Pharmacy Programs Administrator

PROGRAM RULES

Indigenous Health Services Pharmacy Support

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Australian Government
Department of Health, Disability and Ageing

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1 INTRODUCTION

The Indigenous Health Services Pharmacy Support (IHSPS) Program is funded by the Australian Government Department of Health, Disability and Ageing (the department) to support quality use of medicines services and aims to reduce adverse events and associated hospital admissions or medical presentations. This document outlines the Program Rules governing the IHSPS program. This document must be read in conjunction with the Pharmacy Programs Administrator (PPA) General Terms and Conditions (General Terms). Definitions in the General Terms apply to these Program Rules.

The Program Rules may also be revised from time to time, at the final discretion of the department.

The Program Rules are administrative and reflect the department's intention as to how the IHSPS Program is to be administered by the PPA. The decision to approve IHSPS funding is entirely at the department's discretion, and these Program Rules do not confer any entitlement for an Indigenous Health Service (IHS) or Service Provider to receive funding under this Program. Neither the PPA nor the department will accept liability for any loss or damage incurred by an IHS or Service Provider in expectation of the provision of funding.

2 DEFINITIONS

General Terms means the PPA General Terms and Conditions, available at www.ppaonline.com.au.

IHS means an Indigenous Health Service that is:

- Funded by the department's First Nations Health Division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples; OR
- Approved to participate in the Remote Area Aboriginal Health Services (RAAHS) Program

NACCHO means the National Aboriginal Community Controlled Health Organisation.

Outstation means a permanent remote health service of a primary IHS, staffed by at least one permanent healthcare worker, where Pharmaceutical Benefits Scheme (PBS) medicines approved for supply under the RAAHS arrangements are stored in compliance with an approval issued by the relevant state/territory health authority. Noting that RAAHS 'outreach' services does not necessarily meet the definition of an 'outstation'.

PBS means the Pharmaceutical Benefits Scheme.

PPA means the Pharmacy Programs Administrator.

Program Participant means an IHS or Service Provider approved to participate in this Program who is responsible for submitting relevant documentation and receiving payments during the Program cycle.

QUM means Quality Use of Medicines.

QUM Support means support for QUM as defined under the IHSPS Support Categories.

RAAHS Program means the RAAHS Program, established under section 100 of the *National Health Act 1953*.

Service Agreement means an agreement between a prospective Service Provider and an IHS for the provision of all QUM activities, as defined under Section 3.2 of these Program Rules. An example agreement is available at www.ppaonline.com.au.

Service Provider means an eligible entity which has an executed Service Agreement with an eligible IHS to provide QUM Services in accordance with these Program Rules and the General Terms.

Registered Pharmacist means a person who is currently registered as a pharmacist with the Pharmacy Board of Australia and has an Australian Health Practitioner Regulation Agency (AHPRA) number and is not suspended or subject to any restrictions as a pharmacist.

The Act means the *National Health Act 1953*.

The Department means the Australian Government Department of Health, Disability and Ageing.

3 BACKGROUND

QUM is one of the central objectives of Australia's National Medicines Policy and involves the safe and judicious use of medicines. QUM involves:

- Using medicines only after considering other treatment options;
- Appropriately choosing a medicine after appraisal of factors, including the clinical condition, risks and benefits, and any co-existing conditions;
- Using medicines safely and effectively, including monitoring effects on the patient's health and/or quality of life, and minimising misuse and abuse.

QUM principles stress the importance of communication between patients and health professionals to increase a patient's knowledge and understanding of their medicines.

3.1 Program Definition

The IHSPS Program aims to improve QUM and health outcomes for Aboriginal and Torres Strait Islander people by providing funding for the purchase of a range of QUM Support activities. Under the IHSPS Program, an eligible IHS is able to:

a) Receive payments directly to commission QUM Support through any of the categories listed in Section 3.2 of these Program Rules; OR

b) Enter into a Service Agreement with any eligible Service Provider to provide **all** QUM Support activities, and to submit relevant documentation and receive payments on behalf of the IHS.

The IHSPS Program is administered by the PPA, with support from the NACCHO.

3.2 Support Activity Categories

To achieve the aim of the IHSPS Program, funding is allocated amongst participating IHSs on an annual basis. Once funding is allocated, each IHS or Service Provider will complete an annual Work Plan, outlining local QUM objectives for each QUM support category. It is recommended that if an IHS is not engaging a Service Provider, the development of the annual Work Plan be undertaken in consultation with the IHS's local community pharmacy or another registered pharmacist where it is considered appropriate.

