

**Medical Services Advisory Committee (MSAC)**

On behalf of Department of Health

[commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au) and [pharmacy.trial.program@health.gov.au](mailto:pharmacy.trial.program@health.gov.au)

To whom it may concern,

**Re: Survey on MSAC Application 1678: Integrating practice pharmacists into Aboriginal Community Controlled Health Services (The IPAC project)**

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 Integrating practice pharmacists into Aboriginal Community Controlled Health Services (IPAC) project, we have the following comments.

Firstly, AIDA commends the IPAC project for its collaborative partnership with National Aboriginal Community Controlled Health Organisation (NACCHO); this partnership ensures the design and implementation of the project has cultural authority. The project governance is also rooted in self-determination, with multiple points of Aboriginal and Torres Strait Islander oversight, leadership, and review. The focus on empowering Aboriginal and Torres Strait Islander workers and patients to make decisions in self-determination facilitates culturally safe, patient-centred health care.

IPAC's partnership and design elements echo Priority Reform Two from the National Agreement on Closing the Gap 2020-2030, 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 Peoples 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. This is critical for the provision of culturally safe healthcare, and we commend you on the IPAC project's Memorandum of Understanding that reflects this.

We support the integration of pharmacists as part of the primary health care team within Aboriginal Community Controlled Health Services (ACCHSs), as it joins up the patient experience of culturally safe diagnosis and medication. Programs that strengthen the relationships between Aboriginal and Torres Strait Islander patients and their Aboriginal Health Services and Workers are highly desirable. ACCHSs facilitate appropriate inclusion of family and community in decision-making processes; extending this to pharmaceutical support is logical and best practice. The IPAC project also increases the organisational capacity of the ACCHSs, extending routine healthcare to include culturally safe pharmaceutical practices.

The IPAC project design empowers NACCHO to decide which ACCHSs are best placed to have pharmacists integrated under the scheme, based on the 'needs, capacity, and preparedness' of the ACCHSs, and we support this practice of self-determination and community control. We support the approach of NACCHO to spread participating ACCHSs by geographical setting, with an equal distribution of ACCHSs in regional and remote areas relative to urban areas. We also support IPAC's participant inclusion criteria of patients with chronic disease who are regular or 'active' patients of participating ACCHSs.

We make one additional recommendation to the IPAC project: promote and increase the accessibility of the *Section 100 – Remote Area Aboriginal Health Services program* and the *Closing the Gap PBS Co-Payment measure*. These are excellent initiatives as medication cost is a significant barrier to appropriate medication usage, especially in rural and remote areas. Readily promoting the availability of these concessions for Aboriginal and Torres Strait Islanders living with or at risk of chronic disease, through the integrated primary health care team within ACCHSs, has the potential to allow for tangible changes and overcoming barriers to appropriate medication use.

In closing, we reiterate our support for the continuation of IPAC, commending the project for its strong self-determination and community control design elements. We also highlight that access to and promotion of *Section 100 – Remote Area Aboriginal Health Services program* and the *Closing the Gap PBS Co-Payment measure* to ACCHSs may enhance their capacity for service delivery.

Kind regards,



Monica Barolits-McCabe  
Chief Executive Officer

10 March 2022