.

We acknowledge Elders past, present and emerging as the Traditional Custodians of the land on which we live and work. This is reflected in the recognition of the diversity of cultures,

and the richness, strengths and resilience of the world's oldest living cultures. We recognise that this includes the continuation of cultural practices, languages and connection to Country.

We are proud that we live in the country with the world's oldest continuous living cultures, and we are playing our part to support Aboriginal and Torres Strait Islander peoples to keep these cultures alive and vibrant.

ABOUT THE ARTIST



Lani Balzan is a proud Aboriginal woman from the Wiradjuri people of the three-river tribe.

Her family originates from Mudgee but she grew up all over Australia and lived in many different towns. She now calls the Illawarra home.

Lani is a nationally recognised Aboriginal artist; her career started in 2014 when she designed a painting for the Cultural Season Art competition and was announced as the winner. This painting was displayed and presented by MP Fiona Scott at the Ngarrra Aboriginal Knowledge Centre.

Lani also entered a competition for the St Vincent Hospital in Sydney, and she was announced as the winner. This saw her design used for their uniforms, website and Aboriginal Health Unit within the hospital.

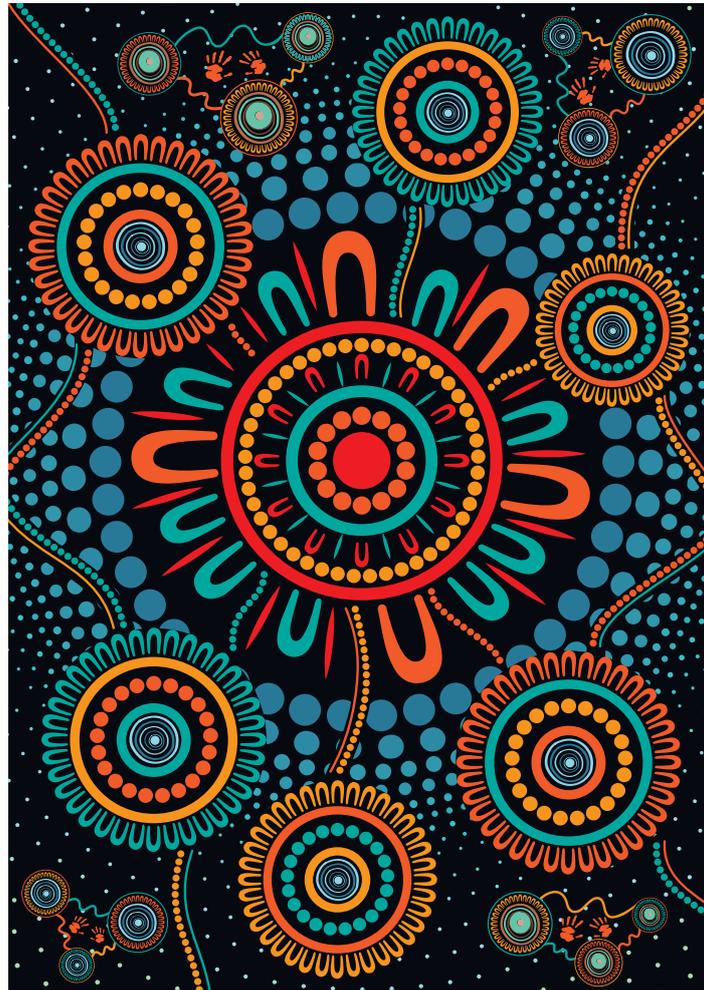
Over the next two years, Lani continued to create amazing art for many people, companies and organisations. In 2015 the NSW Police Force commissioned a painting to be used for the NSW Police Legacy Ball which was auctioned off to raise money for police officers and their families. The painting was purchased by then Assistant Commissioner Catherine Burn.

In 2016 Lani was asked to paint a design for the St George Illawarra Dragon's jersey for their Indigenous round. This jersey was worn by all the players. The St George Illawarra Dragons were extremely happy with the design; Lani designed artworks for their next four Indigenous rounds — 2016, 2017, 2018 and 2019.

Lani's success continued. In 2016 she was announced as the NAIDOC Poster Competition winner with her artwork "Songlines". This poster was used as the 2016 NAIDOC theme across the country.

Lani has been creating art for over 10 years and her success continues across the country. One of her goals and inspiration is to develop a better connection to her culture and to continue to work towards reconciliation, bringing people and communities together to learn about the amazing culture we have in Australia.

ARTWORK STORY



The artwork centrepiece represents the Aboriginal and Torres Strait Islander patients who receive care from pharmacists, learning about the need to have connected, joined up care, which is culturally appropriate to Aboriginal and Torres Strait Islander peoples.

The three circles with hands and pathways represent the connection supporting both patients and other health service team members to ensure patients can access medicines and use them appropriately. The hands represent wellness, health and care.

Six elements have been created in the design which represent, Aboriginal and Torres Strait Islander peoples, Person Centred, Medicines, Pharmacists, Wellness, Health.

Throughout the rest of the artwork there are blue dots representing pharmaceutical care that is delivered to the right person, in the right setting, in the right way and with the right outcome.

The colours chosen in this artwork represent Aboriginal and Torres Strait Islander peoples.

The artwork represents the connection between the Pharmaceutical Society of Australia in collaboration with National Community Controlled Health Organisation (NACCHO) in providing a guideline for pharmacists with the intent of the document to provide guidance and support to pharmacists providing medicine related programs and services to Aboriginal and Torres Strait Islander peoples, and support culturally appropriate pharmaceutical care that is delivered to the right person, in the right setting, in the right way and with the right outcome. The artwork was also created to represent a guide to practising pharmacists and interns (approx. 35,000) regardless of where they practice, community, hospital or other locations.

FOREWORD



This guideline marks a refreshed focus on Aboriginal and Torres Strait Islander health and well-being for the pharmacy sector. It also provides broader guidance for how enhancing medicines management can improve health outcomes for our people. In your journey as a pharmacist, this guideline offers you an opportunity to develop professionally, expand your organisation or business's impact, build relationships and grow personally.

The principles in this guideline are relevant to all current and future pharmacists. All pharmacists have Aboriginal and/or Torres Strait Islander patients as well as colleagues, business partners or family who we interact with, know and work alongside.

You can make a difference to Closing the Gap in health disparity; you can make your workplace and organisation more culturally safe for patients and colleagues, you can build relationships with Aboriginal and Torres Strait Islander people and learn about the culture and stories in your

community. Together, we must walk side by side to do this. No doubt, your efforts will be greatly appreciated by the Aboriginal and Torres Strait Islander people with whom you interact.

This guideline supports you to reflect on your personal and professional connections with Aboriginal and Torres Strait Islander peoples, our culture and practices. In some ways akin to pharmacists, our traditional methods of healing include the use of medicinal substances. Traditional culture also provides guidance in managing complex and challenging situations within healthcare practice.

Within this guideline there is up-to-date practical and detailed information; there are also some challenging ideas. The guideline is for all pharmacists, from those just starting their professional journey to those with years of experience working in the Aboriginal and Torres Strait Islander health sector.

We hope you enjoy the journey as you work through the guideline and appreciate the relationships and learning that takes place along the way. Aboriginal and Torres Strait Islander peoples' rich and diverse cultures are part of Australia's identity. There is so much knowledge and power in this cultural capital.

I'm confident you will find this guideline to be a highly valuable resource as you continue your practice as a pharmacist.

A handwritten signature in black ink that reads "Dawn Casey". The signature is written in a cursive, flowing style.

Dr Dawn Casey PSM FAHA

Deputy CEO NACCHO

ACKNOWLEDGEMENTS

The development of the *Guideline for pharmacists supporting Aboriginal and Torres Strait Islander peoples with medicines management* has been supported by the Australian Government Department of Health.

The Pharmaceutical Society of Australia thanks all of those involved in the process and gratefully acknowledges the contribution from National Community Controlled Health Organisation (NACCHO) and of the following individuals and organisations.

The work to develop the guideline included author and review by experts, open and stakeholder consultation and the consensus of organisations and individuals involved.

Writing group

Professor Faye McMillan AM

Faye is a proud Wiradjuri yinaa (woman) originally from Trangie, NSW, now living and working between rural/regional and urban NSW. In the 2021 Queen's Birthday Honours List she was awarded the Medal (AM) in the General Division of the Order of Australia for "significant service to Indigenous Mental Health and to tertiary education". Faye has held the role of Deputy National Rural Health Commissioner (Allied Health) since 2021 and was honoured to be named the NSW Aboriginal Woman of the year in 2019. Faye is a Lifelong Fellow with the Atlantic Institute for Social Equity, as well as a Senior Fellow with Advance HE. Faye is a founding member of Indigenous Allied Health Australia and has over 20 years of experience in the Higher Education Sector and over 30 years in the health sector as a Professor of Indigenous Health.

Hannah Mann BPharm MPS

Hannah has over 15 years' experience as a pharmacist in the Kimberley region of Western Australia and is the pharmacy representative on several clinical governance committees. She is the owner of Kimberley Pharmacy Services. They provide clinical and supply services to Aboriginal Health Services throughout the region, in partnership with community-controlled organisations and WA Country Health Service. Hannah lectures at several universities and presents on the topic of delivering culturally appropriate care to Aboriginal and Torres Strait Islander patients in rural and remote areas.

Naomi Weier BPharm (Hons), GradCertPharmPract, GradDipClinEd, MClinPharm, CertIV TAE, AACPA, AICGG, MPS

Naomi Weier is an accredited pharmacist with experience in various pharmacy sectors, including Aboriginal and Torres Strait Islander health, community pharmacy and hospital. Naomi has previously worked as a Professional Practice Pharmacist at the Pharmaceutical Society of Australia.

Project advisory group

Sam Keitaanpaa, Chair

Chastina Heck

Faye McMillan

Emma Walke, consumer/academic

Aleena Williams

Paul Gibson, Indigenous Allied Health Australia

Peter Hatswell, Pharmacy Guild of Australia

Dr Josephine Maundu, Australian Pharmacy Council

Karl McDermott, Society of Hospital Pharmacists of Australia

Natalie Relph, Department of Health

Ilnaz Roomiani, Department of Health

Ben Wilkins, Pharmacy Board of Australia

Mike Stephens, NACCHO

Alexander Burke

Lucy Delaney

Hannah Mann

Tobias Speare

Lucky Zeniou

PSA project team

Jacob Warner

Hannah Loller

Megan Tremlett

Emma Abate

Nena Nikolic

Stefanie Johnston

Ness Clancy

ABOUT THE GUIDELINE

Purpose

This document describes the professional obligations of pharmacists when supporting Aboriginal and Torres Strait Islander peoples with culturally safe and responsive care and medicines management. This guidance includes (where relevant):

- appropriate and effective processes
- desired behaviour or minimum standards of good practice
- how duties and responsibilities may best be fulfilled.

The guidance can be used as a tool to support balanced and professional decision making, and ensure that patients' needs, beliefs and preferences are met in a culturally safe manner. It can be used as an educational resource to inform quality assurance processes, support better practice and provide support when resolving legal disputes and ethical dilemmas.

Scope

This guideline is applicable to all practice settings in which pharmacists support Aboriginal and Torres Strait Islander peoples with culturally safe and responsive medicines management. This guideline is intended for pharmacists; however, it is expected that the principles contained in this guideline are applied to all staff that a pharmacist may manage.

Guidelines produced by the Pharmaceutical Society of Australia (PSA) are not definitive statements of correct procedure but represent agreement by experts in the field. The guidelines do not set a prescribed course of action or a mandatory standard to which pharmacists must adhere.

Pharmacists are expected to exercise professional judgement when adapting the guidance provided in these guidelines to specific circumstances and within different operating and cultural contexts. The guidelines sit within a broader hierarchy of guidance underpinning and supporting the practice of pharmacists (see Figure 1).

It is important to review these guidelines in conjunction with the current versions of the:

- Pharmacy Board of Australia Code of Conduct for Pharmacists
- Pharmacy Board of Australia Guidelines for Dispensing of Medicines (or other Pharmacy Board of Australia guidelines as applicable)
- PSA Code of Ethics and relevant PSA Professional Practice Standards and guidelines.

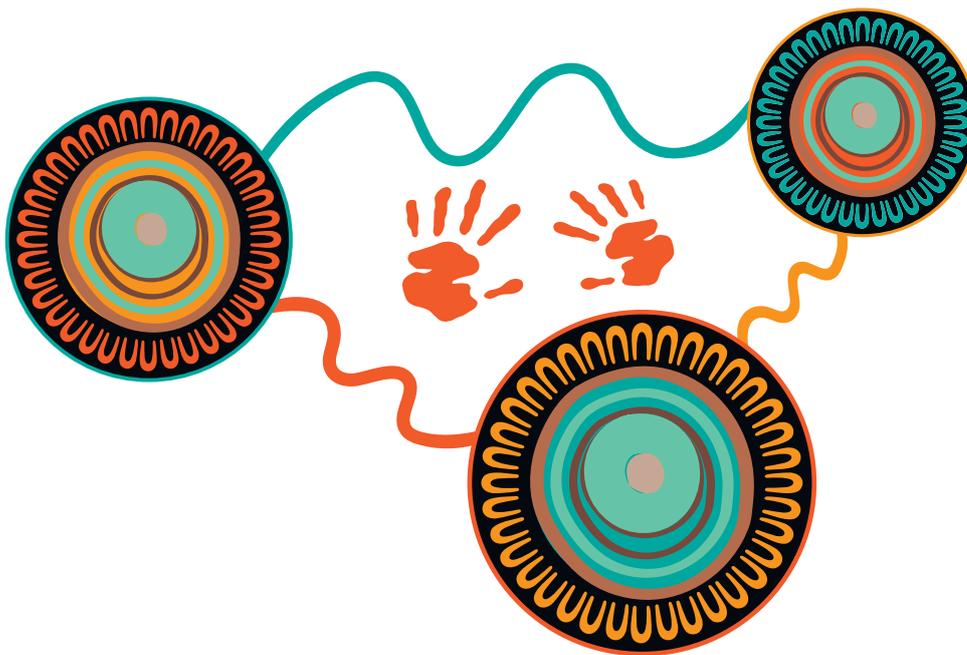
Details of legislative requirements are not addressed in these guidelines. At all times, pharmacists must comply with relevant Commonwealth and state or territory legislation. No part of the guidelines should be interpreted as permitting a breach of the law or discouraging compliance with legal requirements.



Figure 1: Hierarchy of guidance and regulation of pharmacy practice



- A. Commonwealth, state and territory legislation provides the legal framework governing pharmacy practice.
- B. The Pharmacy Board of Australia's registration standards define requirements to be met to be registered as a pharmacist in Australia. The Board's codes and guidelines may be used as evidence of what constitutes appropriate professional conduct or practice for pharmacists.
- C. Codes of ethics / conduct articulate the values of the pharmacy profession and expected standards of ethical behaviour of pharmacists towards individuals, the community and society.
- D. Competency standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience which together enable the individual to practise effectively as a pharmacist.
- E. Professional practice standards (or quality standards) relate to the systems, procedures and information used by pharmacists to achieve a level of conformity and uniformity in their practice. Quality standards may be applicable to individuals or to organisations.
- F. Professional guidelines are generally service- or activity-specific and provide information on how best to deliver services consistent with expected professional standards.
- G. Accredited Continuing Professional Development and practice support activities, these support continuous quality improvement by pharmacists and assist pharmacists to maintain and enhance their competence in current and possible future roles.
- Note: Clinical governance principles, as defined in PSAs, Clinical Governance Principles for Pharmacy Services (2018), are integrated in E and F with regard to implementation of safety, quality and consistency of pharmacist-supervised care and services.



