

# NOVA

## Public Policy Pty Ltd

### EVALUATION OF INDIGENOUS PHARMACY PROGRAMS

### FINAL REPORT

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NOVA Public Policy P/L

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## Glossary

ACCHS	An Aboriginal Community Controlled Health Service (ACCHS) or an Aboriginal Medical Service (AMS) is a 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). Not every AHS/AMS is an ACCHS.
AHS/AMS	Aboriginal Health Services/ Aboriginal Medical Services are those community based health services funded either by the Commonwealth or State/Territory governments and that provide services to Aboriginal and Torres Strait Islander communities. Under the S100 Support program, pharmacies are contracted to work with a defined range of services.
AHW	Aboriginal Health Workers
ATSIPATS	Aboriginal and Torres Strait Islander Pharmacy Apprenticeship Scheme. The Scheme is funded by the Australia Government under the Fourth Community Pharmacy Agreement and is administered by the Pharmacy Guild of Australia. The Scheme is aimed at supporting the pharmacy workforce, by encouraging Aboriginal and/or Torres Strait Islander people to enter Pharmacy Assistant/Technician roles. The objectives of the Scheme are to increase the number of Aboriginal and Torres Strait Islander Pharmacy Assistants in Community Pharmacies and establish alternative pathways for Aboriginal and Torres Strait Islander students to enter into pharmacy. The Scheme aims to improve access to community pharmacy services by Aboriginal and/or Torres Strait Islander people. Incentive allowances of \$10,000 are available to Community Pharmacies to employ and train an Aboriginal or Torres Strait Islander Pharmacy Assistant Trainee.
ATSIPSS	Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme. The aim of the Scholarship Scheme is to encourage Aboriginal and Torres Strait Islander students to undertake studies in Pharmacy at University. A total of 3 scholarships valued at \$15,000 per annum for a maximum of four years were offered annually under the Fourth Community Pharmacy Agreement.
ATSIHWWG	The Aboriginal and Torres Strait Islander Health Workforce Working Group is charged with the planning, implementation, coordination and monitoring of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.
DAA Program	The Dose Administration Aid Program. This program is a component of the Better Community Health Initiative established under Part 5 of the Fourth Community Pharmacy Agreement, which funds innovative projects in pharmacy as part of primary care and community health. The Program is funded by the Australian Government and managed by the Pharmacy Guild of Australia. The aim of the DAA Program is to provide an opportunity for eligible patients to remain living effectively and confidently within their own homes, through better medication management from accessing a DAA service through their local community pharmacy
Department	Department of Health and Ageing
HMR	Home Medicines Review
NACCHO	The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia.
NHA	<i>National Health Act 1953</i>

NPS	National Prescribing Service Ltd
PBS	Pharmaceutical Benefits Scheme
PSA	Pharmaceutical Society of Australia
QUMAX	<p>The QUMAX (Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People) Program is the result of an initiative developed collaboratively by Department of Health and Ageing, the Pharmacy Guild of Australia (the Guild) and the National Aboriginal Community Controlled Health Organisation (NACCHO).</p> <p>The primary aim of the QUMAX Program is to improve the health outcomes of Aboriginal and Torres Strait Islander peoples that attend participating Aboriginal Community Controlled Health Services (ACCHSs) in rural and urban areas of Australia. The focus of the Program is medication compliance and quality use of medicines (QUM).</p> <p>The Program provides structured support for QUM in ACCHSs, via community pharmacy, through the implementation of service-level QUM work plans over a two year period, commencing from July 2008.</p> <p>The QUM work plan is developed by the ACCHS with assistance from a State-based QUM Support Pharmacist (engaged by the relevant State or Territory Branch of the Guild) and the relevant State Affiliate of NACCHO.<sup>1</sup></p>
QUM	<p>Quality Use of Medicines, which means:</p> <ul style="list-style-type: none"> <li>• selecting management options wisely</li> <li>• choosing suitable medicines if a medicine is considered necessary</li> <li>• using medicines safely and effectively.</li> </ul>
Review	Evaluation of Indigenous Pharmacy Programs (i.e. this project)
RRMA	The Rural, Remote and Metropolitan Areas (RRMA) classification divides Australia's states and territories into metropolitan, regional, rural and remote zones. RRMA is also utilised for a number of programs related to medical practice in Australia
S100 program	Section 100 of the <i>National Health Act 1953</i> . In 1997 special supply arrangements were approved under Section 100 of the <i>National Health Act 1953</i> for the supply of Pharmaceutical Benefits Scheme (PBS) medicines to approved remote area Aboriginal Health Services (AHS). These arrangements seek to address identified barriers experienced by Aboriginal and Torres Strait Islander people living in remote Australia in accessing essential medicines through the PBS. The payment of an allowance to pharmacists for the delivery of support services to remote area AHS participating in supply arrangements was first made available through the Third Community Pharmacy Agreement (2000-2005). The payment followed the successful completion of the Quality Use of Medicines in Aboriginal Communities project, conducted by the Pharmacy Guild of Australia, the National Aboriginal Community Controlled Health Organisation (NACCHO) and Charles Sturt University.
S100 Support	<p>The S100 Support program.</p> <p>The payment of an allowance to pharmacists for the delivery of support services to remote area AHS participating in Section 100 supply arrangements. The aim of this Program is to assist pharmacists to provide a range of Quality Use of Medicines (QUM) and medication management services to support approved remote area</p>