The Work Plan categories enable IHSs, or Service Providers, to develop local QUM objectives and any other QUM related support, based on the needs of the community identified by the IHS. IHSs, or Service Providers, may consult with the NACCHO Support Officer to understand and assist with developing a Work Plan that meets their needs.

The Work Plan includes four QUM Support categories detailed below:

1. QUM Pharmacist support

Aims to facilitate pharmacist support to IHS staff and clients in relation to QUM, including:

- Education for staff and patients on QUM and the appropriate use of specific medicines;
- Medicine quality assurance, e.g., policies on the storage and supply of medicines;
- Continuous improvement and compliance with relevant legislative requirements; and
- Medication management support activities where not funded through other programs.

An IHS is able to engage any registered pharmacist or approved pharmacy to provide this support. The range of services to be provided is by agreement with the relevant IHS. The pharmacist/pharmacy must ensure they have an understanding of the cultural needs of the community/ies they support. If travel is required to deliver the service, this cost should be included in the quote provided by the pharmacy – this should not include meals and accommodation.

Administration tasks, including routine business-as-usual activities such as compiling reporting for program deliverables, are not eligible for funding under the IHSPS Program.

The Program is intended to support activities directly aligned with its purpose, and administrative support or internal reporting responsibilities fall outside the scope of funding.

2. QUM devices

Aims to reduce the financial barriers to access QUM devices to improve overall delivery of medicines and management of chronic disease, where funding is not available through another Australian Government program. These devices must be for the personal use of a patient on a regular basis to help them manage their medication regime for a chronic condition, e.g., asthma spacers. Funding should not be used to purchase devices that are used by an IHS for multiple clients, or to cover the costs of medicines. The standard list of QUM devices is provided at Appendix A.

The department will consider funding of QUM devices that are not on the standard list on a case-by-case basis. The standard QUM devices list will be monitored and updated annually if required. To request approval of QUM devices that are not on the standard list, apply through the standard workflow process. For example, if you are an Aboriginal Community Controlled Health Organisation (ACCHO), request via NACCHO and if you are a state/territory site request via PPA.

3. QUM education

Aims to reduce financial barriers to access QUM education for IHS employees and their clients. This category may also help IHSs to access current medicine resources, thus promoting suitable, safe and effective medication management for IHS clients. Funding will only be provided if these are not publicly available for free, with prior approval. The standard list of QUM education resources is provided at Appendix B.

The department will consider funding of QUM education resources that are not on the standard list on a case-by-case basis. The standard QUM education resources list will be monitored and updated annually if required. To request approval of QUM educational resources that are not on the standard list, apply through the standard workflow process. For example, if you are an ACCHO, request via NACCHO and if you are a state/territory site request via PPA.

4. Patient transport

Aims to reduce barriers for patients to access medicines and pharmacist services by providing transport support, where this is not funded under another Australian Government program. Funding cannot be used for transporting medicines to an IHS. Use of funding for transport activities must be adequately justified, and appropriately documented and reported, e.g., car logbook. A car logbook template is available **here**.

The reimbursement rate is calculated at the Australian Taxation Office (ATO) cents per kilometre (km) method and the rate to be used is based on the financial year for which you are claiming an allowance.

Please refer: ATO cents/km for updated patient transport cost | Expenses for a car you own or lease | Australian Taxation Office (ato.gov.au).

3.3 Supporting Documentation

Program Participants must ensure they have supporting evidence for reported activities.

Acceptable forms of supporting documentation may vary depending on the activity being reported. Examples include, but are not limited to:

- For patient transport: vehicle logbooks, trip sheets, or service records
- For clinical service delivery: patient encounter forms, service logs, or appointment records

For guidance on maintaining a vehicle logbook, participants may refer to the ATO logbook method: ATO Logbook Method Guidance.

The PPA may request clarification or additional supporting documentation where necessary to verify reported activities (refer to Section 8 of these Program Rules).

4 PROGRAM PROCESS AND REQUIREMENTS

Participation in the IHSPS Program involves the following requirements and processes:

4.1 IHS Eligibility

To be eligible to participate in the IHSPS Program, an IHS must:

- Be funded by the department's First Nations Health Division for the provision of primary healthcare services to Aboriginal and Torres Strait Islander peoples; **OR**
- Be an IHS approved to participate in the RAAHS Program, **AND**
- Agree to these Program Rules and the General Terms.