Terminology

Term	Definition
Aboriginal and Torres Strait Islander peoples	Collective of individual people from different Aboriginal and Torres Strait Islander nations across Australia.
Aboriginal Community Controlled Health Organisation (ACCHO)	<p>Non-government, not-for-profit primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.</p> <p>The terms Aboriginal Community Controlled Health Service (ACCHS), and Aboriginal Medical Services (AMS) are often used interchangeably with ACCHO. These services are also known more broadly as Aboriginal Community Controlled Organisations (ACCO).</p> <p>This guideline refers to ACCHO and is intended to be inclusive of services across the community-controlled health sector.</p>
Aboriginal health	Not just the physical well-being of an individual but this also refers to the social, emotional and cultural well-being of the whole community in which everyone can achieve their full potential as a human being thereby bringing about the total well-being of their community. It is a whole of life view and includes the cyclical concept of life–death–life.
Aboriginal Health Service (AHS)	A primary healthcare service providing holistic health care to Aboriginal and Torres Strait Islander peoples. AHS refers to both government-funded and community-controlled health services.
Aboriginal and/or Torres Strait Islander health worker	An Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the health training package. The acronym A&TSI health worker may be used to refer to this health worker.
Aboriginal and/or Torres Strait Islander health practitioner	An Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency. The acronym A&TSI health practitioner may be used to refer to this health practitioner.
Bush medicine	Aboriginal and Torres Strait Islander peoples' use of native Australian botanicals for physical and spiritual healing. This practice is ongoing and has been in place for thousands of years.
Closing the Gap	PBS co-payment program designed to improve access to medicines for Aboriginal and Torres Strait Islander patients.
Co-design and Co-development	The process of working with others to design/develop something.
Communities	Groups of people that may or may not be spatially connected but who share common interests, concerns or identities. Communities can be local, national or international and exist at multiple levels; there can be communities within communities.
Counselling	A two-way communication process between the pharmacist and the patient in which the pharmacist ascertains the needs of the patient and provides them with the information required to safely and effectively use medicines and therapeutic devices.
Cultural awareness	Raising the awareness and knowledge of individuals about the experiences and diversity of cultures that are different from their own.
Cultural broker	An Aboriginal and/or Torres Strait Islander person or organisation who can support in providing culturally safe care, establishing relationships and building engagement with services. Cultural brokers help people understand the cultural difference and connect with each other.
Cultural competence	A set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable the system, agency or professionals to work effectively in cross-cultural situations.
Cultural determinants of health	The protective factors that enhance resilience, strengthen identity and support good health and wellbeing. These include, but are not limited to, connection to Country, family, kinship and community, Indigenous beliefs and knowledge, cultural expression and continuity, Indigenous language, self-determination and leadership
Cultural mentor	A local Aboriginal and/or Torres Strait Islander person with whom you have an established respectful relationship. Cultural mentors can assist by providing a safe place to ask questions about culture and seek advice about how to best work with patients in the community.
Cultural respect	The recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture.
Cultural responsiveness	Working with people to determine what is culturally safe care for them as individuals, it recognises the 'centrality' of culture to people's identity and goes beyond cultural awareness and cultural respect.
Cultural safety	<p>A state in which people are enabled and feel they can access health care that suits their needs, are able to challenge personal or institutional racism (when they experience it), establish trust in services, and expect effective, quality care.</p> <p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p>

Term	Definition
Cultural sensitivity	An understanding of the legitimacy of difference and how own life experiences and realities impact others.
Dispensing	The safe supply of medicines, which involves the review of a prescription, and the preparation, packaging, labelling, record keeping and transfer of the prescribed medicine. It includes counselling a patient, their agent or another person responsible for administering the medicine to that patient.
Dose administration aid (DAA)	A tamper-evident, well-sealed device or packaging system that allows individual medicines doses to be organised according to the time of administration.
Health literacy	How people access, understand and apply health information through healthy behaviours and interactions with health systems. Health literacy comprises two components: individual health literacy related to skills, knowledge, motivation and capacity of individual consumers, and the health literacy environment related to features of the health system and competencies of health professionals
Healthcare provider	A practitioner who provides services to individuals or communities to promote, maintain, monitor or restore health (such as a general practitioner, dentist, nurse practitioner, physiotherapist or case worker).
Informed patient consent	The process by which a patient agrees to a healthcare provider providing treatment and care after receiving understandable and clear information including the options, risks, benefits and purpose of the action.
Kinship	Kinship relates to a person's position and can determine who they may marry and who they may interact with daily, such as who they can share a joke with. Kinship may also specify some people to avoid having any personal contact with. Kinship rights and obligations apply to land ownership, rights and roles and also regulate social relationships.
Lore	Aboriginal lore was laid down in the Dreaming and is the embodiment of Aboriginal creation. It gives meaning to everything and affects the relationships people have with their environment and each other.
Medicine	A substance used for the treatment or prevention of disease and to maintain well-being and can include a prescription, non-prescription, complementary, bush or alternative medicine.
Medicine access programs	Government-funded access programs specifically tailored for access and equity for Aboriginal and Torres Strait Islander peoples.
Medicines list	A list of medicines that a patient is currently taking, including prescription, non-prescription, complementary, bush or alternative medicines, and traditional healing forms.
Patient	A person who uses, or is a potential user of, health services, including their supports (e.g. family, carer).
Patient healthcare record	A record of information relevant to the patient's health, including clinical history, clinical findings, investigations, information given to the patient, their medication and other management.
Pharmacist	A person registered under the National Law (the Health Practitioner Regulation National Law, as in force in each state and territory) to practise in the pharmacy profession, other than as a student. In this guideline, 'pharmacist' refers to the registered pharmacist and, where applicable, the staff that a pharmacist may manage. The principles contained in this guideline are expected to apply to all staff a pharmacist is responsible for.
Pharmacist services	Services provided by the pharmacist, pharmacy or pharmacy department. They may be provided directly by a pharmacist or a staff member the pharmacist is directly responsible for.
Prescriber	A health professional authorised to undertake prescribing within the scope of their practice.
Social determinants of health	The non-medical factors that influence health outcomes, conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies and political systems.
Systemic racism	In the context of health care, systemic racism is the failure of the health system to provide appropriate, professional, safe and responsive services to people because of their cultural or racial background. This is often a result of broader historical and ongoing race-based policies, discrimination and social exclusion.
Traditional healing	The use of traditional healers, healing songs and bush medicine.

References: Department of Health¹, NACCHO², NAATSIHW³, IAHA⁴, Queensland Government⁵, Ahpra⁶, WHO⁷, ACSQHC⁸, PPA⁹.

GUIDELINE OVERVIEW

Pharmacists are responsible for ensuring the quality use of medicines throughout a patient's healthcare journey and for providing culturally safe and responsive care. This guideline is designed to be applicable to all pharmacists in all practice settings.

Health services overview

- Pharmacists working in different practice settings all contribute to providing care to Aboriginal and Torres Strait Islander peoples.
- An Aboriginal Community Controlled Health Organisation is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate healthcare to the community that controls it through a locally elected board of management.
- The varying governance structure between types of Aboriginal health services is important to understand as this can impact the roles of clinicians, the model of care, and your role as a pharmacist.
- Knowledge about how the health service connects within the state health system provides a basis to support where pharmacists can best assist patients and communities.

Centrality of culture

- Aboriginal and Torres Strait Islander peoples have diverse and unique cultures.
- Culture is central to how people view the world, themselves, others and health.
- It is the responsibility of all pharmacists to inform their work by learning about, engaging with and investing in local culture based on their location.
- Many Aboriginal and Torres Strait Islander peoples do not favour the term Indigenous as they feel the term is non-specific and diminishes their identity.
- Never ask an Aboriginal and Torres Strait Islander person a question to quantify their Indigeneity.

Providing culturally safe and responsive care

- Cultural safety is defined by the experience of the individual receiving care and ensures the patient feels safe in interactions with health professionals.
- Culturally safe care should be a standard experience for Aboriginal and Torres Strait Islander patients when accessing health care.
- A culturally safe environment for Aboriginal and Torres Strait Islander patients can include displaying Aboriginal and Torres Strait Islander cultures through artwork, signage and flags.
- Prior to colonisation, the only form of primary healthcare available was traditional healing, including using traditional healers, healing songs and bush medicine.
- Culturally safe care should lead to improved client relationships, engagement with healthcare services, and ultimately improved health outcomes.
- Pharmacists can help lead cultural safety in their respective organisations and businesses by establishing policies and systems and leading by example.

Models of care

- Understanding the local health service model of care will provide a framework for how pharmacy services can be tailored to meet local needs and where a pharmacist fits into a patient's health journey.
- Multiple determinants are required for the wellbeing of Aboriginal and Torres Strait Islander peoples and their communities.

Co-design and co-development

- Many Aboriginal and Torres Strait Islander leaders use the phrase "nothing about us, without us".
- Pharmacists may have a sense of what they believe is needed for a community or population, however culturally safe and respectful practice necessitates co-design and co-development.

Working in partnership

- Partnerships can be between you, as a health professional, individual patients, community members and Aboriginal organisations.
- Showing leadership in the principles of working in partnership with other staff and non-Aboriginal and Torres Strait Islander community members is an important part of working in a respectful and trusted partnership.
- Respect diversity among Aboriginal and Torres Strait Islander communities—different lore and culture, language, customs, communication methods, levels of education and health literacy.
- Cultural mentors can assist you by providing a safe place to ask questions about culture and seek advice about how you can best work with patients in your community.

Assisting better health through quality use of medicines

- ‘Good health’ is more than just the absence of disease for Aboriginal and Torres Strait Islander peoples.
- Pharmacists need to understand the patient’s belief systems around the concept of medicine taking, Western-style health care, and their understanding of their condition and disease management.
- Pharmacists need to be mindful of the patient’s understanding of terminology—the word ‘medicines’ may be interpreted as only liquid medicines by some and thus not include tablets, inhalers etc.

Medicine management services

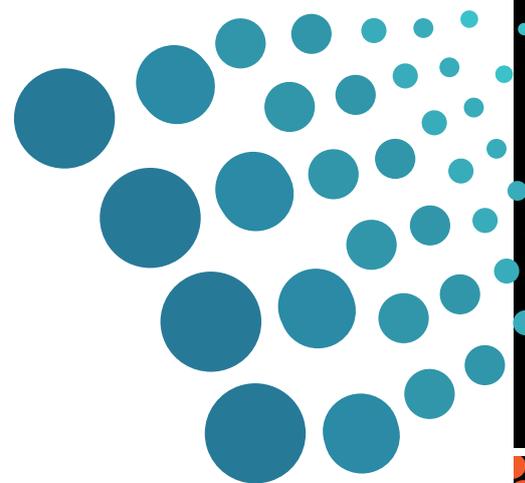
- When providing services to Aboriginal and Torres Strait Islander patients, pharmacists may collaborate with Aboriginal health workers and cultural services to better understand cultural needs and provide appropriate services.
- When developing a medicines list for an Aboriginal or Torres Strait Islander patient it must be culturally responsive, locally appropriate and cater for individual factors.

Medicine access programs

- Programs related to medicines access and the quality use of medicines have been developed for Aboriginal and Torres Strait Islander peoples to accommodate the unique cultural and pragmatic factors that may impact their access to the PBS.
- Specific PBS listings that support the treatment of conditions in Aboriginal and Torres Strait Islander peoples are available.
- The Closing The Gap Pharmaceutical Benefits Scheme Co-payment program is designed to improve access to medicines for Aboriginal and Torres Strait Islander patients.

Aboriginal and Torres Strait Islander pharmacy programs

- Pharmacists delivering programs funded by the Community Pharmacy Agreement must be familiar with the rules for each program and ensure the requirements for cultural safety are upheld.
- Pharmacists need to work with health services, communities and patients, to deliver services that meet the needs and expectations of patients and communities.
- Pharmacists delivering funded programs need to ensure they are meeting all requirements of these programs to claim funding.



HEALTH SERVICES OVERVIEW

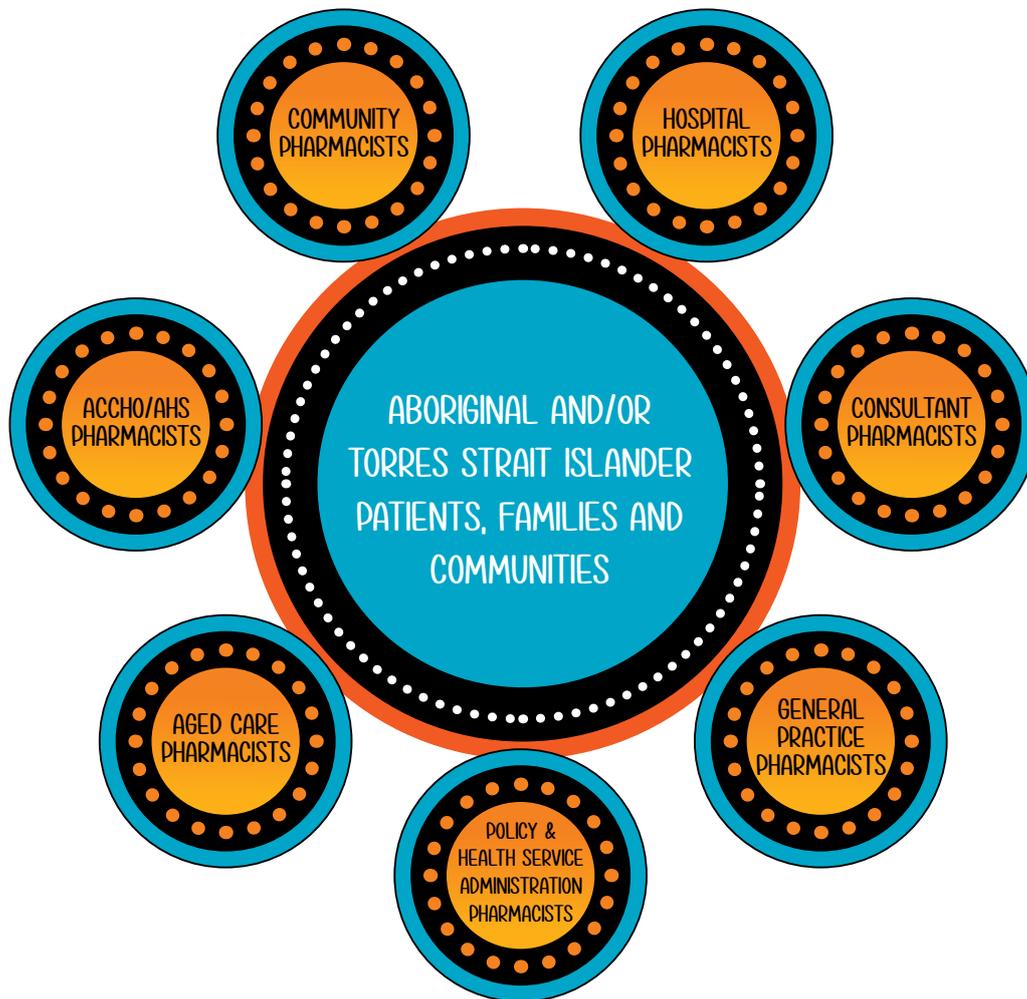


Figure 2: The circle of pharmacist care

Aboriginal and Torres Strait Islander peoples access healthcare across a range of settings and have the right to access healthcare through a service of their choice. Pharmacists work in a variety of settings (see Figure 2) and are responsible for ensuring the quality use of medicines at different points of a patient's healthcare journey.

In addition to primary care services (e.g. general practice, dental, specialist and allied health services), pharmacies and hospitals, Aboriginal Health Services (AHS), both community controlled and state or territory operated, have been established to help better meet the needs of Aboriginal and Torres Strait Islander peoples, families and communities.

When working alongside AHSs, the varying governance structure between types of health services is important to understand as this can impact the roles of clinicians, the model of care, and your role as a pharmacist.

Aboriginal Community Controlled Health Organisation (ACCHO)

An Aboriginal Community Controlled Health Organisation (ACCHO) is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate healthcare to the community that controls it through a locally elected board of management.²

The term 'community controlled' describes the most important characteristic of the ACCHO, while 'comprehensive primary health care' describes the services that a community-controlled ACCHO should provide (i.e. holistic, culturally appropriate services to support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples).²

The first ACCHO was established in response to experiences of racism in mainstream health services and an unmet need for culturally safe and accessible primary health care. A national umbrella organisation, the National Aboriginal and Islander Health Organisation, was established in 1976 and became the National Aboriginal Community Controlled Health Organisation (NACCHO) in 1992. A health service applying to become a member of NACCHO needs to demonstrate community control. The criteria for membership of NACCHO as defined in the NACCHO Constitution include^{2,10}:

- incorporated Aboriginal community-controlled organisations operating an Aboriginal health service

- committed to the NACCHO definition of Aboriginal health
- culturally appropriate
- provide primary health care.

ACCHOs range considerably in size and are geographically dispersed across all of Australia. ACCHOs provide services above their funded activities to ensure their community has the services they need.²

State or Territory Aboriginal Health Services

Health services operated by state or territory governments fall under the state or territory health department governance and management structure. These can be managed through hospitals, community health departments, population health units or public health units. Knowledge about how the health service connects within the state health system provides a basis to support where pharmacists can best assist patients and communities.





INTRODUCTION

Aboriginal and Torres Strait Islander peoples have many strengths, including culture and practices that have been used for tens of thousands of years. Significant work has been undertaken by Aboriginal and Torres Strait Islander peoples and organisations to change the narrative that frames the health and wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities.

This guideline supports pharmacists in engaging with Aboriginal and Torres Strait Islander peoples, families, health services and communities with medicine management to improve positive health outcomes across health systems.

Pharmacist services are delivered in a diversity of spaces. It is critical to understand that every person working within these spaces has a responsibility to support the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Pharmacists must consider Aboriginal and Torres Strait Islander peoples' priorities and strengths in working together, while also being aware of the inequities that Aboriginal and Torres Strait Islander peoples experience.

All Australian governments recognise the rights of Aboriginal and Torres Strait Islander peoples are central to health and wellbeing. Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), these include¹:

- the right to practice culture
- the right to self-determination
- the right to make decisions on matters that affect their lives and communities.

This guideline has been developed to work alongside documents that have been co-developed and written by Aboriginal and Torres Strait Islander organisations, government and regulatory agencies including, The Department of Health's: *New National Aboriginal and Torres Strait Islander Health Plan 2021–2031* and *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation plan 2021–2031*, The Australian Health Practitioner Regulation Agency's (Ahpra): *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* and *Code of conduct* and *The National Agreement on Closing the Gap*.^{1,6,11,12,13}

In addition it is important to acknowledge the reinforcing relationship that exists between culture and wellbeing, through four key areas of cultural determinants:

- self-determination and leadership
- First Nations beliefs and knowledge, cultural expression
- continuity and resilience
- connection to country.