<sup>1</sup> Source <http://www.guild.org.au/content.asp?id=1788> (accessed June 2010)

	AHS that participate in the supply arrangements for PBS medicines under S100. The Fifth Community Pharmacy Agreement (2010- 2015) includes funding for continued delivery of the S100 Support services. <sup>2</sup>
S8	Schedule 8 under the Standard for the Uniform Scheduling of Drugs and Poisons in Australia. This scheduled medicine or "controlled drug" are substances which are available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. The National Drugs and Poisons Scheduling Committee of the Therapeutic Goods Administration determines the scheduling of medicines in Australia
The Guild	The Pharmacy Guild of Australia
Workplan	<p>The range of services to be provided by the pharmacist is by agreement with the relevant AHS, and must be documented and certified in an annual Workplan specific to that AHS and its Outstation/s. The services to be provided will be based on a needs assessment conducted by the pharmacist, in full consultation with the AHS Chief Executive Officer (CEO) or Medical Director, on current medication management arrangements at the service, with consideration to Quality Use of Medicine principles.</p> <p>(source:  <a href="http://www.guild.org.au/uploadedfiles/National/Public/Programs/s100_InfoKit_1-BusinessRules.pdf">http://www.guild.org.au/uploadedfiles/National/Public/Programs/s100_InfoKit_1-BusinessRules.pdf</a>)</p>

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<sup>2</sup> From the S100 Support Kit [http://www.guild.org.au/uploadedfiles/National/Public/Programs/S100\\_InfoKit\\_0-Intro.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Programs/S100_InfoKit_0-Intro.pdf) (accessed June 2010)

# 1 Executive Summary

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NOVA Public Policy was contracted by the Department of Health and Ageing to evaluate three of the Indigenous Pharmacy Programs from the Indigenous Access Program and funded under the Fourth Community Pharmacy Agreement between the Australian Government and the Pharmacy Guild of Australia<sup>3</sup>. The three programs are:

1. S100 Support program (note the S100 Supply program has been reviewed separately)
2. The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)
3. The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)

These programs are underpinned by current government priorities and policies, coupled with extensive literature and data indicating the need to adopt specific programs that aim to increase participation rates of Indigenous people in the pharmacy workforce and to support the quality use of medicines in Indigenous communities. The planned outcomes from these interventions cover the areas of employment, education and training and health.

*“The Australian Government is committed to this national effort in cooperation with other governments. In 2008, the Council of Australian Governments (COAG) agreed to six ambitious targets relating to Indigenous life expectancy, health, education and employment.”<sup>4</sup>*

*“The availability of Aboriginal and Torres Strait Islander staff is an important factor in whether or not Indigenous people are able to effectively access health services (Kowanko et al 2003; Ivers et al 1997). One of the objectives of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (Australian Health Ministers' Advisory Council) is to increase the number of Aboriginal and Torres Strait Islander people working across all the health professions (SCATSIH 2002).”<sup>5</sup>*

The evaluation of the program aimed at determining the level of need for the specific Indigenous Pharmacy support programs, assessing the extent to which the current programs met the identified needs of Indigenous pharmacy services in Australia and assessing the efficiency of the administration and delivery of the Indigenous pharmacy programs.

The evaluation entailed:

- identifying, consolidating and analysing existing data reports
- consulting with a range of stakeholders on the need for and performance of the current Indigenous Pharmacy Programs
- reviewing and assessing the current operational models for the Indigenous Pharmacy Programs to develop a report to the Department of Health and Ageing.

The work was undertaken by NOVA Public Policy in the first half of 2010 and the work of the project team was overseen by officers from the Department of Health and Ageing.

This review was underpinned and informed by:

- the objectives of the National Medicines Policy<sup>6</sup>
- the Quality Use of Medicines (QUM)<sup>7</sup> framework
- The fourth Community Pharmacy Agreement<sup>8</sup>

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<sup>3</sup> This evaluation is not one of the eleven reviews agreed and undertaken as part of the Fourth Community Pharmacy Agreement

<sup>4</sup> Commonwealth of Australia. (2008). Closing the Gap on Indigenous disadvantage: the challenge for Australia. available at: [http://www.fahcsia.gov.au/sa/indigenous/pubs/general/documents/closing\\_the\\_gap/p5.htm](http://www.fahcsia.gov.au/sa/indigenous/pubs/general/documents/closing_the_gap/p5.htm).

<sup>5</sup> Commonwealth of Australia. (2008). *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (ABS Catalogue 4704.0)*. Australian Bureau of Statistics. Canberra: Australian Bureau of Statistics.

<sup>6</sup> Commonwealth of Australia. (1999). National Medicines Policy. Department of Health and Ageing, Canberra, ACT, Australia: available online at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-objectives-policy.htm>.

