

**Medical Services Advisory Committee (MSAC)**

On behalf of Department of Health

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To whom it may concern,

**Re: MSAC 1679 Improved Medication Management for Aboriginal and Torres Strait Islanders Feasibility Study (IMeRSe)**

The Australian Indigenous Doctors' Association (AIDA) is the peak body representing Aboriginal and Torres Strait Islander doctors and medical students. Our purpose is to support the growth of the Aboriginal and Torres Strait Islander medical workforce, and to advocate for better health outcomes for Aboriginal and Torres Strait Islander peoples. We also strive to create a health system that is culturally safe, high quality, reflective of need, and respectful of Aboriginal and Torres Strait Islander cultural values.

Regarding the Improved Medication Management for Aboriginal and Torres Strait Islanders Feasibility Study, we have the following comments.

Firstly, AIDA would like to commend this Feasibility Study on its collaborative partnership with NACCHO; this partnership has ensured that there are solid cultural underpinnings for this initiative, allowing for cultural authority to be built into the design of the Study. The central focus on empowerment for Aboriginal and Torres Strait Islander people is critical, and enables patient-centred, culturally safe health care. The Study design and governance is steeped in self-determination, with multiple points of Aboriginal and Torres Strait Islander oversight and review, highlighting community and cultural control and authority. We also agree with the target audience as outlined in the Study.

The self-determination aspect and Indigenous oversight elements of the Study echoes Priority Reform Two from the Closing the Gap National Agreement, acknowledging that 'Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services'. Community-controlled health services showcase the right to self-determination by Indigenous communities, and recognise the strength, culturally specific expertise, and empowerment of Indigenous health workers.

We also strongly agree with the focus on the relationship between the consumer and the respective Aboriginal Health Services (AHS) and Aboriginal Health Workers (AHWs). This integration of all

relevant parties improves capacity and injects culturally safe practices into the everyday. This also ensures that cultural concerns are heard, as well as inclusion of family and community. This strong focus on community control allows for the empowerment of individuals to make their own health decisions in consultation with their family and trusted AHWs. Community pharmacies should thus be supported to continue engaging with the local AHS and AHWs to ensure good central reference points for culturally safe practices in pharmaceutical care.

We support continuation of IMeRSe and commend the feasibility study for its strong self-determination and community control design elements.

Kind regards



Monica Barolits-McCabe

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