Strengthening the already known connection to Country of Australia's Aboriginal and Torres Strait Islander peoples, and the positive impact of Country is essential to improve health outcomes and wellbeing. The *Mayi Kuwayu* study reports that continued connection to Country can act as a buffer to the deleterious impact of ongoing racial discrimination and its harmful health effects.¹⁴





CENTRALITY OF CULTURE

Culture is central to how a person views the world, themselves, others and health. Culture can be defined as complex beliefs and behaviours acquired as part of relationships within families and other social groups and can predispose people to view and experience health and illness in ways that can influence decisions, attitudes and beliefs around engagement in healthcare.¹⁵

It is the responsibility of all pharmacists to inform their work by learning about, engaging with and investing in the local culture where they live and work, acknowledging the diverse and unique cultures of Aboriginal and Torres Strait Islander peoples. The diversity of cultures can be seen on this map of Indigenous Australia, <https://aiatsis.gov.au/explore/map-indigenous-australia>.

Pharmacists should seek to establish relationships with cultural training providers individually and organisationally. Several Aboriginal and Torres Strait Islander organisations and businesses have developed and evaluated cultural training activities that are responsive to the context and environment in which the training is to be undertaken. For cultural training providers, see *Resources, Aboriginal and Torres Strait Islander cultural training*.

The following are some components of Aboriginal and Torres Strait Islander peoples' cultures that may be shared by different Nations, and which can be considered as a starting point for learning about Aboriginal and Torres Strait Islander peoples' cultures.

Local culture

Each community is unique. Many nations, languages, and diverse cultures exist for Aboriginal and Torres Strait Islander peoples. Tailoring cultural safety training programs and activities to the local context helps foster meaningful relationships with local organisations and develops and strengthens your own knowledge and appreciation of Aboriginal and Torres Strait Islander histories. However, engagement with local Aboriginal and Torres Strait Islander communities is essential to learn about the culture of local groups, often known as 'mobs'.

Cultural training programs and activities are only a starting point to learning about local culture. Proactively engaging with Aboriginal or Torres Strait Islander peoples and communities on an ongoing basis is required to customise and build on this knowledge.

Principles of respect and reciprocity are essential for relationship building which is important in enabling the delivery of culturally safe and responsive health care. See, *Working in partnership*.

Family and community

Kinship and family are extremely important for Aboriginal and Torres Strait Islander cultures. Aboriginal and Torres Strait Islander patients' families and carers play an important role in assisting patients to manage their health and medicines. For Aboriginal and Torres Strait Islander peoples, the definition of 'family' goes beyond blood and marriage. Even though not blood related, relatives, may be given titles that respect the roles, responsibilities and obligations for the care of families (such as Aunty or Uncle).

These extended family groupings may result in multiple adults having responsibility and obligations for the rearing of children. Complex kinship systems may define where a person fits into the community and what rights and responsibilities they have within that community.

As a responsive practitioner, it is vital these responsibilities and obligations are recognised. This may mean a nominated family member rather than the patient may make healthcare decisions. It is important for pharmacists to know which family members need to be included in shared clinical decision-making or ask if any other family members should be involved. Pharmacists should ensure consent from the patient has been obtained to involve other family members.

Elders

An Elder is a member of the community who is respected and has authority within the community. Elders are usually the holders of traditional knowledge and customs. The term Elder may or may not refer to men or women over a particular age. Younger people may be given permission to talk on behalf of an Elder. Pharmacists should be aware of addressing an Elder appropriately and with an appropriate level of respect. Some Elders are referred to as Uncle or Aunty, but these titles can only be used when given permission to do so. Simply asking is the best way to find out the most appropriate title.

Men's and women's business

In some Aboriginal and Torres Strait Islander cultures, certain customs and practices are performed separately by men and women. These are often referred to as men's business and women's business. Some information may only be talked about, negotiated and consulted on by either men or women. This is especially true for sexual health matters.

Gender equity is preferable for many Aboriginal and Torres Strait Islander peoples when discussing health issues. It may be preferable for a pharmacist of the same gender to discuss these issues with this person. Cultural safety and responsiveness are especially important if a pharmacist of the same gender is not available. Be aware of colleagues within your multidisciplinary team who can help you to respond appropriately to sensitive issues. See *Providing culturally safe and responsive care*.

Sorry Business

Sorry Business is a term used by Aboriginal and Torres Strait Islander peoples to refer to the death of a family or community member and the mourning process. Sorry Business can include attending funerals and participating in mourning activities with the community. It can take an extended period and involve travelling long distances. In Aboriginal and Torres Strait Islander cultures it is important to participate in Sorry Business. Local customs and protocols around Sorry Business may vary between communities; therefore, it is important to learn about and understand the protocols of your local community.

Traditional Custodians

Aboriginal and Torres Strait Islander peoples are Australia's traditional inhabitants and custodians. Aboriginal and Torres Strait Islander peoples have a spiritual link with the land that provides a sense of identity and lies at the centre of their spiritual beliefs. The term 'Country' is often used by Aboriginal and Torres Strait Islander peoples to describe family origins and associations with parts of Australia.

At formal gatherings of the broader community, it is respectful to acknowledge the land's traditional custodians. Local Aboriginal or Torres Strait Islander organisations can advise on the most appropriate way to do this.

Addressing the community

Pharmacists should develop relationships with their local community and seek their direction on how the community would like to be addressed. There are several names that vary with localities such as Koori, Murri, Goorie, Nunga and Yolngu.

Find out the appropriate name for people in the local region.

Many Aboriginal and Torres Strait Islander peoples do not favour the term Indigenous as they feel the term is non-specific and diminishes their identity. If possible, it should not be used to discuss individuals. If used, ensure that it is spelled with a capital 'I'. Terms such as full-blood, half-caste, quarter-caste and quadroon are extremely offensive, as is the term part-Aboriginal, and they should never be used.

Pharmacists can ask a person if they identify as an Aboriginal or Torres Strait Islander person, however irrespective of the response it is never appropriate to ask an Aboriginal or Torres Strait Islander person to quantify their Indigeneity.

Welcome to Country and Acknowledgement of Country

Reconciliation Australia states that incorporating an Acknowledgement of Country and/or a Welcome to Country into meetings, gatherings, and events shows respect by upholding Aboriginal and Torres Strait Islander cultural protocols.¹⁶

Taking the time to Acknowledge Country, or including a Welcome to Country at an event, reminds us that we live, work, and dream on Aboriginal and Torres Strait Islander lands every day.

There is a distinct difference between a Welcome to Country and an Acknowledgment of Country¹⁷:

- A Welcome to Country is done by a Traditional Custodian/Owner or Elder who has the authority and experience to give a welcome from a specific local region.
- An Acknowledgement of Country can be undertaken by anyone as a demonstration of respect for the land's traditional custodians and acknowledges the continued connections and relationship to Country.

A link to a short clip explaining the differences is: <https://aiatsis.gov.au/explore/welcome-country>.



CULTURAL AWARENESS, CULTURAL COMPETENCY AND CULTURAL RESPECT

Cultural awareness, competency and respect all contribute to providing cultural safety.¹⁸

Cultural awareness is a basic understanding that there is diversity in cultures and provides a foundation for further development; it is not enough for ongoing behavioural change.^{18,19}

Cultural competency is more than individual skills or knowledge and influences how a system or service operates across cultures.¹⁸ It is “a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals to enable the system, agency or professionals to work effectively in cross-cultural situations”.¹⁸

Cultural respect is achieved when cultural differences are respected and can be defined as “the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people”.¹⁹ Cultural respect is also a commitment to the principle that the provision of healthcare services will not consciously compromise the legitimate cultural rights, practices, values and expectations of Aboriginal and Torres Strait Islander peoples.¹⁹



PROVIDING CULTURALLY SAFE AND RESPONSIVE CARE

Culturally safe care should be a standard experience for Aboriginal and Torres Strait Islander patients when accessing health care.⁶

To deliver and maintain culturally safe and effective care, cultural responsiveness is required to shift systems and how health care providers and individual health practitioner's work.⁴ To truly be transformative it must incorporate knowledge (knowing), knowledge of self and behaviours (being) and actions (doing).⁴

The position paper from Indigenous Allied Health Australia (IAHA) on culturally responsive health care, states¹⁵:

Culturally responsive care is about the 'centrality' of culture to people's identity and working with them to determine what is culturally safe care for them as individuals. It goes far beyond notions of cultural awareness and cultural respect.

Cultural responsiveness places the onus onto the individual, organisation, and system to respond appropriately to the unique attributes of the people, families and communities with whom they work.

A culturally safe and responsive health workforce can be realised when individuals develop and apply key capabilities, including self-reflective practice. Self-reflection — to reflect on one's own culture, biases and tendency to stereotype — is critical before trying to understand the culture of others. Ongoing self-reflection provides opportunities for individuals to build their own understanding of the diversity of values, beliefs and behaviours and how these inform decisions that individuals may make about their own health and wellbeing as acts of self-determination.

Pharmacists should continuously self-reflect on their interactions with peoples of different cultures and recognise that providing culturally safe and responsive care is lifelong learning.

Cultural safety

Cultural safety identifies that people are safest when health professionals have considered power relations, cultural differences and patients' rights, and supports effective engagement with Aboriginal and Torres Strait Islander patients.^{19,20}

Cultural safety is defined by the experience of the individual receiving care and ensures the patient and their family feels safe in interactions with health professionals.²¹

Cultural safety is central to Aboriginal and Torres Strait Islander peoples and their relationships with the health system. Cultural safety describes a state, where people are enabled and feel they can access health care that suits their needs, are able to challenge personal or institutional racism (when they experience it), establish trust in services, and expect effective, quality care.¹⁵

Health professionals need to be clinically competent and provide culturally safe and responsive healthcare to practise effectively and positively affect the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

There is a need to improve cultural safety for Aboriginal and Torres Strait Islander patients in a range of health service environments.²²

Key features of cultural safety are¹⁹:

- an understanding of one's own culture
- an acknowledgement of differences in cultures and ensuring that health professionals are actively mindful and respectful of these differences
- being informed by the theory of power relations
- an appreciation of the historical context of colonisation, practices of racism at individual and institutional levels and their impact on Aboriginal and Torres Strait Islanders' living and wellbeing (both in the past and at present)
- the presence or absence of cultural safety is determined by the experience of the patient, not by the health professional.

Cultural safety for Aboriginal and Torres Strait Islander patients can improve access and the quality of care they receive, resulting in improved health outcomes.²³ Cultural safety is an essential element of pharmacists' practice, reflected by inclusion in documents such as Ahpra's *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025* and *Code of conduct*, PSA's *Code of Ethics for Pharmacists*, and *Professional Practice Standards*.^{6,12,24,25}

Providing culturally safe care

Pharmacists require the necessary skills to deliver services and care that can adapt to the cultural needs of their patients.^{25,26} This includes understanding that the health and wellbeing of Aboriginal and Torres Strait Islander peoples are strongly connected to country and community. Being disconnected from these (e.g. due to hospitalisation) has the potential to impact their healthcare in various ways.²⁶ See *Models of care*.

Pharmacists should identify the learning needed to ensure they provide culturally safe and responsive health care that is free from racism. This can include critical reflection of their knowledge, skills, attitudes, practising behaviours and power differences.^{6,25,27} Pharmacists should reflect on their own culture and ask how their behaviours and practice are influenced by their culture and the dominant culture of the health care system. They should consider family, food customs, spiritual beliefs, connections to place, social practices and community interactions.

Any learning identified should be included in a pharmacists' continuing professional development plan.

To practise in a culturally safe, responsive and respectful way, Ahpra recommends pharmacists should¹:

- acknowledge colonisation and systemic racism, and social, cultural, behavioural and economic factors that affect individual and community health
- acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, and free of bias and racism
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare that is driven by individuals, family and community
- develop a safe working environment through leadership that supports the rights and dignity of Aboriginal and Torres Strait Islander peoples and colleagues.

Practising in a culturally safe way can include:

- Avoid being judgemental or making assumptions. Judgemental and racist attitudes are barriers to forming relationships and are not always recognised. Review practice and recognise and monitor personal cultural bias.
- Proactive leadership against racism by ensuring the practice/organisation is culturally responsive and has adopted systems/practices to ensure there is no organisational racism.
- Ensuring the induction process includes context about the local community.
- Learn about patients' cultural views in relation to their health and health care, including²⁸:
 - concept of health
 - health beliefs related to wellness and the cause of illness/injury, treatment of the condition(s) (including bush medicines and traditional healers), food beliefs and diet (including taboos), family/kinship structures, roles and responsibilities, and death and dying (if relevant and appropriate)
 - cultural and gender-specific protocols and practices.

Providing a culturally safe environment

Engagement with the local community is essential when designing and delivering healthcare services. Aboriginal Health Service, Aboriginal & Torres Strait Islander health workers/health practitioners (A&TSI health workers/health practitioners) and Indigenous liaison officers can be approached for community-specific advice to help ensure the healthcare environment is culturally safe. Local Elders and Aboriginal and Torres Strait Islander people can also be approached. See *Co-design and co-development*.

A culturally safe environment for Aboriginal and Torres Strait Islander peoples can include²⁸:

- displaying Aboriginal and Torres Strait Islander cultures through artwork, signage and flags
- displaying a sign acknowledging the land on which your workplace is situated
- promoting and proactively participating in culturally significant events (e.g. National Aborigines and Islanders Day Observance Committee (NAIDOC) week)
- ensuring Aboriginal and Torres Strait Islander patient health resources are available (e.g. brochures, booklets, posters)
- employing, mentoring or improving relationships with Aboriginal and Torres Strait Islander health workers, and respecting and valuing their clinical and cultural skills, contributions and knowledge
- increasing the number of Aboriginal and Torres Strait Islander employees across the entire workforce. This includes assisting them to fulfil their potential. See *Aboriginal and Torres Strait Islander pharmacy programs*.

A culturally safe environment also supports the recruitment, retention and development of the current and future Aboriginal and Torres Strait Islander health workforce.

Policies, procedures and systems in the workplace, should be regularly reviewed to ensure they enable the provision of culturally safe care, and be updated when required.²⁹ A reconciliation action plan (RAP) and position statement that addresses cultural responsiveness with a commitment to action should be developed and discussed. If part of a larger organisation (e.g. hospital) the RAP of the organisation should be discussed and related to the practical provision of pharmacy services. There should be regular training on cultural awareness and safety. This should form a component of performance management reviews to embed it in the organisation.³⁰ In addition, cultural safety training should be considered as part of a pharmacist's ongoing Continuing Professional Development (CPD) plan.

Traditional healing

Traditional healing incorporates a holistic approach to health, that captures the distinct health paradigms of that community. Traditional healing for Aboriginal and Torres Strait Islander peoples can include using traditional healers, healing songs and bush medicine. Prior to colonisation, these were the forms of primary healthcare practised.³¹

These healing methods are still used by people today, although the extent to which they are used varies between communities across Australia.³¹ They may be used instead of or in conjunction with Western healthcare.

Patients may choose to use traditional healing and bush medicines for a variety of reasons, including assistance with³²:

- reconnecting with their heritage, land, culture and the spirits of their ancestors
- peace of mind.

Pharmacists should acknowledge and understand that some patients may choose to use traditional healing practices and that the Western approach to medicines may fail to acknowledge the spiritual and social significance or health impact of traditional healing practices.

There is limited information about the chemical components of bush medicines, and this may cause some concern (e.g. interactions with other medicines). However, their use should be

recorded wherever possible. My Health Record encourages the recording of bush medicines on a patient's medicine profile to ensure other health professionals involved in the care of the patient are aware of the patients' choices.

Respecting a patient's treatment choice demonstrates a commitment to providing a culturally safe service.³² A&TSI health workers/ health practitioners can provide further information about traditional healing forms and help to ensure their safe use.

Providing care to Stolen Generations survivors

Pharmacists should be aware of factors that can impact the care for Stolen Generations survivors.

By 2023 Stolen Generations survivors will be 50 years of age or older.³³

Common triggers for survivors of the Stolen Generations can include anything that reminds them of trauma from their childhood, including³³:

- clinical settings that are like dormitories or institutions they were placed in
- tone of voice (e.g. someone speaking with an authoritative voice)
- certain facial expressions or gestures
- situations that remind them of the lack of control they experienced when removed from their families.

When providing care and working with survivors of the Stolen Generations and their families, pharmacists should recognise survivors may carry some trauma and that certain behaviours can indicate distress resulting from exposure to a trigger.³³

Stolen Generations survivors can often find it difficult to talk about these experiences. Pharmacists should be guided by the individual as to whether they would like to talk about this experience or how much information they would like to provide.³⁴

The Healing Foundation has produced the document *Working with the Stolen Generations: understanding trauma* to support staff working in aged care to improve services for survivors of the Stolen Generations. See *Resources*.