<sup>7</sup> <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-quality.htm>

<sup>8</sup> Section 33 of the Fourth Community Pharmacy Agreement  
[http://www.guild.org.au/uploadedfiles/National/Public/Community\\_Pharmacy\\_Agreement/4CPA%20Compilation%20Agreement\\_FINAL.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Community_Pharmacy_Agreement/4CPA%20Compilation%20Agreement_FINAL.pdf)

- Closing the Gap government priorities and initiatives<sup>9</sup>
- *Pathways into the health workforce for Aboriginal and Torres Strait Islander people A blueprint for action* (2008)<sup>10</sup>
- work of the Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG).<sup>11</sup>

## 1.1 Findings of the Review

### 1.1.1 S100 Support program

The S100 support program provides an important level of professional support to AHS in the management of S100 Supply. This is a level of support which is largely valued by the AHS to which it is provided. The program has addressed some significant QUM issues, particularly with regard to the safe storage, handling and dispensing of medicines.

While this level of improvement in QUM should not be undervalued, the majority of respondents consulted in this review considered that little impact had been made in engaging pharmacists in the primary care activities of AHS. Priority areas for expanded activity in primary health care included; participating within primary care team meetings and case conferences, medication chart reviews and Home Medication Reviews.

There was broad recognition that it would be preferable for pharmacists to have more time to become a more active member of the health care team of the AHS and where pharmacists have been directly employed in the AHS, there was a high level of satisfaction reported. However the direct employment of pharmacists within AHS is not feasible given current workforce levels.

The surveys of AHS were very supportive of the value of the program in meeting their needs. 100% of the 25 AHS responding to the survey reported that the program met their needs at a HIGH to VERY HIGH level. The AHS interviewed gave variable description on the extent to which the program met their needs. The significant driver for this variability appeared to be the extent to which the pharmacist developed a relationship with the service and was prepared to spend the time required to develop and maintain systems, to provide educational input and to be engaged in broader primary care provision. The range of views included that the pharmacist:

- provided a significant level of support with respect to auditing and improving the facilities and the systems required for the safe handling of medicines
- provided significant support with the dispensing systems, the provision of on-going advice and assistance with accreditation
- improved recording and labelling systems
- checked stock, storage and security systems
- checked that a safe and appropriate service was being provided
- at each visit, provided a thorough check of storage and handling procedures, and of the books to make sure everything was up to date
- answered questions and reviewed patient medications
- provided training
- provided phone consultations when required
- also spent time with the doctor and with the nursing manager to discuss individual cases.

Some AHS indicated that there was a strong relationship between the pharmacist and the service and as trust had developed the role had extended into engagement in reviews of medication charts,

<sup>9</sup> [http://www.budget.gov.au/2008-09/content/ministerial\\_statements/html/indigenous.htm](http://www.budget.gov.au/2008-09/content/ministerial_statements/html/indigenous.htm) (accessed July 2008)

<sup>10</sup> Commonwealth of Australia. (2008). *A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>11</sup> Key areas of interest to ATSIWWG include increasing the number of Aboriginal and Torres Strait Islander people working across all the health professions See <http://www.nhwt.gov.au/hwpc-aboriginal-tsi-working-group.asp> (accessed June 2010)

consultations with respect to the medication needs of individual patients and in some cases, home medication reviews (HMR). Although it was noted that HMRs are not always logistically possible with a visiting service as patients may not be available.

There continue to concern about the high turn-over of staff within the AHS. In-service education continues to be the highest priority as identified by the AHS, pharmacists and peak organisations.

The majority of pharmacists consulted indicated that the program enabled the provision of an important level of support without which there would be serious safety and quality issues in the provision of medications. One pharmacist, who has had a long engagement in Indigenous health believed that the program is providing a good level of support and has been well received by the health services and saw the program as valuable from many perspectives:

- for doctors, practice nurses and Aboriginal Health Workers it increases knowledge and confidence in handling medications
- from a QUM perspective it has led to improvements in managing drug rooms and stock control systems
- from an administrative perspective it has reduced over-ordering and wastage.

Pharmacists identified that the critical QUM issues addressed by the program related to labelling, records maintenance and the packing of Dose Administration Aids in clinics.

Responses from pharmacists interviewed and an examination of the Workplans indicated a great variability in the level and types of service provided and the nature of engagement with the AHS:

- in some cases multiple sites are visited in a single day with apparently short periods spent in each and frequent cancellations
- in others there is a significant commitment of time over an extended period with strong professional relationships developed.

Pharmacists reported that the level of understanding on the part of AHS of what they might expect from supporting pharmacists, varied according to the level of experience of individual staff, but that has been a considerable overall increase in understanding since the commencement of the program.

Training for health professionals was identified by the majority of pharmacists as a key priority:

- most services wanted training but time availability is a problem. It was reported that the pharmacist usually tries to negotiate training times in advance but emergencies often took precedence
- resource materials, particularly current clinical information is important. It is now provided by the National Prescribing Service, though it had been suggested that this might cease.

Administrative changes introduced through the Fourth Pharmacy Agreement appear to have improved the effectiveness of the programs administration. The majority of respondents endorsed the transfer of program administration to the Department of Health and Ageing, the revised payment system, the extension of collaborative planning through the Workplans and increased accountability through program reporting.

The majority of AHS reported that the revised Workplan arrangements were effective as a means of identifying the support services they needed, providing for annual planning between the pharmacist and the AHS and reporting against agreed objectives. However there was some stated support for improving the efficiency of this process through on-line reporting.