4.2 Annual Registration by an eligible IHS

To participate, eligible IHSs are required to register for the program annually via the online form, with support from the NACCHO Support Officer as required. Where an IHS is approved to participate in the RAAHS Program, it must provide an approved RAAHS ID number and details of its outstations (refer to Section 2 of these Program Rules) which are approved to supply PBS medicines to its clients.

IHSs approved to participate in the RAAHS Program must register separately and cannot be listed as outstations under other IHSs in an annual registration.

The online registration form requires authorisation by the IHS Chief Executive Officer (CEO) or relevant officer (see Section 4.6 of these Program Rules). There is a designated annual registration period and registrations will only be accepted during this time (see Table 1 in these Program Rules).

IHSs who have previously participated in the IHSPS Program will receive an invitation to register again via email. Those who have not participated in the most recent program cycle can call the PPA Support Centre on 1800 951 285 to request an invitation to register.

4.3 Annual Allocation of Funds

The annual funding allocation for each IHS consists of a base amount of $3000 plus an additional amount for each IHS client. Calculation of client numbers will be drawn from the information provided during the annual registration process. Further information is provided in a separate Fact Sheet, available on the PPA – IHSPS Webpage, under the PPA IHSPS Program Rules and other Downloads for the 2026/27 Cycle.

Once annual registrations close, the annual allocation for each IHS will be calculated based on factors including the total number of participating IHSs (and outstations – refer to Section 2 of these Program Rules) and total number of nominated IHS clients. The allocation for each IHS will be communicated by the PPA to the IHS.

Funding for the IHSPS Program is limited on the basis of available Australian Government funds. If there is an oversubscription of Program Participants, the amount of funding available for the program will be distributed with an aim of providing equity across the country.

The full budget is required to be expended at submission of Progress Report 2. Funds allocated are unable to be rolled over into the next financial year and will be recovered for confirmed underspends reported in the final deliverable of each IHSPS cycle.

4.4 Delegating Authority to a Service Provider

Upon being advised of their allocation, IHSs may choose to delegate authority to a Service Provider to develop and submit all relevant documentation, including reporting, and receive all payments for the current IHSPS Program cycle - this will require implementation of a Service Agreement between the IHS and the nominated Service Provider. From here on, nominated Service Providers and IHSs who decide to submit their own documentation, will be referred to as Program Participants.

Please note: An IHS may only have a Service Agreement with one approved Service Provider for the Program cycle and must remain with that Service Provider for the entirety of the Program cycle, unless there are mitigating circumstances. In the next program cycle, the IHS may instead choose not to delegate authority, or to delegate to a different Service Provider after the annual allocation of funding.

To be eligible to participate, a Service Provider must be:

- A Community Pharmacy approved to dispense PBS medicines under section 90 of the Act (s90 Pharmacy); or
- A business entity with an Australian Business Number (ABN) and a relationship with a Registered Pharmacist. This includes a Registered Pharmacist operating as a sole trader with an ABN; or
- A Hospital Authority approved to dispense PBS medicines under section 94 of the Act (s94 Pharmacy), and which:
    - Is supplying PBS medicines to an IHS under the RAAHS Program;
    - Has a Registered Pharmacist employed, who has capacity to provide Support Services to a participating IHS; AND
    - If the participating IHS is located in a town where there is a s90 Pharmacy, holds confirmation in writing from the s90 Pharmacy that it is not willing or able to provide Support Services to a participating IHS.

A Service Provider must also:

- Have a Service Agreement in place with an eligible IHS;
- Agree to abide by the General Terms;
- Undertake to provide QUM Support in accordance with these Program Rules;
- Ensure that all QUM Support activities are undertaken by a Registered Pharmacist; and
- Ensure they regularly liaise with the community/ies they support and ensure the services provided continue to meet the cultural and health needs of patients.

The Service Agreement form is available from the PPA website.

Please note: the Service Agreement form provided on the PPA website is **not** intended for use in instances where the Registered Pharmacist or pharmacy is only providing activities in the QUM Pharmacist Support category and has not been delegated authority to submit documentation on behalf of the IHS.

4.5 Work Plan

Program Participants will be required to develop an annual Work Plan which involves distributing the annual budget across the support activities and defining local objectives and activities for each of the QUM Support categories. Funding can be allocated to any or all the support categories. Program Participants may consult with the NACCHO Support Officer to understand an IHS' QUM needs and assist with developing a Work Plan.