MODELS OF CARE

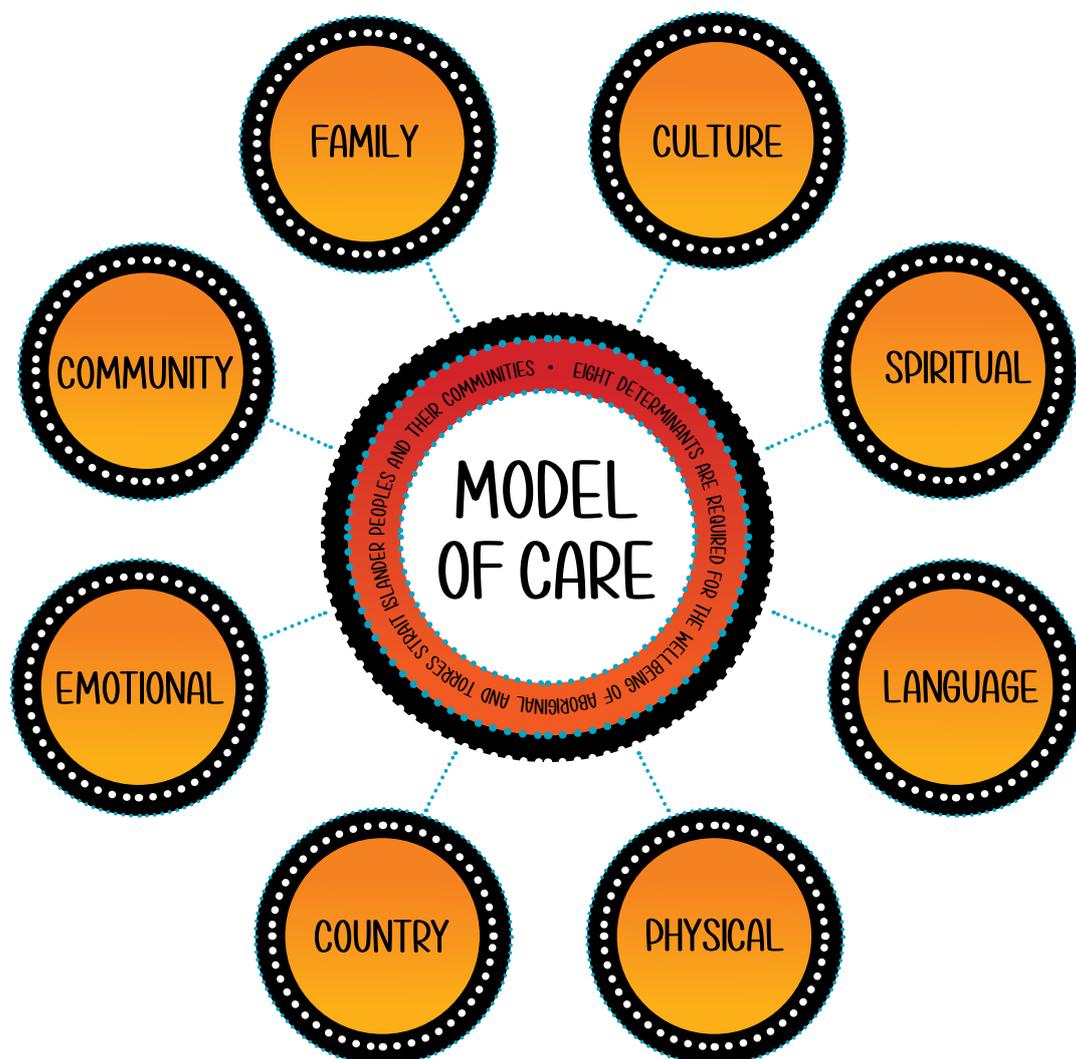


Figure 3: An example of a model of care commonly used in ACCHOs.

Adapted from the ACCHS Model of Care from the Aboriginal Health Council of Western Australia (AHCWA).

The model of care of an AHS is an integral part of the patient health journey and is guided by the individual health needs of the community.

Understanding the local health service model of care will provide a framework for how pharmacist services can be tailored to meet local needs, and where a pharmacist fits into a patient's health journey.

An example of a model of care is depicted in Figure 3, documenting eight determinants required for the holistic wellbeing of Aboriginal and Torres Strait Islander peoples and their communities.³⁵

Disconnect from any of the dimensions can cause an individual to experience an imbalance in their overall health and wellbeing, not only from a medical point of view but also from a cultural point of view.³⁶

See *Health service overview*.



CO-DESIGN AND CO-DEVELOPMENT

Culturally safe and respectful practice necessitates co-design and co-development.

Many Aboriginal and Torres Strait Islander leaders use the phrase:

“nothing about us, without us”

Not involving Aboriginal and Torres Strait Islander peoples in discussions of new programs and initiatives, or in the redesign or quality improvement of existing programs and strategies, is a missed opportunity to create long-lasting relationships and achieve positive outcomes, not just for Aboriginal and Torres Strait Islander peoples, but for the broader community.

Pharmacists may have a sense of what they believe is needed for a community or population. However, interventions and programs based on the isolated opinions and worldview of a health professional alone can be unhelpful and ineffective. Pharmacists should consider the context of Australian institutions’ paternalism towards Aboriginal and Torres Strait Islander peoples and the impact of not incorporating Aboriginal and Torres Strait Islander perspectives and priorities into their fundamental structures (e.g. lack of board representation).



Co-design and co-development between communities, individuals and health professionals should occur in a culturally safe and responsive manner before implementing new health programs or strategies. It is different from consultation — it is about building solutions together and empowering the community to be involved in the creation process. Furthermore, it is about action rather than words and is a mechanism to build a foundation of trust and commitment to partnership and collaboration.³⁷ Pharmacists should engage with the management of their practice setting to build strong relationships prior to implementing any change and be guided by the health service to ensure co-design and co-development occurs.

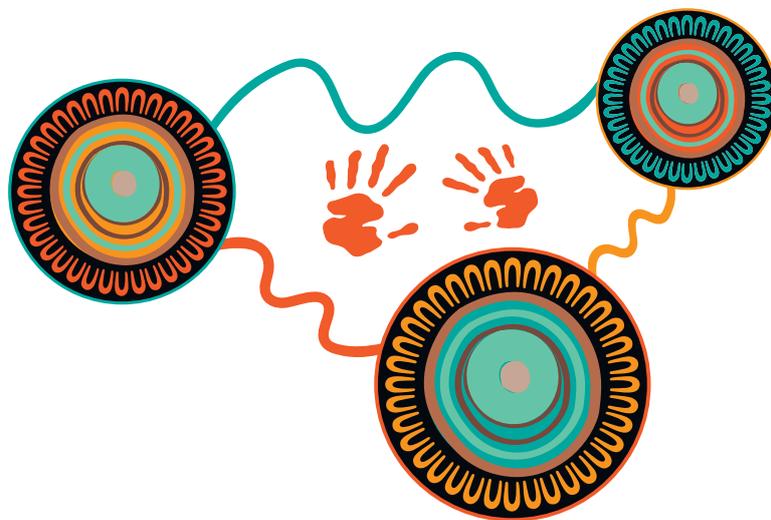
Principles of co-design and co-development should be used to work with, better understand and empower people closest to the issues.³⁸ They include:

- Self-determination and should privilege priorities and outcomes expressed by the community.
- Adopting a “how would you suggest we” approach rather than a “can we do” approach.
- Deep listening, reflection and respect are needed for true co-design and co-development. It may take a long time (months to years) to develop the necessary relationship/s to truly co-design and co-develop.

- This does not mean submission or acquiescence by the pharmacist: the *National Medicines Policy* prioritises patients but also acknowledges the need for a viable industry — consistent with co-design.
- This should consider long-term and short-term outcomes (e.g. while there may be a temptation to provide a simple clinical intervention that is effective in the short-term, it may omit half the population for whom it is not culturally safe).
- Considering relevant practice standards, regulations and guidelines.

When pharmacists are invested and engaged in what Aboriginal and Torres Strait Islander peoples want, and the community trusts and knows pharmacist skills, true co-design and co-development are enabled and are likely to have the greatest impact for everyone.

Building meaningful relationships, engaging with the community in a culturally safe and appropriate manner, and understanding local history, culture and lore are all foundational elements and are intrinsically linked to effective co-design and co-development.





WORKING IN PARTNERSHIP

Building partnerships with a foundation of respect and trust is essential to the delivery of effective healthcare. Partnerships can be between you, as a health professional, and individual patients, community members and Aboriginal organisations.

These partnerships must be built on a foundation of culturally safe practice. See *Providing culturally safe and responsive care*.

Genuine and authentic relationships between health professionals, patients, families and communities are a key foundation for a partnership that provides safe care.

Upholding principles of respect, reciprocity, equality, responsibility and integrity in all dealings with individuals, communities and organisations is vital. Showing leadership in these principles to other staff and non-Aboriginal and Torres Strait Islander community members is an important part of working in a respectful and trusted partnership.

At an individual level, the following are some considerations for working in partnerships with patients, community members or organisations:

- Respect diversity among Aboriginal and Torres Strait Islander communities. Different lore and culture, along with language, customs, communication methods, levels of education, perspectives and health literacy, can exist in one community.
- Consult with the Aboriginal and Torres Strait Islander community sincerely. An in person consultation is a preferred way of engaging and communicating.
- Communicate effectively using respect, active listening, patience, understanding, plain language, confirmation, clarification and feedback. English is not the first (or second) language in some communities, so a translator may be needed.



- Maintain contact and provide regular updates and feedback to the patients and community. When a program or strategy is implemented under the principles of co-design and co-development, it is important that the patients and community are informed about the progress and outcomes of the program. See *Co-design and co-development*.
- Actively pursue Aboriginal and Torres Strait Islander workforce development by employing Aboriginal and Torres Strait Islander peoples and encouraging students to undertake health studies. See *Aboriginal and Torres Strait Islander Pharmacy Scholarship programs*.

Engaging with Aboriginal and Torres Strait Islander organisations

Building a relationship with local Aboriginal and Torres Strait Islander communities can take time and is often best brokered through a local community organisation, such as an ACCHO.

A foundational part of providing culturally safe healthcare is learning the history of where you are working and living.

See *Providing culturally safe and responsive healthcare*.

Cultural mentors are local Aboriginal or Torres Strait Islander people with whom you have an established respectful relationship. Cultural mentors can assist you by providing a safe place to ask questions about culture and seek advice about how you can best work with patients in your community.

Cultural brokers are Aboriginal or Torres Strait Islander people or organisations that can support health professionals in providing culturally safe care, establishing relationships and building engagement with services. Cultural brokers help people on both sides of the cultural difference to understand and connect with each other.

This is often a function of A&TSI health workers/health practitioners, who are a vital component of the health service team and can support pharmacists in successful service delivery. See *Aboriginal and Torres Strait Islander health worker and health practitioner workforce*.

Aboriginal and Torres Strait Islander health worker and health practitioner workforce

Aboriginal and/or Torres Strait Islander health workers and Aboriginal and/or Torres Strait Islander health practitioners are two distinct but related professions. Together, they comprise the Aboriginal and Torres Strait Islander health worker and health practitioner workforce.

As the only culturally based health professions underpinned by national training and regulation in the world, Aboriginal and/or Torres Strait Islander health workers and health practitioners play a unique and essential role in Australia's health care system. The professions were established by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people in response to the need for geographically accessible and culturally safe care.³

Aboriginal and Torres Strait Islander health workers and health practitioners have a lived experience in and a deep understanding of the communities they serve.

Their combination of clinical, cultural, social and linguistic skills delivers an engagement capability and community reach that sets them apart from others working in the health care system. They act as cultural brokers and health system navigators and provide a high standard of culturally safe and responsive primary health care. They are often an Aboriginal or Torres Strait Islander person's first point of contact with the health workforce, particularly in rural and remote areas.

Qualifications

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) defines:

- an Aboriginal and/or Torres Strait Islander health worker as an Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from one of the health training packages

- an Aboriginal and/or Torres Strait Islander health practitioner as an Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Ahpra.

Of the two professions, health practitioners are trained to perform high-level clinical skills and work autonomously. Since 2012, they have been required to meet practice standards and register with the national registration and accreditation scheme administered by the Aboriginal and Torres Strait Islander Health Practice Board within Ahpra.²

The eligibility requirements and qualification descriptions for entrance into courses under the National Aboriginal and Torres Strait Islander Health Worker training package and registration with Ahpra recognise and reflect the legitimate occupational requirement that the workforce comprises only Aboriginal and Torres Strait Islander people.

Terminology

Aboriginal and/or Torres Strait Islander health worker and Aboriginal and/or Torres Strait Islander health practitioner are the preferred terms when describing these professions.³ This recognises that Aboriginal and Torres Strait Islander peoples have a deep and rich sense of identity and ensures that those who identify as Aboriginal, Torres Strait Islander or both are respectfully acknowledged. If an acronym is required, A&TSI health worker and A&TSI health practitioner should be used.³

Other terms that may be used include Aboriginal health worker, Indigenous health worker and Aboriginal health practitioner or Indigenous health practitioner.³ More specific terms may be used in parts of Australia to reflect the local culture, community and country ties (e.g. Torres Strait Islander health worker).³

Scope of practice

Currently, there is no nationally consistent minimum scope of practice to guide what the professions can and cannot do.

The roles of Aboriginal and/or Torres Strait Islander health workers and health practitioners differ across states and territories and health care settings.^{39,40}

Some states and territories' laws support Aboriginal and/or Torres Strait Islander health workers and health practitioners to supply and administer specific medicines, including vaccines.

As the scopes of practice for Aboriginal and/or Torres Strait Islander health workers and health practitioners are continually evolving and new knowledge and skills are consistently being incorporated into their practice, scope of practice should be defined by what the worker is educated, authorised and competent to perform.^{39,40}

Therefore, an individual's scope of practice should be determined in partnership with their operational and clinical supervisors. The scope of practice should consider the work setting, activities required by the job role, practice restrictions and the individual's current competencies.^{39,40} For further information about defining and negotiating a scope of practice for an Aboriginal and Torres Strait Islander health worker or health practitioner, see the *National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce*.

Pharmacists need to understand an individual's scope of practice with medicines when working alongside Aboriginal and/or Torres Strait Islander health workers and health practitioners to maintain a culturally safe workplace.

Administration of medicines

Medicine administration is a core unit in the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice. However, each state and territory has its own legislation regarding the handling, possession and administration of medicines that relate to the entire health workforce. The relevant jurisdiction's legislation and policy must be referred to when determining the scope of practice to determine if an activity is lawful.^{39,40}

Pharmacists need to understand the legislation and policy requirements applicable to their practice setting and that they are an important support for Aboriginal and/or Torres Strait Islander health workers and health practitioners.

Roles of Aboriginal and/or Torres Strait Islander health workers and health practitioners

Aboriginal and/or Torres Strait Islander health workers and health practitioners work with communities, families and individuals of all ages. They can work autonomously, within their scope of practice, with other health professionals, including doctors, registered nurses and midwives, pharmacists and dentists, and with policy makers, educators and researchers as part of multidisciplinary teams.

They provide a range of health services depending upon the work setting and individual scope of practice. These may include:

Clinical services⁴¹:

- assessment and screening of physical health and social emotional wellbeing
- health promotion for risk factors (e.g. tobacco, healthy eating)
- providing health care in line with care plans and/or treatment protocols
- supporting clients in self-management, including the safe use of traditional and Western medicines
- planning, delivering and evaluating population health programs
- advocating for clients, including interpreting and translating language
- providing advice, support and training on the provision of culturally safe health services to other health professionals, policymakers, researchers and educators.

Management activities⁴¹:

- staff supervision and mentoring
- business and financial management
- quality improvement
- education and training of health workers, health practitioners and other health professionals
- specialisation in a priority health field.

The involvement of the Aboriginal and Torres Strait Islander health worker and health practitioner workforce in clinical and management spaces helps to ensure the cultural diversity, rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples are respected in the delivery of culturally safe and responsive health services.

Several of the workforce's services are recognised under Australia's Medicare Benefits Schedule (MBS). If working for an eligible employer, health workers with a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and all health practitioners may be eligible to apply for a Medicare Provider Number.

Working with Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander communities consist of predominantly Aboriginal and/or Torres Strait Islander peoples and are located across Australia, in urban, regional and remote settings. Pharmacists should ensure they understand the community before they work with the community and consider the following points:

- Knowledge about the population statistics and profiles of the area. For information about age, gender, life expectancy and percentage of Aboriginal and Torres Strait Islander peoples, see <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples> and www.rifc.gov.au.
- Learn the history of the community through proactive and self-directed learning, A&TSI health workers/health practitioners, cultural mentors and cultural brokers may be able to provide this information. Local and state government websites often have the history of and stories of the local people and their communities. See *Resources*.
- Have an awareness of the key people who are respected in the community (e.g. Elders, nominated and/or elected community representatives, A&TSI health worker/health practitioners). When in the community you should reach out to these people to build a relationship.
- Identify people involved in the management and governance of the community, such as the CEO, chairperson, directors and community leaders.
- Understand the healthcare service delivery model and the health services model of care. See *Health services overview* and *Models of care*.