Pharmacists were generally less supportive of the planning and review systems provided by the Workplan. One pharmacist thought that while the reporting arrangements were good in principle, they were too demanding. Completing returns that are 11 pages long for each of the large number of AHS serviced and there was support for a more streamlined report formats and removal of the requirement to provide original documentation. On-line or faxed returns were considered as more efficient, possibly provided after each visit.

Pharmacists also generally supported movement to a financial year rather than an anniversary date for reporting, and a reduction in compliance costs.

Administrative issues of reported by other stakeholders included:

- inadequate engagement of key stakeholders including NACCHO and the Guild in quality improvement of delivery of the S100 program
- that the current system does not adequately manage for performance and that alternatives to the Workplan as a means of managing effectiveness should be examined including on-line reporting after visits

Subsidy levels within the program were substantially increased in 2007. There is a general, though not universally held view amongst those consulted that subsidy levels are now adequate. Some pharmacists would argue that the levels are not adequate for the most remote centres and some also argued that the subsidy levels are adequate for the level of support currently provided but that they would have to be substantially increased to allow an extension of the support to include greater engagement in the primary care work of AHS.

### 1.1.2 ATISPSS

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS) was introduced as part of the Third Pharmacy Agreement to increase the number of Indigenous health professionals consistent with current health and health workforce initiatives. ATISPSS has increased the numbers of pharmacists since its inception (the 2001 census data listed one Indigenous pharmacist). ATISPSS allowed for 3 scholarships to be awarded each year 2003-2010. This would have resulted in 24 new Indigenous pharmacists being supported through their education. However to date, there have been 13 scholarships awarded as a result of ATISPSS. All of the 13 recipients have completed a Bachelor of Pharmacy and have become employed as pharmacists. The scholarship scheme, therefore, has had a 100% success rate in relation to course completion and the transition of recipients into the community pharmacy sector but has failed to meet numerical targets.

Since the inception of the scheme, various promotional activities have been conducted in an effort to attract candidates to make an application. A dedicated promotional campaign for the scholarships conducted in 2009 to address the previously low application rate and uptake, has subsequently resulted in awarding 5 scholarships in 2010.

The results of interviews conducted with past and present scholarship recipients indicated that:

- the scholarship is rated as high or very high in terms of enabling recipients to undertake and complete the Bachelor of Pharmacy Degree
- the level of the scholarship's financial support is rated to be very high although it could be adjusted according to CPI
- there were no perceived impediments or disincentives in taking up the scholarships
- apart from the financial support they received no other support was received during their study, apart from an occasional call from the Administrators regarding progress or a Report due
- the contribution of mentors (a condition of the scholarship) was very positive
- recipients had found out about ATISPSS from a wide range of sources
- untargeted and broad promotion strategies were regarded by responders as generally unsuccessful

The following initiatives were suggested by interviewees to ensure ATISPSS better meets the needs of scholarship holders:

- provision of student support to assist with induction, introduction to university and overcoming the threat of dropping out of the course
- work placement program such as one week in a pharmacy
- better access to tutoring services
- access to a non-academic mentor or critical friend, preferably Indigenous
- improved mentoring processes such as more face-to-face meetings including through the use of current technologies such as Skype for face to face meetings

- annual return airfare home and/or extra funds to enable visit by family (bring family member to the student), particularly for recipients who have moved from a remote area to the city to study to provide emotional support.

In general, the administration and delivery of the program met with overall approval by those interviewed. The main reported inefficiency with the program related to promotion and publicity.

### 1.1.3 ATSSIPATS

ATSSIPATS has significantly increased the number of traineeships undertaken in the pharmacy area (from 0 to 44) by Indigenous people. The majority of the trainees undertook the Certificate II qualification (with 12 trainees completing the Certificate I first).

Four undertook the Certificate III qualification and one completed the Certificate II and progressed to the Dispensing qualification.

Of the total of 32 trainees, all were females except 2.

The trainees were located across 18 pharmacies, with the majority having one trainee and one pharmacy having 15 trainees.

The geographic distribution of the pharmacies in which trainees were located was across all states: NSW (3), Queensland (23), Victoria (2), SA (2), WA (2), NT (2). Only one was located in a metropolitan area (in Brisbane) with the remainder being in rural and regional areas.

100% of the pharmacists who responded indicated that they would take on another trainee under the current arrangements. The willingness of pharmacists to continue to support the engagement of candidates for traineeships provides resounding confirmation that the program meets stakeholder needs, at least for the participating pharmacists.

The availability of the traineeship has been a significant motivator for both trainees to become pharmacy assistants and for pharmacists to employ an Indigenous trainee:

- 57% of trainees indicated that they would not have undertaken training in the pharmacy area if the traineeship was not available
- 63% of pharmacists considered that the availability of the traineeship was a significant factor in the trainee undertaking/completing training in the pharmacy area.

Generally, pharmacists reported satisfaction with the effectiveness of the administration of the program and few barriers were reportedly experienced by the trainees interviewed. The only difficulties identified by trainees in completing the traineeship were in relation to time management and the content of the training.