Where the Program Participant is an IHS-nominated Service Provider, the Work Plan must be co-developed with that IHS and approved by the IHS CEO or relevant officer (see Section 4.6 of these Program Rules).

Where a Work Plan is submitted by a Service Provider, it must be accompanied by an executed copy of the Service Agreement with the participating IHS. The Service Agreement is available here.

Where a Work Plan is submitted by an IHS, it must be accompanied by a Declaration Form. The Declaration Form is available here.

The Work Plan will define the following information:

- Who is responsible for providing services under each QUM Support category;
- What is planned for each QUM Support category; and
- The funding amount for each negotiated QUM Support category.

Where funding is to be used for patient transport activities, this should be based on the ATO's rate per km travelled and appropriately documented. In the Work Plan Patient Transport section, it will reflect the ATO rate per km in line with current financial year. This is updated annually, on 30 June. Refer to the ATO website for the Cents per km method rate for each financial year: Cents per kilometre method | Australian Taxation Office (ato.gov.au)

The organisation type of each Program Participant determines what documentation needs to be submitted, how it needs to be submitted, and who it needs to be submitted to.

The following documents are available to provide guidance of the exact processes each particular type of Program Participant will need to follow in order to participate in the IHSPS Program:

- ACCHO, should refer to Work Flow for ACCHOs available here
- State-run IHSs, should refer to Work Flow for State-run IHS available here
- Service Providers who have a Service Agreement with an ACCHO, should refer to Work Flow for Service Providers working with ACCHOs available here
- Service Providers who have a Service Agreement with a State-run IHS, should refer to Work Flow for Service Providers working with State-run IHS available here

Program Participants must ensure they have read their relevant Work Flow document as Work Plans must be lodged in the correct way by the designated cut-off date (See Table 1 in these Program Rules). Work plans received after this date will not be accepted, unless there are exceptional circumstances.

4.6 Delegation of Work Plan Approval

Where required under Section 4.2 and Section 4.5 of these Program Rules, approval of Work Plan submissions may be delegated by the IHS CEO to a relevant officer.

Relevant officers include those at a regional or general management level, as determined by the IHS. Delegated approval must follow the same review and authorisation standards as the CEO.

This delegation aims to support timely program participation while maintaining accountability for program expenditure and reporting.

5 PAYMENT SCHEDULES

Funding will be provided to Program Participants in three payments.

5.1 Initial Payment

The PPA will make an initial payment to the Program Participant for 50% of the annual allocation for all QUM categories. This payment will be made by the PPA once the Work Plan has been approved. See the relevant Work Flow document for information on the Work Plan submission and approval process for each type of Program Participant.

5.2 Subsequent Payment

The PPA will make the two subsequent payments (equivalent to 30% and 20% of the yearly allocation, respectively) within 30 days of the PPA approving the Progress Reports (see Section 6 of these Program Rules).

5.3 Underspend Fund Recovery

The PPA will recover funds for any confirmed underspend identified in the final deliverable (Second Report) for each IHSPS cycle. Recovery of underspent funds will be undertaken in accordance with Sections 5.5 and 5.8 of the General Terms.

6 REPORTING DOCUMENTATION AND DELIVERABLES

6.1 Reporting Requirements

Program Participants will be required to provide two Progress Reports for each program cycle, including financial reporting (as appropriate) against the QUM Support categories outlined on the reporting template in the Work Plan. Where a Service Provider is providing reports on behalf of an IHS, a copy of these reports must also be provided to that IHS.

Reporting will involve the Program Participant specifying for each QUM Support category:

- The amount spent versus the allocated budget;
- How the funding was spent (i.e., what was purchased); and
- The number of patients that have benefited.

Completed reports will need to be submitted as per the relevant Program Participant Work Flow document in line with the following dates:

Table 1: IHSPS Program activities and reporting requirements

Activity	Dates	Payments
Annual Registration (IHS only)	Registration opens on the first business day in April (1 April 2026) and closes at the end of the 6th business week (15 May 2026)	Nil
Budget Notification	The PPA and the department will endeavour to notify participants of their budget on the first business day in July (1 July 2026)	Nil
Work Plan Submission	Work Plans will be accepted as soon as participants have been notified of their budget and must be submitted before the last business day in July (31 July 2026)	50% of annual allowance paid either upon Work Plan approval or upon upload of the Approved Work Plan to the PPA Portal depending on Program Participant type. See relevant Work Flow document for specific Program Participant requirements.
First Report Reporting period: 1 Jul to 31 Dec	First report due on the last business day in January (29 January 2027)	30% of annual allowance upon PPA approval of the 1st progress report
Second Report Reporting period: 1 Jan to 30 Jun	Second report due on the last business day in July (30 July 2027)	20% of the annual allowance upon PPA approval of the final progress report

Where any of the deadlines are not met the Program Participant will forfeit the deliverable payment and not be eligible to participate in the remainder of the program cycle, unless there are exceptional circumstances.