- Review the health and medicines profile of the community and identify health trends, areas of focus and current medication management services. Respecting the privacy and rights of the patient, the supply pharmacy and the Clinical Information System (CIS) for health services may be able to assist with this (e.g. *Communicare*, *MMEEx*).
- Know how patients access medicines and medicine information within the community; respecting the privacy and rights of the patient, approach the supply pharmacy or use the CIS to obtain this information (*Communicare* or *MMEEx* can report on medicines access).
- Request any relevant policies from the AHS and ensure you abide by these when working in the clinic (e.g. organisation code of conduct, uniform policy, orientation requirements).

In addition to the points above, pharmacists visiting Aboriginal and Torres Strait Islander communities should also consider the following:

- Plan your visit and communicate your plans with clinic staff, particularly A&TSI health workers/health practitioners. If you are providing patient services, discuss what these will be, and what you require from the clinic, such as A&TSI health workers/health practitioners support or a consultation room. Allow time to meet community members if this is deemed appropriate by the health service staff.
- Determine appropriate visiting dates and times (e.g. does not coincide with significant events in the community); check with the AHS, who can provide details of other visiting health professionals or specific clinic days (e.g. diabetes clinic). Consider what the community and patients want to achieve from your visit, balanced with tasks required that may be administrative. Visiting at the same time as other health professionals will enable collaboration and communication but may limit the time other clinic staff have for training and meetings and patients may have for meeting with you.
- Obtain a permit to visit lands, if needed. Check with the AHS who can give you direction.
- Phone the day before the visit to confirm you can still attend in case of sudden events (e.g. Sorry Business).

When you work within the community, you should respect the environment you are working within. Some points to consider when interacting with clinic staff and patients are listed below.

Clinic staff:

- Confirm with the primary contact or A&TSI health worker/health practitioner 'if anything is happening in the community you should be aware of'. If there is, follow instructions provided by clinic staff and cultural brokers, including where you can go in the community. Respect the privacy of the community by not discussing these events with anyone external to the community.
- Display appropriate understanding and respect for cultural beliefs. See *Centrality of culture* and *Providing culturally safe and responsive care*.
- Use language appropriate to the conversation, with an understanding that everyone has different English and health literacy levels and you are responsible for adapting appropriately to the needs of the person you are communicating with. When communicating avoid 'over-talking', use plain English and be specific. Keep the volume of speech appropriate for the conversation and setting. Allow silence and time to process and respond and sit comfortably with the silence. See *Communicating about medicines*.

Patients:

- Each patient is unique, and how you communicate will need to be nuanced. Consider how your communication styles have been influenced by previous interactions and what changes may need to be made if not working/appropriate.
- Consider how non-verbal communication can be interpreted. The patient should guide non-verbal communication — take cues from the patient (e.g. level of eye contact), adopt other communication techniques to ensure your message is being effectively conveyed if needed.

Downcast eyes can be culturally appropriate — for many members of communities, direct eye contact may be viewed as asserting dominance or authority.



PROVIDING HEALTHCARE SERVICES

With the growing breadth of services pharmacists provide in a variety of practice settings, pharmacists should know what support systems, strengths and assets are available to the patient that can assist them with managing their health.

This could include culture, being part of an Aboriginal community, having a good connection with a supportive family network, and the role of Elders in increasing others' awareness of the impact of chronic medical conditions.⁴²

Pharmacists should be aware of and use guidelines and tools specific for Aboriginal and Torres Strait Islander peoples where relevant (e.g. mental health first aid guidelines for Aboriginal and Torres Strait Islander peoples).⁴³

Pharmacists should know and respect an individual patient's cultural needs and background when providing services and ensure these services are provided in a culturally safe way. See *Centrality of culture* and *Providing culturally safe and responsive care*.

Health promotion activities

Pharmacists can be involved in delivering a range of health promotion activities to their local community. Pharmacists should be aware of the importance of engaging with the local community, including Aboriginal and Torres Strait Islander peoples, when planning and developing these activities to ensure they are culturally responsive, safe and will be beneficial to patients. See *Co-design and co-development* and *Providing culturally safe and responsive care*.

Examples of pharmacy health promotion activities, after consultation with the AHS about community needs, include:

- diabetes screening (including blood glucose testing)
- blood pressure testing at community events
- healthy lifestyle talks/competitions at local schools
- medicine safety talks
- smoking cessation talks at antenatal classes.



ASSISTING BETTER HEALTH THROUGH QUALITY USE OF MEDICINES

For Aboriginal and Torres Strait Islander peoples, 'good health' is more than just the absence of disease.³⁶

It is holistic, and incorporates physical, social, emotional, cultural, and spiritual wellbeing for both individuals and their community.³⁶ Pharmacists should be aware of these beliefs and their impact when providing healthcare services to Aboriginal and Torres Strait Islander patients. See *Models of care* for an example of determinants required for the wellbeing of Aboriginal and Torres Strait Islander peoples and their communities.

There needs to be an ongoing dialogue between the patient, family and carers, and the pharmacist to understand factors that can impact a patient's engagement with medicines. Pharmacists need to understand the patient's belief systems around

the concept of medicine taking, western-style health care, and their understanding of their condition and disease management. Pharmacists should be aware that some Aboriginal and Torres Strait Islander people may also use traditional healing forms, including bush medicine. See *Traditional healing*.

Including A&TSI health workers/health practitioners in conversations about medicines, with patient consent, can facilitate a follow up point where they can access further information about their medicines, ask for additional explanations about the information you provided or provide feedback on your interaction. Including A&TSI health workers/health practitioners in medicine conversations also builds knowledge on medicines in this workforce and can be a source of feedback to improve your delivery of medicine information and provision of culturally safe care.

Barriers to medicines management

The current healthcare system does not always meet the needs of everyone. There are some barriers that have been found to impact on medicines management in Aboriginal and Torres Strait Islander patients and communities^{44,45}:

- Patient information (e.g. pamphlets) not being culturally appropriate or directed at appropriate health or language literacy levels. See *Centrality of culture* and *Providing culturally safe and responsive care*.
- Low understanding of the role and benefits of A&TSI health workers/health practitioners by other health professionals. See *Aboriginal and Torres Strait Islander health worker and health practitioner workforce*
- Low understanding of Aboriginal and Torres Strait Islander cultures by health professionals, as well as self-awareness of dominant culture and its impact on care provision. See *Centrality of culture* and *Providing culturally safe and responsive care*.
- Actual and perceived experiences of racism or discrimination. See *Centrality of culture* and *Providing culturally safe and responsive care*.
- Low awareness of schemes available, by both health professionals and patients, to support medicines access for Aboriginal and Torres Strait Islander patients. See *Medicine access programs*.
- Language barriers. See *Working in partnership*.
- Social determinants of health (e.g. home environments, individual's lifestyle, storage of cold chain products and whether ongoing refrigeration is available if patients have travelled a long distance to access medical care).
- Health and medicines information linked to a service provider rather than the individual, challenging for patients who travel between towns or communities for cultural or personal reasons.

Pharmacists should self-reflect on the care they provide and be aware of any barriers to medicines management that may exist in their practice setting. Any issues or concerns raised by the patient, their family or carer should be discussed and worked through to develop strategies to overcome these.

Communicating about medicines

When communicating information about medicines, pharmacists need to remember that medicines form one part of the patient's total health care and that in some communities, English is not the first (or second) language, so a translator may be needed. A collaborative approach and trusted relationship are needed to effectively communicate information. In consultation with the patient and A&TSI health worker/health practitioner, where available and preferred by the patient, discuss how the patient would like to access medicines information, from whom, and if they would like to include anyone else in the conversation. Cultural brokers can help pharmacists to provide successful medicine education. See *Working in partnership*.

Be mindful of the patient's understanding of terminology.

The word 'medicines' may be interpreted as only liquid medicines by some and thus not include tablets, inhalers etc.

Words such as heart, mind and blood may also have different meanings from Western medical interpretations. Receiving feedback to ensure key messages have been understood is crucial.

Initial discussions should establish how the patient is feeling about taking their medicines. The patient must always be included in shared and informed decision making around medicine choices. See *Providing culturally safe and responsive care*.

Patient advice and assistance

Pharmacists should provide advice and assistance to patients on the appropriate use of medicines and devices, including correct handling and storage, positive outcomes, potential adverse effects and monitoring requirements.²⁵ Advice needs to be patient-centred, individualised and consider the patient's individual circumstances. This could include considerations around home environments and an individual's lifestyle (e.g. ensuring medicines are stored at home in a place that is out of reach for children, considering the storage of cold chain products and whether ongoing refrigeration is available — including if patients have travelled a long distance to access medical care).^{25,28}

Pharmacists should consider the patient's language skills and preferences; if any language barriers or communication difficulties arise pharmacists should use support options to improve communication and overcome these (e.g. involving an A&TSI health worker/health practitioner or interpreter service).²⁸ If necessary, patients should be provided with appropriate written and pictorial resources that can be taken home to read at another time and discuss with other family members.

Pharmacists should ensure patients know the duration of their therapy. This is important for long-term and short-term medicines. Understanding the purpose and duration of therapy is especially important in diseases where patients may perceive no illness and no effect from medicines, such as high blood pressure, glaucoma and elevated cholesterol.

Traditional bush medicines, for example, are often used as an immediate dose or taken to resolve symptoms. Patients familiar with these may be less familiar with the long-term use of medicines.⁴⁶

Pharmacists should assist patients in understanding the benefits of long-term therapy when appropriate and address any misunderstandings or concerns.

Medicine identification is also important. Pharmacists should consider providing patients with medicine lists that identify tablet shapes and colours when appropriate. See *Medicines list*.

Pharmacists should also ensure counselling and advice provided to patients covers non-prescription medicines, including complementary medicines, when used by the patient. Advice on lifestyle changes where appropriate (e.g. dietary changes, smoking cessation) can also assist in improving health outcomes for the patient.

There are many Aboriginal and Torres Strait Islander information resources to assist with patient counselling. *The Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners* is the most comprehensive. This resource uses plain English language and pictures to explain indications, doses and adverse effects of the most common medicines. See *Resources*.

For minimum expected standards for pharmacists undertaking patient counselling refer to:

- Pharmacy Board of Australia. 2015. Guidelines for dispensing of medicines. At: <https://www.pharmacyboard.gov.au/codes-guidelines.aspx>
- Pharmaceutical Society of Australia. 2019. PSA Dispensing Practice Guidelines. At: <https://my.psa.org.au/s/article/Dispensing-Practice-Guidelines>
- Pharmaceutical Society of Australia. 2017. Professional practice standards, version 5. At: <https://www.psa.org.au/practice-support-industry/professional-practice-standards/>

Adherence to medicines

Low adherence to medicines is a global challenge, across all patient groups and is not isolated to, or specifically worse, for Aboriginal and Torres Strait Islander people.^{47,48} For improved health outcomes, adherence to medicines is vital and is a factor to consider when determining the medicine's impact.

A collaborative and culturally safe discussion about adherence to medicines should form part of every consultation to help understand the factors, including cultural considerations and the social determinants of health, impacting a patient's adherence to medicines.⁴⁹ Discussion around treatment adherence can be unhelpful if it implies fault on the part of the patient, so strengths-based approaches should be embedded.

Any barriers to medicine taking need to be identified before the patient can be successfully assisted with managing their medicines. Barriers need to be identified without asking the patient questions that will cause any embarrassment or shame.

Strategies to improve medicine adherence include providing all patients with information about the medicine's indication, mode of action, directions for use and adverse effects. Including diagrams and less complex medical words can be helpful.⁴⁴ By providing information about the risks and benefits, pharmacists build the patient's knowledge to allow them to make an informed decision and set goals around their medicines and overall health.

Medicine labelling and directions

Standardised and consistent presentation of medicine-related information, including labelling and directions, is important to the safe use of medicines and has the potential to improve health outcomes.

The *National Standard for Labelling Dispensed Medicines (the Standard)* guides the presentation of medicines information on the dispensed medicine label.⁵⁰ This includes what information to include, where it should be placed, and the format. All labelling should conform to *the Standard* which will ensure that all patients can locate and understand the information about how to take their medicines safely and effectively.

When providing written instructions on a label, knowledge is needed that different words used to describe times of day in one culture, such as 'dinner', can mean midday or evening mealtime in another culture.⁵¹ Some patients may benefit from symbols being added to the dispensing label.⁴⁴

Labelling, language and pictures used should be reviewed regularly (e.g. as part of a continuous quality improvement process) using the principles of co-design and co-development to ensure there is consistency in the terminology used to describe medicines and the terminology is appropriate to the local setting. This must be done in consultation with the pharmacy patients access medicines from, A&TSI health workers/health practitioners, community members and patients. See *Co-design and co-development*.

State and national legislation and guidelines govern medicine labelling. Pharmacists and other health professionals involved in the supply of medicines are required to meet all legal and best practice guidelines, including labelling, when providing medicines to patients.

Medicines education

Pharmacists provide both formal and informal education to patients and other health professionals.²⁵ Providing medicines education to A&TSI health workers/health practitioners can increase awareness of pharmacists, improve relationships and increase the provision of medicines information to Aboriginal and Torres

Strait Islander patients, particularly in rural and remote communities where a pharmacist may not see the patient.⁵²

Medicines education can be provided through a partnership with the community pharmacy or pharmacist and AHS to AHS staff, community groups and patients. Education can be provided in a variety of ways, depending on the topic, requirements of AHS staff and logistics. This may include in-person education, printed information or providing advice on other education courses available that are relevant. Educational support may also involve providing advice on recommended information sources on medicines that should be used and be made available to health professionals. See *Resources*.

Pharmacists should collaborate with A&TSI health workers/health practitioners, organisations and community members to gather feedback and advice on potential education programs and services when planning and developing education.²⁷ Any service delivered should be developed in conjunction with the clinic, ensuring it caters for individual needs. See *Co-design and co-development*.

The *Indigenous Health Services Pharmacy Support Program* available through the Community Pharmacy Agreement (CPA) supports a variety of services that contribute to improving the quality use of medicines and health outcomes for Aboriginal and Torres Strait Islander peoples. This includes pharmacist education for staff and patients on the quality use of medicines and the appropriate use of specific medicines. See, *Aboriginal and Torres Strait Islander pharmacy programs*.

Pharmacists should ensure they have appropriate training and knowledge in cultural safety and the role of A&TSI health workers/health practitioners and AHS before providing education.²⁷ See *Providing culturally safe and responsive care* and *Working in partnership*.



MEDICINE MANAGEMENT SERVICES

Medicine management services need to be delivered with a patient-centred approach. Pharmacists should be aware of and incorporate clinical governance principles when developing and providing medicine management services.

Specific considerations when providing care to Aboriginal and Torres Strait Islander patients include⁵³:

- Service design should be patient-centric and designed around each patient's health needs and preferences. This includes asking about and respecting individuals' beliefs and values about their health, including cultural values.
- Services should only be provided in an environment that is culturally safe and respects the cultural diversity of patients. When providing services to Aboriginal and Torres Strait Islander patients pharmacists may collaborate with A&TSI health workers/ health practitioners and/or cultural services to better understand cultural needs and provide appropriate services.

This approach supports the patient to be directly involved and empowered in their care and improves patient experiences and health outcomes. See *Co-design and co-development*, *Centrality of culture* and *Providing culturally safe and responsive care*.

Collaboration with other health professionals

Pharmacists should support and facilitate professional relationships with all healthcare team members to increase collaboration and optimise patient care.²⁵ This involves good communication and relationships with other health professionals and building and maintaining trust both clinically and professionally.²⁵

Pharmacists may need to educate other health professionals about the roles and responsibilities of the pharmacist, and what services they can offer to both patients and healthcare services.²⁵ When working collaboratively with other health professionals to deliver services, pharmacists should ensure a shared vision is developed with the patient (including family and carers, where appropriate) and among members of the healthcare team around the intended service outcomes and patient healthcare goals.²⁵ Pharmacists should ensure they understand the roles of others in the multidisciplinary team. Strategies to optimise collaboration with other health professionals include²⁵:

- recognise and understand the different skills and expertise of each member of the healthcare team
- communicate with other health professionals to identify patients who may benefit from services provided by the pharmacist or another health professional
- establish a consistent and visible pharmacist presence and provide services appropriate to the setting.

Medication reconciliation and lists

Pharmacists are involved in medication reconciliation and developing and providing patients with current medicines lists. An accurate medicines list can empower patients to give information about their own healthcare.⁵¹

Medicines information may need to be gathered from a wide range of sources, including outreach clinics, AHS, medical specialists and community pharmacies.

When undertaking medication reconciliation and patient interviews, it is important to build rapport with the patient before engaging. Working with an A&TSI health worker/health practitioner, Indigenous hospital liaison officer or a family member may help. Consultations should be conducted in a culturally appropriate and patient focused way. The focus should not be on what has been prescribed but on what the patient is actually taking. All medicines and traditional healing forms need to be identified. See *Working in partnership* and *Providing culturally safe and responsive care*.