Initiatives to improve the likelihood of course completion by trainees that were identified during consultations included:

- provide support for group work to complete the workbooks, including through use of internet technology
- improve/increase contact between the RTO and the administrators
- imbed flexibility to get workbooks/paperwork in on time and more encouragement to be provided by supervisors
- more one-on-one learning support
- pharmacists understand and fulfil employer's training obligations
- multiple trainees at the one site to enhance capacity for collaborative learning, working together and not feeling isolated
- training on time management.

The following suggestions were made by **pharmacists** to improve the program:

- encourage pharmacists to conduct a trial period for trainee to be sure they want to commit to participating in the Traineeship

- use Case Studies to better promote the program to both pharmacists and trainees and to assist in breaking down any stereotypes amongst the pharmacy community related to employment of Indigenous pharmacy assistants
- provide regular phone support to trainees to check on their progress- it was reported by pharmacists and trainees that trainees were not contacted early enough in the process
- the Guild to provide more information about the program, including cultural awareness issues, to support both pharmacists and trainees
- more targeted information should be provided to Employment Agencies in relation to the traineeship
- better use of local avenues for promotion such as local newspaper which could provide feature articles on traineeship achievement accompanied by application details
- development of brochures and posters to be displayed in Job/Employment Agencies, Indigenous Community Centres and in pharmacies
- concentrated promotion in regions where there is greater potential for trainees such as northern Australia; in Cape York, Arnhem land and WA and metropolitan areas with large concentrations of Indigenous people.

The following suggestions were made by **trainees** to improve the program;

- targeted promotion of the traineeship in high schools at Year 8 and 9 to ensure students make the right subject choice to enhance their ability to access higher education and training programs in pharmacy
- targeted promotion of the traineeship to Indigenous employment agencies
- advertise the traineeship in Indigenous newspapers
- introduce targeted local publicity and promotion e.g. local Newspapers
- develop Case Studies for promotion materials.

## 1.2 Suggested improvements to the Indigenous pharmacy programs

The research for this Review indicated that the following could be implemented to improve the current Indigenous pharmacy programs:

### 1.2.1 S100 Support program

#### Promoting best practice in S100 Support services

The review identified variability in the quality and type of support provided by pharmacists to AHS. While this is inevitable given the variety of services, standards are needed to provide a benchmark against which performance may be measured and to guide to pharmacists in the expected services to be provided and how they might be delivered including the amount of time and effort to be allocated to each AHS. Best practice in respect of this could be identified amongst the pharmacists and used to develop case studies to be disseminated to pharmacists and to assist quality improvement. Responsibility for this work could reside with the Pharmacy Guild of Australia.

There is currently no mechanism for the sharing of knowledge and expertise between participants in the program. A conference which enables this to occur should be a priority. Such a conference should be part of an annual program and not a one-off event, in order to encourage learning over time and the development of networks of support. Responsibility for organising this could be shared between the Pharmacy Guild of Australia and NACCHO

#### **Findings about suggested improvements include:**

**To establish a quality standard for the provision of pharmacy support to indigenous health services**

**To promote best practice and quality improvement in pharmacy support**

**To promote engagement of pharmacists in primary care tasks**

**To sponsor an annual conference for pharmacists providing S100 support and a representative group of AHS**

### **Accountability and reporting**

The primary responsibility of pharmacists providing support should be to the Aboriginal Health Services which is currently provide through the Workplan but it could be further enhanced by transferring the responsibility for payment of subsidies to the AHS.

Some further modifications should also be considered including: aligning payment cycles with financial years; replacing bi-annual monitoring reports with reports to AHS CEOs immediately after the visit; and on-line submission of reports

#### **Findings about suggested improvements include:**

**To improve accountability of pharmacists to AHS by considering transferring responsibility for subsidy payments to AHS**

**Further refinement of program reporting to enhance accountability of pharmacists**

### **Funding**

It has been argued by some through this review that a preferable model of providing support would involve the direct employment of pharmacists by an AHS or a group of AHS.

A consistent QUM issue identified through the review was the lack of labelling equipment in AHS. Significant improvement in safety and quality could be achieved if all services had such equipment available to them.

The highest priority identified by participants in the review was for staff training. If additional funds were available to the program it would be appropriate that these be quarantined for training purposes.

#### **Findings about suggested improvements include:**

**To provide an option of cashing out existing subsidies to make possible direct employment of pharmacists**

**To provide a subsidy or grant for the purchase by AHS of labelling equipment**

**To establish a dedicated funding pool specifically for AHS staff training purposes.**

### **Improvement of administrative arrangements**

The authorities and responsibilities of the various stakeholders, including the Department of Health and Ageing, the Pharmacy Guild of Australia and NACCHO is currently unclear and should be made explicit and communicated to all participants in the program. Added to this information sharing and coordination between the Department of Health and Ageing, The Pharmacy Guild of Australia and NACCHO should be increased as a priority to ensure ongoing improvements of the S100 Support program.

This requires the establishment of a coordinative body which meets at least on a two-monthly basis.

#### **Findings about suggested improvements include:**

**To clarify and articulate the responsibilities of key stakeholders with respect to the administration and governance of the program**

**To establish a coordinative mechanism between key stakeholders and agencies**

## **1.2.2 ATSSIPSS**

### **Meeting policy objectives**

If a target was set so that the percentage of Indigenous pharmacists matched the percentage of the Australian population that is Indigenous (2.4%), 275 pharmacists would be Indigenous. The current threshold number of 3 scholarships per year will have little impact on reaching this figure and a more assertive target is required.