Special considerations for exceptional circumstances can be submitted via the workflow process, which will be considered by the department.

7 PROGRAM SUPPORT

The PPA and NACCHO Support Officers are responsible for providing overall support to Program Participants. The PPA Support Officer can provide general advice, whilst the NACCHO Support Officer will be able to provide more specific support, including in relation to development of Work Plans, progress reporting, and day-to-day operational support.

Online educational and training resources about the IHSPS Program are available on the PPA website (www.ppaonline.com.au) and the NACCHO website (www.naccho.org.au).

If you require any assistance or support regarding the IHSPS Program, please contact the PPA or NACCHO Program Officer:

PPA Support Team
Phone: 1800 951 285 between 8am to 8pm AEST Monday to Friday
Email: support@ppaonline.com.au

NACCHO Support Officer
Phone: 02 6246 9300
Email: qum@naccho.org.au

8 AUDIT AND COMPLIANCE REQUIREMENTS

The PPA may, at any time, request additional information or supporting evidence from Program Participants to support audit, compliance, or program management activities.

Such requests may arise where queries or discrepancies are identified through the review of reporting submissions, including Progress Reports. Program Participants must provide the requested information within the timeframe specified by the PPA.

Program applicants must retain full and true records in relation to the receipt and use of the allowance for no less than seven years after receipt of the allowance. Such records must be kept in a manner that permits them to be conveniently and properly audited. Program applicants may be subject to audits by the department (or its representative) to ensure that the allowance is paid and used in accordance with the General Terms and these Program Rules and must provide all and any records requested as part of such audit(s).

Program applicants that wrongfully or incorrectly receive support and/or do not meet the requirements set out in the General Terms and these Program Rules may be subject to compliance action (as determined by the department or PPA) and repayment may be required. Under Section 137.1 of the *Criminal Code Act 1995*, giving false and misleading information is a serious offence. If an audit/compliance action is to be conducted, Program applicants will be required to produce documentation within a specified time frame.

9 INSURANCE REQUIREMENTS

Program participants must ensure their insurance requirements align with state and territory registration requirements.

10 RESOURCES

IHSPS Program resources are available for download from the PPA website.

APPENDIX A STANDARD QUM DEVICES

- Automatic BP monitors
- Blood Glucose Test Strips
- Continuous Blood Glucose Monitors
- Glucometers
- Lancets
- Blood Ketone Test Strips
- Asthma Spacers
- Spacer Masks
- Nebulisers
- Nebuliser tubing bowl mask kits
- Peak Flow Meters
- Piko Digital Peak Flow Meters
- Tablet Cutters
- Tablet Crushers
- Ezy Drop eyedrop guide
- Pil-bob device
- Autosqueeze eye drop bottle squeezer
- Dosette boxes
- Pulse oximeters
- International Normalised Ratio test strips and machines
- Continuous glucose monitoring devices (where no other funding arrangement exists)
- Tab timer
- Scales.

** Where applicable, standard QUM devices (e.g. Nebulisers) are to deliver Therapeutic Goods Administration approved goods only. Standard QUM devices delivering unapproved goods require departmental approval through the standard unapproved items process.*

APPENDIX B STANDARD QUM EDUCATION RESOURCES

- Australian Medicines Handbook (AMH) and Companion Books
- eTherapeutic Guidelines (eTG)
- Monthly Index of Medical Specialities (MIMS)
- Medicines (Purple) Book for Aboriginal and Torres Strait Islander Health Practitioners
- Pregnancy & Breastfeeding Medicines Guide
- Australian Pharmaceutical Formulary
- Don't Rush To Crush
- Remote Primary Health Care Manuals
- Australian Injectable Drugs Handbook
- UpToDate
- Renal Drug Database
- Primary Clinical Care Manual

Removed Standard QUM Educational Resources

- Contraception: An Australian Clinical Practice Handbook
    - Removed as no longer available in print, this resource is available online for free.