Medicines lists

An accurate medicines list supports and empowers patients to have a better understanding of their medicines and health care.⁵¹ Medicines lists should include all medicines (e.g. prescription, non-prescription, complementary, bush and alternative).^{51,54}

Medicines lists can be used to assist patients to keep a track of their medicines (e.g. duration, frequency, indication, dose, monitoring, potential adverse effects).⁵¹ They also support patients in discussing their medicines with health professionals and provide accurate medicines information during transitions of care.⁵¹

When developing a medicines list for an Aboriginal or Torres Strait Islander patient it should be culturally responsive, locally appropriate and cater for individual factors (e.g. language and health literacy).⁵¹

NACCHO and NPS MedicineWise have produced *Medicines lists for Aboriginal and Torres Strait Islander people: Principles for producing the best possible medicines lists*. It outlines five principles for health professionals when developing a medicines list for an Aboriginal or Torres Strait Islander patient⁵¹:

1. Include all essential information.
2. Customise the medicines list to meet the individual patient's needs (if required). This may include reflecting the patient's use of language in the medicines list (e.g. asthma may be described by some patients as 'short wind'), and using local terminology where possible (e.g. 'dinner' could mean the meal in the middle of the day or in the evening). Using relevant and appropriate images may make the document

more relevant and engaging. In addition to pictures of medicines accessed through general resources (e.g. dose administration aid programs), pictures of medical conditions or adverse effects related to medicines may be sourced from resources specific to Aboriginal and Torres Strait Islander healthcare to ensure it is culturally relevant (e.g. remote primary health care manuals).

3. Use generic medicine names (except for medicines that have differences in the bioavailability between brands [e.g. warfarin] and medicines with multiple ingredients where the brand name is commonly used). Use local protocols or guidelines where possible to guide practice on whether to use the generic or brand name.
4. Use clear, standard terminology.
5. Design the medicines list to enable integration with clinical software, where possible.

Pharmacists should collaborate with local A&TSI health workers/health practitioners to ensure individualised support is provided to patients. They should also work with local Aboriginal and/or Torres Strait Islander community organisations to ensure information materials are culturally appropriate and of value to patients.⁵¹

Pharmacists should be aware of practice standards and guidelines relevant to their setting when preparing a medicines list for a patient. For example, the *National Safety and Quality Health Service (NSQHS) Standards* has an Action in the Medication Safety Standard covering the provision of medicines lists, and the pharmacist *Professional Practice Standards* outline the requirements for pharmacists when developing and documenting a medication management plan.

Pharmacists can develop and upload a Pharmacist Shared Medicines List (PSML) to a patient's My Health Record.^{55,56} A PSML is an accurate and current list of medicines the patient is taking at a point in time, and should include all medicines the patient is taking (e.g. prescription, non-prescription, complementary, bush and alternative).^{55,56} Further information on PSMLs can be found in PSA's *Digital health guidelines for pharmacists*.

Medication reviews

Medication reviews are conducted in various settings (e.g. Home Medicines Reviews [HMRs], MedsChecks and Diabetes MedsChecks in community pharmacy, medication reviews in general practices or AHS). These services need to be provided in a culturally safe way. See *Centrality of culture* and *Providing culturally safe and responsive healthcare*.

Barriers that have been identified to providing HMRs to Aboriginal and Torres Strait Islander patients include^{57,58,59}:

- limited understanding of cultural issues by pharmacists
- limited awareness of HMRs by staff in AHS and by patients
- limited relationships between the pharmacist and both patients and staff at the AHS.

It is envisaged similar barriers exist for other medication review services. Aboriginal and Torres Strait Islander patients who have had an HMR have found them beneficial in improving their knowledge of their medicines.⁵⁸ However, patients have also reported being confused about the process.⁵⁸

Strategies to improve the provision of HMRs to Aboriginal and Torres Strait Islander patients include^{58,59}:

- involving AHS staff in organising the HMR
- offering patients a choice of location for an HMR (pharmacists should be aware of program requirements and rules if providing medication reviews under a funded program)
- involving A&TSI health workers/health practitioners in components of the service, such as referral and follow-up
- improving relationships between the pharmacist and GP, AHS and patient.

It is envisaged similar strategies may be used to improve the provision of other medication review services.

AHS can promote, organise and facilitate medication review services.⁵⁹ Pharmacists can support this by providing education to staff at AHS on the process of medication reviews, what they involve and the outcomes.⁵⁹

Pharmacists should ensure they adhere to relevant guidelines and standards when providing medication reviews (e.g. *PSA Guidelines for comprehensive medication management reviews* and *Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services*).

Dose administration aids

Dose administration aids (DAA) come in a variety of forms to meet patients' needs and may be used as a measure to increase adherence. Discuss with the community pharmacy what DAA is available to the patient and ensure the patient is aware if they have a choice. Pharmacists should provide information on the different forms available, respecting patients right to choose through informed decision making.

Sachets do not allow the patient or health professional to easily assess what medicines have or have not been taken. However, sachets are compact, less affected by moisture and are preferred by some patients. Dosette-style containers are not favoured in many settings as medicines can easily be mixed up.

Photo identification on each DAA could add improved safety, especially if multiple people in the same household are using DAAs, or the AHS is servicing multiple patients. Pharmacists should ensure the patient has given consent to their photo being taken and appearing on the DAA. Photographic identification on a DAA may be a requirement for health services to be accredited against. Pharmacists should be familiar with the current standards relevant to their practice setting.

The CPA Indigenous Dose Administration Aids program is designed to assist Aboriginal and Torres Strait Islander patients living in the community to optimise the quality use of medicines.⁵⁴ Pharmacists who provide this program must⁶⁰:

- provide any interviews or consultations with the patient and/or their carer in a culturally safe way, considering their rights to privacy and comfort
- aim to improve their cultural competency by regularly participating in appropriate training

- agree to regularly liaise with local Aboriginal and Torres Strait Islander organisations and local communities to ensure the service continues to meet patients' needs.

Pharmacists should ensure they adhere to relevant guidelines and standards when providing this service (e.g. *PSA Guidelines for pharmacists providing dose administration aid services*).

Medicine management services in different settings

Pharmacists provide medicine management services in a range of settings, including community pharmacy, hospital, general practice, aged care and Aboriginal health services. A summary of standards and considerations relevant to certain practice settings when providing medicine management services to Aboriginal and Torres Strait Islander peoples is provided below. This list is not exhaustive; pharmacists should ensure they understand and adhere to standards and guidelines specific to their practice.

Community pharmacy

Community pharmacists provide patients with a wide range of medicines management and other health services. This can include services provided to AHS as well as those provided to individual patients. Dispensing protocols, a lack of relationships with pharmacists, and the physical settings of community pharmacies have been identified as potential barriers for Aboriginal and Torres Strait Islander patients accessing community pharmacy. Pharmacists should take steps to minimise these barriers and ensure their pharmacy is culturally safe for patients who use their services. See *Providing culturally safe and responsive care*.

Quality Care Pharmacy Program (QCPP) standards

The Quality Care Pharmacy Program (QCPP) standards cover cultural safety. They outline how pharmacies should recognise and respond to the needs of different cultures in their communities, including Aboriginal and Torres Strait Islander peoples.⁶¹ Actions outlined include⁶¹:

- ensure the pharmacy and its staff provide a culturally safe environment that is responsive to the cultural needs of patients

- develop and implement a cultural awareness policy and ensure staff have been trained on this policy
- educate staff on how to engage with patients from different cultural groups and provide culturally safe care.

Pharmacies that are QCPP accredited, or want to become QCPP accredited, must demonstrate compliance with these standards.

Multidisciplinary primary healthcare

The number of pharmacists working in multidisciplinary settings in Australia is increasing (e.g. general practice, Aboriginal Health Services).⁶² Pharmacists have been shown to positively impact on patient health outcomes when integrated as part of the primary healthcare team.⁶³ Medicine management services in these settings include^{62,64}:

- providing medication management reviews and reconciliation
- providing preventive care
- providing transitional care
- undertaking drug utilisation reviews.

Pharmacists interested in, or those currently working in, these areas should ensure they have the necessary knowledge and skills to provide services and care that is culturally safe. See *Centrality of culture* and *Providing culturally safe and responsive care*.

Further resources are available for pharmacists working in these areas (e.g. Deadly Pharmacists: Foundation training for pharmacists working within Aboriginal Community Controlled Health Services and PSA General Practice Pharmacist training and resources).

Royal Australian College General Practitioners (RACGP) standards

The Royal Australian College of General Practitioners (RACGP) Standards for general practices outline standards that accredited general practices and Aboriginal Health Services are assessed against.^{65,66}

The standards outline several criteria and requirements relevant to the care provided to Aboriginal and Torres Strait Islander patients. These include⁶⁶:

- Providing information to inform patient decisions, which could include having culturally specific health information in the waiting room and consultation rooms.

- Offering an appropriate interpreting service for patients who do not speak the primary language of the practice team.
- Being aware of specific patient charters developed for Aboriginal and Torres Strait Islander peoples that are available in certain states and territories.
- Providing respectful and culturally appropriate care.
- Referring to the Australian Institute of Aboriginal and Torres Strait Islander Studies' *Guidelines for ethical research in Australian Indigenous studies* if undertaking research that involves Aboriginal and Torres Strait Islander patients and considering the ethical needs of Aboriginal and Torres Strait Islander peoples.
- Considering a patient's individual circumstances and heritage (e.g. does the patient identify as being of Aboriginal and/or Torres Strait Islander origin?) when providing activities around health promotion, preventive care or other interventions.
- Using relevant guidelines when treating patients who identify as Aboriginal or Torres Strait Islander origin, as well as for preventive interventions and managing chronic medical conditions.
- Recording patients' Aboriginal or Torres Strait Islander status in their patient health record (This can provide information about clinical risk factors and assist in providing relevant care. When answering whether they are of Aboriginal and/or Torres Strait Islander origin, all patients have the right to respond as they see fit and should be recorded without question. If they choose not to answer, this should be recorded as 'Not stated/Inadequately described'. If an answer is not recorded then it should be followed up).
- Involving all relevant health professionals when providing continuity of care to Aboriginal and Torres Strait Islander patients, such as A&TSI health workers/health practitioners and nurses.

Pharmacists working in these settings should be familiar with the standards relevant to their practice.

Hospital

Indigenous hospital liaison officers and A&TSI health workers/health practitioners are valuable team members who can provide support and assistance to patients, cultural safety, and help address barriers (e.g. language barriers).²⁸ Some hospitals also have access to an Aboriginal language interpreter service that can greatly assist in coming to a shared understanding of the treatment choices available and facilitate informed consent.

Pharmacists working in a hospital setting should actively collaborate with these services and team members to enable decision making about patient care and medicines as this may also require consultation with nominated family members. Consulting with the Indigenous hospital liaison officer where required can be valuable when identifying who the correct person/people are to share information with and what information should be shared.²⁸ Patients may have a support person (e.g. carer, family member, another member of the community) or extended family travel with them.²⁸ It should not be assumed that the support person is the next of kin or that they can legally sign informed consent.

Limited research is available on hospital pharmacists and hospital pharmacy services provided for Aboriginal and Torres Strait Islander patients.^{67,68} Pharmacists should assess the impact on patient outcomes of any services provided and adapt practice where required to improve care.⁶⁸

Pharmacists should consider the potential for patients' fear of hospitalisation contributing to patients avoiding screening and not presenting for treatment.⁶⁹ Reasons for this include the association of hospitals with the death of a relative or friend, past racism, a lack of understanding of the extended family groups and the scarcity of Aboriginal and Torres Strait Islander health workers or staff.⁶⁹

A culturally safe environment is needed in hospitals for Aboriginal and Torres Strait Islander patients to improve health outcomes and sentiment. Hospital pharmacists can show leadership and advocate for change to improve cultural safety. See *Centrality of culture and Providing culturally safe and responsive care*.

Discharge and transition of care

A variety of medicine discharge arrangements exist across Australia. Pharmacists involved in the discharge of a patient from a hospital setting should be aware of the patient's situation and plans post-discharge. Patients may not return directly to their home or community as they may prefer to stay nearby to attend follow-up out-patient appointments or visit and stay with family. Consideration needs to be given to the setting into which the patient is discharged and the availability of follow-up GP and pharmacist services. Awareness of this will allow appropriate plans to be made to ensure the patient is provided with an adequate supply of medicines, arrangements are made for appropriate storage (e.g. cold chain) and the discharge medication action plan is understood by the patient and communicated to the primary care providers.

Hospital pharmacists and pharmacists working in ACCHOs and in community pharmacies should endeavour to develop lines of communication so that (with patient consent) direct communication about changes in medicines on discharge can be made to ensure continuity of medicines supply.

Pharmacists working in the hospital setting should be aware of funding programs available to patients in the community to enable better access to medicines (e.g. Closing the Gap Pharmaceutical Benefits Scheme Co-payment Program). These programs are not available in all settings (e.g. public hospitals). Pharmacists should work with the patient to ensure any plans during discharge do not cause avoidable financial or other barriers.

National Safety and Quality Health Service (NSQHS) standards

Australian public and private hospitals are accredited against the National Safety and Quality Health Service (NSQHS) standards.⁷⁰ Six actions in these standards are specific to the needs of Aboriginal and Torres Strait Islander patients to optimise access and health outcomes. The standards refer to Aboriginal and Torres Strait Islander patients in the Clinical Governance, Partnering with Consumers and Comprehensive Care standards.⁷⁰

To complement the NSQHS, the User Guide for Aboriginal and Torres Strait Islander Health outlines strategies to implement the Standards' Actions specific for Aboriginal and Torres Strait Islander peoples.¹⁹ It outlines five steps to progress actions specific for Aboriginal and Torres Strait Islander patients¹⁹:

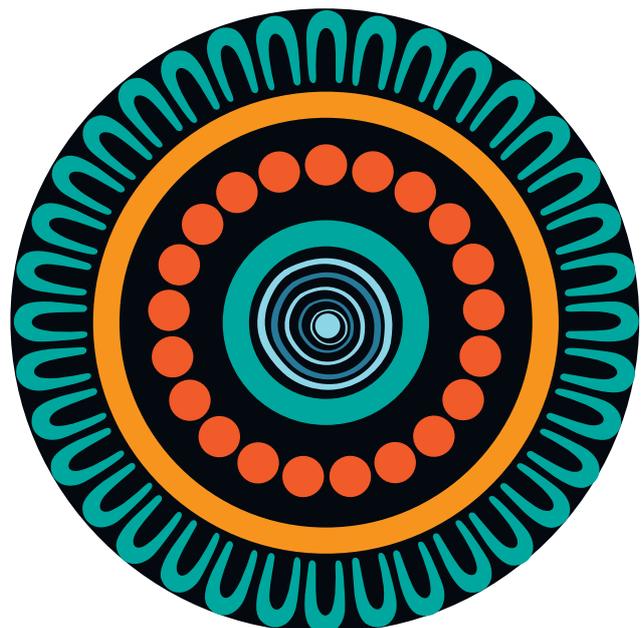
- develop partnerships with Aboriginal and Torres Strait Islander communities and community-controlled health services, and implement strategies to ensure these partnerships are sustainable and mutually beneficial
- ensure the health organisation's priorities address the safety and quality care needs of Aboriginal and Torres Strait Islander patients
- undertake a gap analysis to assist with understanding the specific needs of Aboriginal and Torres Strait Islander patients and informing strategies
- identify priorities, develop and implement strategies in partnership with Aboriginal and Torres Strait Islander peoples, and establish appropriate monitoring and evaluation systems
- develop strategies to address actions.

Aged care

Pharmacists providing medicine management services to residential aged care facilities should be aware of Aboriginal and Torres Strait Islander residents' unique needs. A lack of integration of Aboriginal culture into care in this setting has been identified, and a variety of issues and factors have prevented cultural care from being integrated into general care for Aboriginal and Torres Strait Islander residents.⁷¹

The Aged Care Quality Standards state that aged care organisations are required to provide inclusive care and services that do not discriminate. They are required to be responsive, sensitive and inclusive to residents who identify as an Aboriginal and/or Torres Strait Islander person.⁷²

Certain providers may specialise in providing services to Aboriginal and Torres Strait Islander peoples.⁷³ For example, some providers employ Aboriginal or Torres Strait Islander people to provide care, involve the local community when planning and providing aged care, and/or have buildings to use for cultural ceremonies and family visits.⁷⁴





MEDICINE ACCESS PROGRAMS

Specific programs in relation to medicines access and the quality use of medicines (QUM) have been developed for Aboriginal and Torres Strait Islander peoples to accommodate the unique cultural and pragmatic factors that may impact their access to the PBS.

PBS listings for Aboriginal and Torres Strait Islander peoples

Specific PBS listings, separate from the Closing The Gap (CTG) PBS Co-payment program, that support the treatment of conditions in Aboriginal and Torres Strait Islander people are available to better meet the needs of Aboriginal and Torres Strait Islander peoples.^{75,76}

Listings can be⁷⁵:

- medicines recently added to the PBS
- existing PBS medicines
- medicines that have previously been listed on the PBS with specific restrictions.

Medicines can be restricted benefits or Authority PBS prescriptions.⁷⁵ Pharmacists should know what medicines are available via these listings and educate staff about the availability of these listings. This will help to reduce barriers that may be experienced with accessing medicines. Items on this list can be supplied to RAAHS through the s100 RAAHS program.