**Findings about suggested improvements include:**

**ATSIPSS to provide 20 scholarships per year to work towards a target of 2.4% of graduates being Indigenous**

**Meeting the needs of stakeholders**

Scholarship funding should be periodically reviewed and scaled to CPI and reflect increased expenses. In addition, the cost of living-away –from-home for rural and remote students compared to urban candidates received no financial differentiation. An additional allocation for travel for scholarship recipients who incurred the burden of cost of living-away-from- home should be included.

Targeting promotion of the Scholarship program directly at Indigenous Units within the relevant Universities is required to address the reported issue of eligible candidates not applying for the scholarship because they did not wish to be identified as Indigenous students on campus or they did not wish to appear to be receiving more favourable treatment than other Indigenous students.

The eligibility relationship of the Scholarship and Abstudy and or other Scholarships should be clearly articulated in promotional literature that is distributed, since there is still widespread confusion.

There is an opportunity to develop articulated pathways from other VET qualifications (e.g. Pharmacy Technician training) and other university courses (e.g. completion of one year of general science degree or health science at a specified level) to provide advanced standing into pharmacy. Development and promotion of these pathways needs to be included in the ATSIPSS promotion materials.

**Findings about suggested improvements include:**

**To conduct a periodic review of Scholarship remuneration in consideration of Consumer Price index increases and other related student expenses**

**To adjust the scholarship remuneration to include an additional allocation for recipients who incur the burden of the cost of living-away-from-home**

**The Guild to undertake negotiations with individual universities to develop education and training pathways that optimise participation in pharmacy courses by Indigenous students**

**The efficiency of the administration and delivery of the program**

The main areas where suggestions were made to improve the efficiency of the administration and delivery of the program were related to promotion and publicity, providing additional support and creating flexible pathways. In addition, potential exists for a program of talent identification, similar to programs conducted for sport talent identification, to recruit suitable candidates early in school and nurture, mentor and support them.

Promotion should be at the school and community levels and include:

- At the school level
  - general promotion of pharmacy as a profession to secondary school students prior to Year 10, possibly in Year 7
  - specific promotion of pharmacy as a profession to secondary school students prior to selection of subjects for study in Year 11 & 12, particularly related to the choice of subjects required for pharmacy
  - promotion of pharmacy as a profession during school career Expos
  - provide current, relevant and accurate advice to school Career Counsellors
  - provide specific promotion Scholarship in Year 12
  - engage former recipients speak to science students about pharmacy and the health profession
  - promote programs in remote school such as 'Out Bush' to discuss options for Indigenous students to work in the health sector

- utilise opportunities through professional organisations e.g. Australian Association for the Advancement of Science, to promote pharmacy as a career to Indigenous students
- Community Awareness
  - promote through local, regional and national Indigenous and general media (print, television and radio)
  - promote to universities including via university Open Days; some recipients have only received the benefit of a limited Scholarship since they were unaware of availability even though enrolled in the pharmacy degree course
  - cross-faculty promotion of scholarship to other science students to facilitate transition into pharmacy
  - provide web site links to ATSIPSS on University Websites
  - use interactive and popular media such as Facebook (e.g. profiling past Scholarship holders)
  - promote through pharmacy schools and Indigenous units at the relevant universities

Recipients and relevant stakeholders indicated that the following additional support would be beneficial to improve the likelihood of course completion by scholarship holders:

- more effective student induction
- work placement in a pharmacy e.g. two week per year; assist with mentor relationship
- access to tutoring and mentoring services e.g. 8 hours per week, especially for students with low academic standing
- access to a non-academic mentor or critical friend, preferably Indigenous
- travel allowance for return home or visit by family
- use of current technologies such as Skype for face to face meetings and mentoring

In addition, consideration may be made to the creation of alternative pathways for Indigenous students into pharmacy such as;

- affirmative action for Indigenous students enrolling in pharmacy and consideration of students from rural backgrounds
- develop flexible study pathway such as through Health Science Degree etc.

Potential also exists for the implementation of a talent identification program for Indigenous Pharmacists. Through a variety of educational networks, talented young learners could be identified as potential health professionals with a predisposition for pharmacy. Such students would become eligible for an Indigenous Study Assistance Program while at school to nurture, mentor and support them until eligible candidacy and scholarship application. The award of 50 ISAPs to school-based candidates may facilitate the annual target uptake of ATSIPS.

**Findings about suggested improvements include:**

**A dedicated budget be developed for effective targeted promotion and publicity of ATSIPSS at the school level and for community awareness**

**Consideration of additional support within the Scholarship be made related to student support**

**Affirmative action be considered in relation to the development of alternative pathways for Indigenous students into pharmacy**

**To establish National Indigenous Talent Identification and Development (NTID) program for potential pharmacy Scholarship candidates**

### 1.2.3 ATSIPATS

#### Meeting stakeholder needs

There is a need to develop a better understanding by employers (i.e. pharmacists) in relation supporting the learning needs and strengths of Indigenous learners and gaining a better

understanding of their worldviews. To assist trainees to become independent, strategic learners, the pharmacist can help by engaging and motivating them, reflecting their culture, and helping them focus and organise information.