The full list of the items available can be obtained via the following link⁷⁶: <https://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>

Closing The Gap Pharmaceutical Benefits Scheme Co-payment program

The CTG PBS Co-payment program is designed to improve access to medicines for Aboriginal and Torres Strait Islander patients.⁷⁷

The program allows patients to access PBS General Schedule prescriptions at a reduced cost – patients who would normally pay the full PBS co-payment pay the concessional rate while patients who would normally pay a concessional payment receive the medicine free of charge. Patients are still required to pay any relevant brand premiums.⁷⁷ CTG prescriptions can be dispensed at community pharmacies, suppliers approved under section 92 of the National Health Act 1953 or section 94 approved private hospital pharmacies.⁷⁷

Patients are eligible if, in their doctor's opinion, they would have setbacks in the prevention and ongoing management of their condition(s) and would not be able to adhere to the medicines prescribed for them, if they did not have assistance through this program.⁷⁷

Any PBS prescriber or Aboriginal Health Practitioner can register eligible patients for this program. If a patient is unsure if they are registered with the program, pharmacists can check this through Services Australia Health Professional Online Services (HPOS).⁷⁷

Prescribers are not required to write 'CTG' on the prescription, although they are encouraged, to avoid confusion.⁷⁷

When dispensing CTG scripts in pharmacies, PBS online will highlight to you if you are processing a non CTG script for a patient who is registered for CTG. There could, however, be patients who are eligible for CTG, who have had CTG scripts historically, and who may not be on the Services Australia CTG register. Patients request registration via the prescriber or Aboriginal or Torres Strait Islander Health Practitioner. The CTG status in the dispensing software or annotation on the script should not be assumed to be correct. PBS online rejection warnings will advise if the script you are processing is for a patient who is, or is not, registered for the CTG PBS Co-payment program. With consent, the patient or prescriber should be notified so registration can be completed, if appropriate.

Further information about this program is available at: www.servicesaustralia.gov.au/closing-gap-pbs-co-payment-for-health-professionals

Medicines supply under the S100 Remote Area Aboriginal Health Services (RAAHS) program

The section 100 Remote Area Aboriginal Health Services (RAAHS) program provides medicines to patients directly from an AHS without the need for a PBS prescription and without charge to the patient.

Participating AHSs must meet the eligibility criteria as below⁷⁸:

- The health service must have a primary function of meeting the health care needs of Aboriginal and Torres Strait Islander peoples.
- The clinic, or other primary health care facility, operated by the AHS from which PBS General Schedule medicines are supplied to patients must be in a remote zone as defined in the Rural, Remote and Metropolitan Areas Classification 1991 Census Edition.
- The AHS must employ or be in a contractual relationship with health professionals who are suitably qualified under relevant State/Territory legislation to supply all medicines covered by the section 100 arrangements and undertake that all supply of benefit items will be under the direction of such qualified persons.
- The clinic or other primary health care facility operated by the AHS from which PBS General Schedule medicines are supplied must have storage facilities that will:
 - prevent access by unauthorised persons
 - maintain the quality (e.g. chemical and biological stability and sterility) of the pharmaceutical
 - comply with any special conditions specified by the manufacturer of the pharmaceutical.

The eligible Rural, Remote and Metropolitan Areas (RRMA) are RRMA 6 and RRMA 7. The RRMA classification for a location by state and/or postcode can be found at RRMA search. At: <https://www.health.gov.au/health-topics/rural-health-workforce/classifications/rrma>.

S100 RAAHS eligible patients

Any patient of an approved s100 RAAHS is eligible to receive PBS General Schedule medicines. These patients may or may not identify as an Aboriginal and/or Torres Strait Islander person.⁷⁰

S100 RAAHS eligible medicines

S100 RAAHS covers essential PBS General Schedule medicines that are currently listed in Section 2 of the Schedule of Pharmaceutical Benefits (including palliative care items), at the time of supply, excluding⁷⁸:

- medicines that can only be supplied under s100 of the Act, including Highly Specialised Drugs
- emergency drug (Prescriber's Bag) supplies
- medicines that are Schedule 8 (controlled drugs), as defined by the drugs and poisons legislation in the relevant state or territory.

Note that extemporaneously prepared items (Section 4 of the Schedule of Pharmaceutical Benefits) and Repatriation Pharmaceutical Benefit items cannot be supplied via these arrangements.

Non eligible medicines

Patients or AHSs are required to cover the cost of medicines not eligible to be supplied under the s100 RAAHS Program, such as Schedule 8 medicines, non-PBS medicines and extemporaneously prepared products.⁷⁸

Dispensing of medicines under S100 RAAHS

PBS medicines are dispensed to patients by a health professional authorised under state or territory law. This differs between jurisdictions. When working with s100 RAAHSs, pharmacists must be familiar with who can dispense medicines in an AHS in their practice state or territory.

Pharmacies are paid for the medicines supplied under s100 RAAHS by submitting claims to *Services Australia*. The current system requires the submission of an approved claim form including:

- serial number
- PBS code
- manufacturer code
- description of the item, form and strength
- quantity ordered
- quantity supplied
- subset quantity supplied for an individual (if applicable)—medicines that are labelled and prepared for an individual patient rather than bulk stock to the health service.



ABORIGINAL AND TORRES STRAIT ISLANDER PHARMACY PROGRAMS

Programs funded under the Community Pharmacy Agreement (CPA) are subject to review which may result in changes to the business rules including eligibility for services. Pharmacists delivering programs funded under the CPA should ensure they regularly review the program rules available via the program administrators.

Community Pharmacy Agreement Aboriginal and Torres Strait Islander specific programs

Pharmacists delivering programs funded by the Community Pharmacy Agreement (CPA) must be familiar with the rules for each program and ensure the requirements for cultural safety are upheld.

The role of a pharmacist within AHS's and with Aboriginal and Torres Strait Islander peoples is not limited to the work outlined in the program's framework of this section. Pharmacists need to work with health services, communities and patients to deliver services that meet the

needs and expectations of all parties. Pharmacy programs should support the principles of co-design and co-development, acknowledging the need for pharmacists to adapt programs to suit individuals and communities. See *Providing culturally safe and responsive care* and *Co-design and co-development*.

Indigenous Health Services Pharmacy Support Program

Indigenous Health Services Pharmacy Support (IHSPS) Program commenced in 2021, replacing the s100 Pharmacy Support Services for RAAHS and Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People (QUMAX) programs. IHSPS is available for all eligible Indigenous Health Services (IHS), including state and territory health department services and community-controlled services. The program is designed to improve the QUM and health outcomes for Aboriginal and Torres Strait Islander peoples. It is managed by the Pharmacy Programs Administrator (PPA) with support from NACCHO.⁷⁹

IHSPS funding is based on the type of health service, and the number of patients. Funding is allocated annually, following an annual registration process and an annual work plan. ACCHO work plans are reviewed by NACCHO QUM staff, while state and territory operated AHSs are reviewed by PPA. These are then approved by the Department of Health. The PPA website contains program rules, relevant documents and flow diagrams for pharmacists and AHS staff to understand the registration, work plan and reporting timelines. There are strict deadlines for submission to allow for funding to be provided to the AHS or service provider.

The program supports four categories⁸⁰:

1. QUM pharmacist support
2. QUM devices
3. QUM education
4. Patient transport (funding to IHS only).

AHSs may choose to delegate authority to a service provider to develop and submit all documentation, including reporting and receiving the payments directly from PPA for the current program cycle. This requires a service agreement between the AHS and the nominated service provider.

Under the program rules, an AHS can directly commission QUM support through any of these categories or enter into a service agreement with any eligible service provider (refer to the CPA program rules for AHS and service provider eligibility). An AHS can only have a service agreement with one approved service provider per annual cycle.

1. QUM pharmacist support

This aims to support staff and patients with:

- education on the use of medicines
- medication quality assurance (such as policies on storage and supply of medicines, the safe use of medicines and prescribing guidelines)
- continuous improvement and compliance with relevant legislative requirements (such as auditing and assistance with accreditation activities)
- medication management support activities that are not funded through other programs (such as non-HMR medication reviews, medicine talks, clinical file reviews and clinical auditing).

2. QUM devices

This category aims to reduce the financial burden on patients and health services to improve the overall delivery of medicines and management of chronic disease. These are devices that are not available through another government program. Devices must be personal devices, not used for clinic use (e.g. asthma spacers).⁷⁹ QUM devices covered include⁷⁶:

- automatic blood pressure monitors
- glucometers
- lancets
- blood ketone test strips
- asthma spacers and masks
- nebulisers and tubing bowl mask kits
- peak flow meters
- Piko digital peak flow meters
- tablet cutters and crushers
- Ezy Drop eyedrop guide
- Pil-bob device
- Autosqueeze eye drop bottle squeezer.

PPA provide a list of eligible devices in the program rules. Application for a specific item not on the list can be made to PPA. Pharmacists may also be a service provider to eligible AHS's accessing this program.⁷³

3. QUM education

QUM education aims to provide access to education resources, such as the Australian Pharmaceutical Formulary, the Australian Medicines Handbook and Therapeutic Guidelines, to promote suitable, safe, and effective medicine management. These funds can only be used for resources that are not freely publicly available. The standard list of resources is available via the PPA website.

4. Patient transport

Funding for transport aims to support patient access to medicines and pharmacy services. This funding cannot be used for transporting the medicines to the AHS.

Indigenous Dose Administration Aid Program

The Indigenous Dose Administration Aid (IDAA) program is designed to assist patients in the community who identify as Aboriginal and/or Torres Strait Islander to better manage their medicines through a DAA program. The objectives are to maintain a safe supply of medicines and improve medicine adherence.

For a community pharmacy to participate in the program it must meet the criteria specified by the program administrator.⁸¹

For a patient to be eligible to receive an IDAA service under this program, they must meet the criteria specified by the program administrator. Patients are not eligible if⁸¹:

- They are an in-patient at a public hospital, private hospital, day hospital or transition care facility.
- A resident of an aged care or correctional facility.
- Already receiving funding from another government DAA program such as the DVA DFAA program, state funded programs or PHN programs.

IDAA services must be supplied by a patient's preferred community pharmacy.⁸¹

Consent

A key requirement of this program is patient consent. Patients can provide consent in writing or verbally. Consent forms must be retained by the community pharmacy providing the IDAA service. New consent forms are required if patients transfer to a different community pharmacy.

The IDAA patient information and consent form can be adapted or translated to meet the communication needs of the local community. Consent forms, and all other records pertaining to the IDAA service, must be retained for no less than 7 years after the claim for payment.

Caps

There is no weekly cap on IDAA services. Weekly caps apply to non-IDAA services only.

Claiming

Community pharmacies providing IDAA services must be registered in the PPA portal. IDAA claims are submitted via the PPA portal. IDAA services claimed must meet specified patient criteria and the following⁸¹:

- Patient's medicines in the DAA are dispensed and packed in the pharmacy by the claiming IDAA service provider
- The patient's medicines in the DAA are dispensed by the claiming IDAA service provider but are packed at another site (DAA packing provider, another pharmacy etc) that meets the pharmacy approval authority requirements in the relevant state or territory as well as the relevant quality standard.
- IDAA services must be claimed by the end of the next calendar month after the service has been provided (e.g. IDAAs provided in July must be claimed by 31st August).

Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme encourages Aboriginal and Torres Strait Islander students to undertake undergraduate or graduate entry pharmacy studies at an Australian university. Scholarships are awarded annually to students who are studying fulltime, with a value of \$15,000 per student per year to a maximum of \$60,000 over 4 years. Further information and application lodgement are at <https://www.ppaonline.com.au/programs/aboriginal-and-torres-strait-islander/aboriginal-and-torres-strait-islander-pharmacy-scholarship-scheme>.

Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme

The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme aims to increase Aboriginal and Torres Strait Islander employment within pharmacies by supporting Aboriginal and/or Torres Strait Islander pharmacy assistants to complete a nationally accredited pharmacy assistant training course. Community pharmacies that employ and train pharmacy assistants via this scheme may be eligible for an allowance of up to \$10,000. Further information and application lodgement at <https://www.ppaonline.com.au/programs/aboriginal-and-torres-strait-islander/pharmacy-assistant-support-scheme>.



RESOURCES

Aboriginal and Torres Strait Islander cultural training

Several online programs can assist in providing a background of Aboriginal and Torres Strait Islander history, culture and concepts of cultural safety. These programs could be used during an orientation session and to support the CPD of all staff within pharmacy settings. In the local area, cultural training needs to be supported through engagement with Aboriginal and Torres Strait Islander peoples.

- Indigenous Allied Health Australia's Cultural responsiveness training: <https://iaha.com.au/iaha-consulting/cultural-responsiveness-training/>
- Learn about culture – Generation One, Reconciliation Australia: <http://shareourpride.reconciliation.org.au/>
- Royal Australian College of General Practice's Cultural awareness and cultural safety training: www.racgp.org.au/the-racgp/faculties/atsi/education-and-training/cpd-activities-for-gps-and-health-professionals/cultural-awareness-and-cultural-safety-training
- Aboriginal identity: www.creativespirits.info/aboriginalculture/people/aboriginal-identity-who-is-aboriginal.

Indigenous Allied Health Australia

Indigenous Allied Health Australia is a national not-for-profit, community controlled and member-led, Aboriginal and Torres Strait Islander allied health organisation.

IAHA support the Aboriginal and Torres Strait Islander allied health workforce across 29 professions, including pharmacy. Membership to IAHA is free and open to Aboriginal and Torres Strait Islander pharmacy assistants, Aboriginal and Torres Strait Islander students enrolled in pharmacy degrees, and Aboriginal and Torres Strait Islander graduates of recognised pharmacy programs.

IAHA members have access to a wide range of programs and supports designed to support success, including member bursaries, mentoring and peer networking, clinical placement opportunities, and culturally informed professional and leadership development offerings - <http://iaha.com.au/>

National Aboriginal and Torres Strait Islander organisations

- National Aboriginal Community Controlled Health Organisation (NACCHO) is the national leadership body in Australia for Aboriginal and Torres Strait Islander health and represents Aboriginal Community Controlled Health Organisations across the country. Includes a variety of documents and resources on providing healthcare to Aboriginal and Torres Strait Islander peoples: www.naccho.org.au/
- Indigenous Allied Health Australia (IAHA) leads workforce development and support to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples. Includes policy position statements on providing services to Aboriginal and Torres Strait Islander peoples: <http://iaha.com.au/>
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners. Includes position statements, framework documents and videos: www.naatsihwp.org.au
- Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) contains several resources on Aboriginal and Torres Strait Islander culture and history, including a map of Indigenous Australia and the Code of Ethics for Aboriginal and Torres Strait Islander Research: <https://aiatsis.gov.au/>

Aboriginal and Torres Strait Islander specific clinical resources

- Kidney Health Australia: <https://kidney.org.au/health-professionals/health-professional-resources/aboriginal-and-torres-strait-islander-peoples>
- Medicines lists for Aboriginal and Torres Strait Islander people developed by NACCHO and NPS MedicineWise: www.nps.org.au/assets/NPS/pdf/NPSMW2408_Medicines_List_Principles_Document_Singles.pdf
- Links to resources related to Aboriginal and Torres Strait Islander health: www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/resources
- NSW Rural Doctors Network Aboriginal Health: www.nswrdn.com.au/site/aboriginal-resources
- Agency for Clinical Innovation Aboriginal Health: <https://aci.health.nsw.gov.au/resources/aboriginal-health>
- Beyond Blue: www.beyondblue.org.au/who-does-it-affect/aboriginal-and-torres-strait-islander-people/helpful-contacts-and-websites
- Remote Primary Health Care Manuals, includes the Medicines Book, which has been written for Aboriginal and Torres Strait Islander health practitioners: www.remotephcmanuals.com.au
- The Primary Clinical Care Manual for health professionals working in rural, remote and isolated care settings: www.health.qld.gov.au/rrcsu/clinical-manuals/primary-clinical-care-manual-pccm
- The Kimberley Aboriginal Health Planning Forum, including a standard drug list for remote clinics and health services, chronic disease clinical protocols and guidelines, and cultural safety framework resources: <https://kahpf.org.au>
- NACCHO Medicines Management Network and Resources links to resources to support the quality use of medicines in Aboriginal Health Services: <https://www.naccho.org.au/publications-resources/>, www.naccho.org.au/naccho-medicines-management-network-and-resources/

- Australian Indigenous HealthInfoNet has courses, policies and patient resources: <https://healthinfonet.ecu.edu.au/>
- The Lowitja Institute has reports, journal articles and policy briefs: www.lowitja.org.au/resources
- NPS MedicineWise has Good Medicine Better Health courses for Aboriginal and Torres Strait Islander health workers and practitioners, covering antibiotics, respiratory tract infections, anxiety and depression, asthma, high blood pressure, quality use of medicines and type 2 diabetes: www.nps.org.au/good-medicine-better-health
- NPS MedicineWise Medicines use in remote Australia: www.nps.org.au/remote-area-aboriginal-health-services-qum-hub

Aboriginal and Torres Strait Islander specific patient resources

- National Diabetes Services Scheme: www.ndss.com.au/living-with-diabetes/about-you/aboriginal-and-torres-strait-islander-peoples/resources/
- Kidney Health Australia: <https://kidney.org.au/resources/indigenous-resources-library>
- Heart Health has videos and other resources on heart risks, heart problems, and heart surgeries: www.svhhearthealth.com.au/aboriginal-heart-health

Aboriginal and Torres Strait Islander people health information

Australian Human Rights Commission: Aboriginal and Torres Strait Islander social justice reports: www.humanrights.gov.au/aboriginal-and-torres-strait-islander-social-justice

Guidelines, standards and program rules

- QCPP Standards: <https://portal.qcpp.com/pharmacy/>
- RACGP Standards for general practices, 5th edition: www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed
- NSQHS Standards: www.safetyandquality.gov.au/standards/nsqhs-standards
- Aged Care Quality Standards: www.agedcarequality.gov.au/providers/standards
- PSA Guidelines for pharmacists providing dose administration aid services: <https://my.psa.org.au/s/article/Guidelines-for-pharmacists-providing-dose-administration-aid-services>
- PSA Guidelines for comprehensive medication management reviews: <https://my.psa.org.au/s/article/guidelines-for-comprehensive-mmr>
- PSA Guidelines for pharmacists providing MedsCheck and Diabetes MedsCheck services: <https://my.psa.org.au/s/article/Guidelines-for-pharmacists-providing-MedsCheck-and-Diabetes-MedsCheck-services>
- Digital Health Guidelines for Pharmacists: <https://www.psa.org.au/resource/digital-health-guidelines-for-pharmacists/>
- CPA Aboriginal and Torres Strait Islander Specific Programs: <https://www.ppaonline.com.au/programs/aboriginal-and-torres-strait-islander>
- ACCHO Medicines Management Guidelines: <https://www.naccho.org.au/naccho-medicines-management-network-and-resources/>

Other resources

- Regional Insights for Indigenous Communities allows searching for a region in Australia to review statistics about the Indigenous population in that region, and compare to other regions: www.rific.gov.au
- Graduate Certificate in Remote Health Practice: a postgraduate course designed to meet the needs of health professionals working in remote practice: www.crh.org.au/post-graduate-award-courses/graduate-certificate-in-remote-health-practice
- Short clip from Australian Institute of Aboriginal and Torres Strait Islander Studies to the difference between a Welcome to Country and an Acknowledgement of Country. <https://aiatsis.gov.au/explore/welcome-country>
- The Healing Foundation's, *Working with the Stolen Generations: understanding trauma*, outlines considerations to be aware of as well as strategies that can be adopted to optimise the care provided to survivors of the Stolen Generations: <https://healingfoundation.org.au/app/uploads/2019/12/Working-with-Stolen-Generations-Aged-Care-fact-sheet.pdf>



REFERENCES

1. Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Plan 2021–2031. 2021. At: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031>
2. National Aboriginal Community Controlled Health Organisation. Aboriginal Community Controlled Health Organisations (ACCHOs). 2022. At: <https://www.naccho.org.au/acchos/>
3. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners. National Aboriginal and Torres Strait Islander Health Worker Association (NAATSIHWP) Preferred Terminology. 2022. At: https://www.naatsihwp.org.au/sites/default/files/preferred_terminology_2022.pdf
4. Indigenous Allied Health Australia. Cultural responsiveness in action: An IAHA Framework. 2019. At: https://iaha.com.au/wp-content/uploads/2020/08/IAHA_Cultural-Responsiveness_2019_FINAL_V5.pdf
5. Queensland Government Queensland Curriculum & Assessment Authority. Aboriginal Lore. 2018. At: <https://www.qcaa.qld.edu.au/about/k-12-policies/aboriginal-torres-strait-islander-perspectives/resources/aboriginal-lore>
6. Australian Health Practitioner Regulation Agency & National Boards. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. 2020. At: <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/health-and-cultural-safety-strategy.aspx>
7. World Health Organization. Social determinants of health. 2022. At: <https://www.who.int/health-topics/social-determinants-of-health>
8. Australian Commission on Safety and Quality in Health Care. Health literacy. 2022. At: <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy>
9. Pharmacy Programs Administrator. Dose Administration Aids. 2018. At: <https://www.ppaonline.com.au/programs/medication-adherence-programs-2/dose-administration-aids>
10. National Aboriginal Community Controlled Health Organisation. Constitution for the National Aboriginal Community Controlled Health Organisation. 2011. At: https://f.hubspotusercontent10.net/hubfs/5328468/NACCHO_April_2020/PDFs/NACCHO-CONSTITUTION-Ratified-Ver-151111-for-ASIC-.pdf
11. Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. 2022. At: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031>
12. Australian Health Practitioner Regulation Agency & National Boards. Code of conduct. 2022. At: <https://www.ahpra.gov.au/Publications/Code-of-conduct/Shared-Code-of-conduct.aspx>
13. Australian governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. 2020. At: <https://www.closingthegap.gov.au/national-agreement>
14. Mayi Kuwayu The National Study of Aboriginal and Torres Strait Islander Wellbeing. 2022. At: <https://mkstudy.com.au/>
15. Indigenous Allied Health Australia Policy Position Statement. Cultural safety through responsive health practice. 2019. At: <https://iaha.com.au/wp-content/uploads/2020/02/Cultural-Safety-Through-Responsive-Health-Practice-Position-Statement.pdf>
16. Reconciliation Australia. Acknowledgement of Country and Welcome to Country. 2022. At: <https://www.reconciliation.org.au/acknowledgement-of-country-and-welcome-to-country/>
17. Australian Institute of Aboriginal and Torres Strait Islander Studies. Welcome to Country. 2022. At: https://aiatsis.gov.au/explore/welcome-country?fbclid=IwAR3rVwnQTOQXw52hziOjZz2iHF9ixK1eVDSzpbWkvCyex9_mx87t0vVc
18. Australian Commission on Safety and Quality in Health Care. Action 1.21: Improving cultural competency. At: www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/resources-nsqhs-standards/user-guide-aboriginal-and-torres-strait-islander-health/action-121-improving-cultural-competency
19. The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute. National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health. Sydney: Australian Commission on Safety and Quality in Health Care; 2017.
20. McDermott D. "Big Sister" Wisdom: How might non-Indigenous speech-language pathologists genuinely, and effectively, engage with Indigenous Australia? Int J Speech Lang Pathol 2019;21(3):252-62.
21. Nguyen HT. Patient centred care - cultural safety in indigenous health. Aust Fam Physician 2008; 37(12):990-4.
22. HealthConsult. Policy options for reforming the Indigenous Pharmacy Programs. 2018.
23. Australian Government, Australian Institute of Health and Welfare. Culturally safe health care for Indigenous Australians. 2020. At: <https://www.aihw.gov.au/reports/australias-health/culturally-safe-healthcare-indigenous-australians>
24. Pharmaceutical Society of Australia. Code of Ethics for Pharmacists. Canberra: PSA; 2017.
25. Pharmaceutical Society of Australia. Professional practice standards, version 5. Canberra: PSA; 2017.
26. Welch S, McMillan F, Moles R. Hospital pharmacy services supporting Aboriginal or Torres Strait Islander peoples in Australia: a systematic review. J Pharm Prac Res 2020;50(3):191-204.
27. Pharmaceutical Society of Australia. National competency standards framework for pharmacists in Australia 2016. Canberra: PSA; 2016.
28. Queensland Health. Aboriginal and Torres Strait Islander patient care guideline. Brisbane: Queensland Health; 2014.
29. RACGP National Faculty of Aboriginal and Torres Strait Islander Health. Racism in the healthcare system position statement. 2018. At: www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Racism-in-the-healthcare-sector.pdf
30. Pharmaceutical Society of Australia. Pharmacists in 2023: for patients, for our profession, for Australia's health system. Canberra: PSA; 2019.
31. Oliver SJ. The role of traditional medicine practice in primary health care within Aboriginal Australia: a review of the literature. J Ethnobiol Ethnomed 2013;9:46.
32. Shahid S, Bleam R, Bessarab D, et al. "If you don't believe it, it won't help you": use of bush medicine in treating cancer among Aboriginal people in Western Australia. J Ethnobiol Ethnomed 2010;6:18.
33. Healing Foundation. Working with the Stolen Generations. At: <https://healingfoundation.org.au/app/uploads/2019/12/Working-with-Stolen-Generations-Aged-Care-fact-sheet.pdf>
34. Healing Foundation. Working with the Stolen Generations: understanding trauma. At: <https://healingfoundation.org.au/app/uploads/2019/12/Working-with-Stolen-Generations-GP-fact-sheet.pdf>

35. Aboriginal Health Council of Western Australia. Aboriginal Community Controlled Health Services Model of Care. 2022. At: http://kams.org.au/wp-content/uploads/2019/10/AHCWA_ModelofCarePoster_OCT18_output2.pdf
36. Australian Institute of Health and Welfare. Indigenous health and wellbeing. 2020. At: www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing
37. NSW Government, Aboriginal Affairs. Co-designing recommendations to government: A literature review and case studies from the OCHRE initiatives. 2021. At: <https://www.aboriginalaffairs.nsw.gov.au/research-and-publications/completed-research-and-evaluation/Report-Co-designing-recommendations.pdf>
38. The Auckland Co-Design Lab. About Us. 2022. At: <https://www.aucklandco-lab.nz/>
39. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners. National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce. 2021. At: <https://www.naatsihwp.org.au/our-publications/key-documents>
40. Aboriginal and Torres Strait Islander Health Practice Board Ahpra. Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners. 2019. At: <https://www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Professional-capabilities.aspx>
41. National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners. Who we are and what we do. 2021. At: <https://www.naatsihwp.org.au/who-we-are-and-what-we-do>
42. Aspin C, Brown N, Jowsey T, et al. Strategic approaches to enhanced health service delivery for Aboriginal and Torres Strait Islander people with chronic illness: a qualitative study. *BMC Health Serv Res* 2012;12:143.
43. Hart LM, Jorm AF, Kanowski LG, et al. Mental health first aid for Indigenous Australians: using Delphi consensus studies to develop guidelines for culturally appropriate responses to mental health problems. *BMC Psychiatry* 2009;9:47.
44. Khalil H, Gruis H. Medication safety challenges in Aboriginal Health Care services. *Aust J Rural Health* 2019;27(6):542–9.
45. Davidson PM, Abbott P, Davison J, et al. Improving medication uptake in Aboriginal and Torres Strait Islander peoples. *Heart Lung Circ* 2010;19(5-6):372–7.
46. Larkin C, Murray R. Assisting Aboriginal patients with medication management. *Aust Prescr* 2005;28:123–5
47. Page A, Hyde Z et al. Potentially suboptimal prescribing of medicines for older Aboriginal Australians in remote areas. *Med J Aust* 2019;211(3):119-25.
48. World Health Organization. Adherence to long-term therapies, evidence for action. 2003. At: <http://whqlibdoc.who.int/publications/2003/9241545992.pdf>
49. The Society of Hospital Pharmacists of Australia. Standards of practice for clinical pharmacy services. 2016. At: www.shpa.org.au/resources/standards-of-practice-for-clinical-pharmacy-services
50. Australian Commission on Safety and Quality Healthcare. National standard for labelling dispensed medicines. 2021. At: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-standard-labelling-dispensed-medicines>
51. NACCHO, NPS MedicineWise. Medicines lists for Aboriginal and Torres Strait Islander people: principles for producing best possible medicines lists. 2021. At: www.nps.org.au/assets/NPS/pdf/NPSMW2408_Medicines_List_Principles_Document_Singles.pdf
52. McRae M, Taylor SJ, Swain L, et al. Evaluation of a pharmacist-led, medicines education program for Aboriginal Health Workers. *Rural Remote Health* 2008;8(4):946.
53. Pharmaceutical Society of Australia. Clinical governance principles for pharmacy services 2018. Canberra: PSA; 2018
54. Institute for Healthcare Improvement. Medication lists for patients and families. 2022. At: www.ihl.org/resources/Pages/Tools/MedListforPatientsFamilies.aspx
55. Pharmaceutical Society of Australia. Digital Health Guidelines for Pharmacists. Canberra. 2021.
56. Australian Government, Australian Digital Health Agency. Pharmacist Shared Medicines List (PSML). 2022. At: <https://developer.digitalhealth.gov.au/products/psml>
57. Swain L, Griffiths C, Pont L, et al. Attitudes of pharmacists to provision of Home Medicines Review for Indigenous Australians. *Int J Clin Pharm* 2014;36(6):1260–7.
58. Swain LS, Barclay L. Exploration of Aboriginal and Torres Strait Islander perspectives of Home Medicines Review. *Rural Remote Health* 2015;15:3009.
59. Swain L, Barclay L. Medication reviews are useful, but the model needs to be changed: Perspectives of Aboriginal Health Service health professionals on Home Medicines Reviews. *BMC Health Serv Res* 2015;15:366.
60. Pharmacy Programs Administrator. Indigenous dose administration aids. At: www.ppaonline.com.au/programs/medication-adherence-programs-2/indigenous-dose-administration-aids
61. The Pharmacy Guild of Australia. Quality Care 2020 Requirements version 1.0. Canberra: The Pharmacy Guild of Australia; 2020.
62. Sudeshika T, Naunton M, Deeks LS, et al. General practice pharmacists in Australia: A systematic review. *PLoS One* 2021;16(10):e0258674.
63. Couzos S, Smith D, Tremlett M, et al. Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) project. 2021. At: [www.msac.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/\\$File/1678%20IPAC%20Public%20Summary.pdf](http://www.msac.gov.au/internet/msac/publishing.nsf/Content/8FBBD6DC1F003721CA25876D0002CEF5/$File/1678%20IPAC%20Public%20Summary.pdf)
64. Couzos S, Smith D, Stephens M, et al. Integrating pharmacists into Aboriginal Community Controlled Health Services (IPAC project): Protocol for an interventional, non-randomised study to improve chronic disease outcomes. *Res Social Adm Pharm* 2020;16(10):1431–41.
65. The Royal Australian College of General Practitioners. Standards for general practices. 5th edn. East Melbourne: RACGP; 2020.
66. The Royal Australian College of General Practitioners. Accreditation. 2022. At: www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/accreditation
67. Welch S, McMillan F, Moles R. Hospital pharmacy services supporting Aboriginal or Torres Strait Islander peoples in Australia: a systematic review. *J Pharm Prac Res* 2020;50(3):191–204.
68. Welch S, Patel B, Williams A, et al. Connecting the dots of care: survey of Australian hospital pharmacy departments regarding current initiatives in place to care for Aboriginal and/or Torres Strait Islander inpatients. *J Pharm Prac Res* 2022.
69. Rix EF, Barclay L, Stirling J, et al. The perspectives of Aboriginal patients and their health care providers on improving the quality of hemodialysis services: a qualitative study. *Hemodial Int* 2015;19(1):80–9
70. Australian Commission on Safety and Quality in Health Care. Consumers and accreditation. 2019. At: www.safetyandquality.gov.au/standards/national-safety-and-quality-health-service-nsqhs-standards/assessment-nsqhs-standards/consumers-and-accreditation
71. Sivertsen N, Harrington, A & Hamiduzzaman M. Exploring Aboriginal aged care residents' cultural and spiritual needs in South Australia. *BMC Health Serv Res* 2019;19:477
72. Australian Government Aged Care Quality and Safety Commission. Aged Care Quality Standards. 2021. At: <https://www.agedcarequality.gov.au/providers/standards>

73. Australian Government Department of Health. Aged care support for Aboriginal and Torres Strait Islander people. 2021. At: <https://www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/aged-care-support>
74. Australian Government My aged care. Support for Aboriginal and Torres Strait Islander people. 2022. At: <https://www.myagedcare.gov.au/support-aboriginal-and-torres-strait-islander-people>
75. Australian Government, Department of Health. Prescribing Medicines – Information for PBS prescribers, Improving the capacity of the PBS to meet particular Aboriginal and Torres Strait Islander health needs. 2022. At: https://www.pbs.gov.au/info/healthpro/explanatory-notes/section1/Section_1_2_Explanatory_Notes
76. Australian Government, Department of Health. Listings on the PBS for Aboriginal and Torres Strait Islander people. 2022. At: <https://www.pbs.gov.au/info/publication/factsheets/shared/pbs-listings-for-aboriginal-and-torres-strait-islander-people>
77. Australian Government Department of Health. The Closing the Gap (CTG) – PBS co-payment program. 2021. At: www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure
78. Services Australia. Remote Area Aboriginal Health Services (RAAHS or AHS) and the Pharmaceutical Benefits Scheme. 2021. At: www.servicesaustralia.gov.au/remote-area-aboriginal-health-services-raahs-or-ahs-and-pharmaceutical-benefits-scheme
79. Pharmacy Programs Administrator. Indigenous Health Services Pharmacy Support Program. At: www.ppaonline.com.au/programs/aboriginal-and-torres-strait-islander/indigenous-health-services-pharmacy-support-program
80. Pharmacy Programs Administrator. Program rules: Indigenous health services pharmacy support. 2021. At: <https://www.ppaonline.com.au/programs/aboriginal-and-torres-strait-islander/indigenous-health-services-pharmacy-support-program>
81. Pharmacy Programs Administrator. Indigenous Dose Administration Aids. 2018. At: <https://www.ppaonline.com.au/programs/medication-adherence-programs-2/indigenous-dose-administration-aids>



“You can make a difference to
Closing the Gap. Together, we
must walk side by side to do this.”

Dr Dawn Casey PSM FAHA
Deputy CEO NACCHO