In addition, the issue was raised of literacy levels of some trainees where English as a Second Language. There is a need to promote understanding in the broader pharmacy sector of the different literacy and numeracy requirements and of Indigenous learning styles in order to foster a supportive educational and learning environment for trainees.

To address the learning support needs of trainees there is the potential to develop a Traineeship Service Contract between the Guild and employers (pharmacies) that includes the provision of a supportive educational and learning environment for Indigenous trainees that addresses the different approaches to literacy and numeracy and Indigenous learning styles.

**Findings about suggested improvements include:**

**To continue the ATSIPATS program to increase the pharmacy workforce by encouraging Aboriginal and Torres Strait Islander people to enter Pharmacy Assistant/ Technician roles, particularly in rural and remote locations.**

**Future promotion material to include messages about:**

- **The positive impact for pharmacists of the ATSIPATS program on recruitment and staff retention**
- **the positive impact of the ATSIPATS program on influencing longer term education and training goals of trainees**

**Development of a Traineeship Service Contract that includes the support to be provided by employers to foster a supportive educational and learning environment for Indigenous candidates.**

**The efficiency of the administration and delivery of the program**

The efficiency of the administration and delivery of the program met with overall approval from all relevant stakeholders. The main areas in which suggestions were made to improve the efficiency of the administration and delivery of the program were related to:

- promotion and publicity
- appointment of a dedicated officer possibly, within NACCHO, to drive culturally relevant promotion and learning support initiatives
- the establishment of a Joint Working Party between the Guild and NACCHO.

In general, it was considered that a targeted promotion and publicity strategy would be the most effective particularly in rural and regional areas where the likelihood of possible candidates is greater but should also include metropolitan areas. Suggestions to improve ATSIPATS promotion included at the school and community levels.

There is a need for consideration of the appointment of a dedicated Indigenous officer, preferably within NACCHO, to drive the delivery of culturally appropriate promotion and learning support for ATSIPATS. There is merit in the job description of the dedicated Indigenous coordinator to also include responsibility for ATSIPSS.

Various stakeholders supported the establishment of a Joint Working Party between the Guild and NACCHO in order to oversee implementation for ATSIPATS and ATSIPSS and broader Indigenous pharmacy workforce development.

**Findings about suggested improvements include:**

**A dedicated budget be developed for effective targeted promotion of ATSIPATS at the school level and for community awareness. This promotion to be based on an agreed annual promotion plan**

**Appointment of a dedicated Indigenous officer, preferably within NACCHO, to drive culturally relevant promotion and learning support initiatives related to ATSIPATS and ATSIPSS**

**Establishment of a Joint Working Party between the Guild and NACCHO to oversee implementation for ATSPATS and ATSPSS**

## 2 Context and Background to the Review

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### 2.1 The Project

The Indigenous Access Program in the Fourth Community Pharmacy Agreement “*aims to improve access to community pharmacy services by indigenous Australians by taking account of cultural issues in meeting Indigenous health needs. The priorities agreed for this program are:*

- A. recognise cultural preferences of Aboriginal and Torres Strait Islander peoples in community pharmacy health care delivery
- B. provide ongoing funding through the community pharmacy ‘S100’ support allowances to improve access and quality use of medicines by clients of eligible remote area Aboriginal Health Services (AHS)
- C. improve PBS accessibility for Aboriginal and Torres Strait Islander peoples through the community pharmacy network in rural and urban Australia

and include:

- D. to include the Aboriginal and Torres Strait Islander (ATSI) Undergraduate Pharmacy Scholarship Scheme and the ASTI Pharmacy Assistant Scholarship Scheme.<sup>12</sup>

The evaluation of Indigenous Pharmacy Programs also arose out of the Fourth Community Pharmacy Agreement and aimed at:

- determining the level of need for specific Indigenous Pharmacy support programs, in the context of other relevant programs, for government, pharmacy and other stakeholders
- assessing the extent to which the current programs support any identified needs of Indigenous pharmacy services in Australia, and analysing the integration and gaps between the existing program
- assessing the efficiency of the administration and delivery of existing Indigenous pharmacy programs
- provide an analysis of the findings in relation to all the above.

The work was undertaken by NOVA Public Policy in the first half of 2010 and the work of the project team was overseen by officers from the Department of Health and Ageing.

### 2.2 Programs included in the review

The review was required to provide information about any improvements needed in implementing the three programs under the Indigenous Access Program:

1. S100 support program (note the S100 Supply program has been reviewed separately)
2. The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS)
3. The Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS)

### 2.3 What the Review did not cover

This review did not cover the S100 supply program as this is covered by a separate evaluation

### 2.4 Context of the Project

This review was underpinned and informed by:

- the objectives of the National Medicines Policy<sup>13</sup>, including timely access to the medicines at a cost individuals and the community can afford; medicines meeting appropriate standards of quality, safety and efficacy; and maintaining a responsible and viable medicines industry

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<sup>12</sup> Section 33 of the Fourth Community Pharmacy Agreement available online at: [http://www.guild.org.au/uploadedfiles/National/Public/Community\\_Pharmacy\\_Agreement/4CPA%20Compilation%20Agreement\\_FINAL.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Community_Pharmacy_Agreement/4CPA%20Compilation%20Agreement_FINAL.pdf)

- the Quality Use of Medicines (QUM)<sup>14</sup> framework ensuring that when a medicine is needed it is prescribed correctly, available when needed, affordable, correctly dispensed, taken in the right dose and for the right amount of time, is effective, safe and of good quality
- consistency with the Fourth Community Pharmacy Agreement<sup>15</sup>, specifically the arrangements for the Indigenous Access program
- Closing the Gap government priorities and initiatives<sup>16</sup>
- *Pathways into the health workforce for Aboriginal and Torres Strait Islander people A blueprint for action* (2008)<sup>17</sup>
- work of Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG) which is charged with the planning, implementation, coordination and monitoring of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework. Key areas of interest to ATSIHWWG include: increasing the number of Aboriginal and Torres Strait Islander people working across all the health professions.<sup>18</sup>

## 2.5 Project outcome

The proposed outcome from the evaluation work was a final report providing informed advice to the Department on:

- details of the three programs and the needs they seek to address
- results of consultations
- the efficiency, effectiveness and strategic fit of the programs
- options for future directions of the programs to inform implementation of the Fifth Agreement, focusing on the design features of the Indigenous pharmacy programs that need to be modified or improved to optimise their effectiveness and efficiency.

## 2.6 Outline of project work

The evaluation project entailed:

- identifying, consolidating and analysing existing data reports and other information available from sources including, but not limited to, Medicare Australia, the Pharmacy Guild, Program reports, Indigenous Workforce reports and literature
- consulting with a range of internal and external peak groups, stakeholders and agencies on the need for and performance of the current Indigenous Pharmacy Programs
- consulting with a range of stakeholders to canvas their views on current Indigenous Pharmacy Program arrangements and suggestions for possible revisions
- reviewing and assessing the current operational models for the Indigenous Pharmacy Programs and outline relevant revisions and associated cost-implications
- providing a report to the Department outlining the information gathered and findings on the programs and whether or not they met their objectives.

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<sup>13</sup> Commonwealth of Australia. (1999). National Medicines Policy. (D. o. Ageing, Ed.) Canberra, ACT, Australia: available online at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-objectives-policy.htm>.

<sup>14</sup> <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-quality.htm>

<sup>15</sup> The Fourth Community Pharmacy Agreement aims to ensure a fair Commonwealth price is paid to approved pharmacists for providing pharmaceutical benefits while maximising the value to taxpayers by encouraging an effective and efficient community pharmacy network

<sup>16</sup> [http://www.budget.gov.au/2008-09/content/ministerial\\_statements/html/indigenous.htm](http://www.budget.gov.au/2008-09/content/ministerial_statements/html/indigenous.htm) (accessed July 2008)

<sup>17</sup> Commonwealth of Australia. (2008). A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>18</sup> <http://www.nhwt.gov.au/hwpc-aboriginal-tsi-working-group.asp> (accessed June 2010)

## 3 Project Methodology

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### 3.1 Approach to the evaluation

The Evaluation Framework had two conceptual parts:

1. A qualitative or outcome evaluation
2. A meta-evaluation

#### 3.1.1 Qualitative or outcome evaluation

Specifically, the outcome evaluation addressed:

- a the *need and effectiveness* of the program *i.e.* the extent to which:
  - the programs assist the Government and community pharmacy to meet objectives of the Fourth Agreement
  - the programs address the current needs of community pharmacy, the Indigenous community and government
  - the programs are accessible by community pharmacy and the intended users/recipients
  - target groups are aware of the programs
  - access, and culturally appropriate access, to pharmacy services for Indigenous Australians is maintained (S100 )
  - indigenous pharmacy assistants are retained in ongoing/ permanent employment (ATSIPATS)
  - the Aboriginal and Torres Strait Islander Pharmacy Scholarship scheme has been utilised, and completed by students (ATSIPSS).
- b the *efficiency* of the program *i.e.* the extent to which:
  - the programs are well coordinated with other Indigenous pharmacy, rural workforce and student support programs, and if there are perceived gaps
  - the arrangements support flexible and effective programs
  - the individual programs create a cohesive strategic approach.

#### 3.1.2 Meta-evaluation

The *meta-evaluation* was concerned with some of the broader evaluative questions such as:

- the extent to which the achievement of individual program objectives contribute to overall aims of the Indigenous Access initiative
- the interaction between the initiative activities in the three programs under review and other program initiatives in health and workforce development.

Specifically the meta-analysis addressed future directions for the initiative including:

- what program supports may be necessary
- whether the programs can be streamlined
- how the programs can be better targeted to meet current and future needs
- mechanisms to monitor performance in the future
- other data to be collected to support program evaluation in the future.

### 3.2 The project team

The NOVA Public Policy team that undertook work on the project was:

Ms Lorraine Wheeler who managed the project, provided quality assurance to project activities and provided liaison to the Department

Ms Karen Bentley who assisted with stakeholder consultations and data analysis for the project  
Dr Tom Keating designed and implemented data collection and analysis instruments and conducted the consultations in relation S100 Support program

Mr. Don Jones who conducted consultations in relation to the ATSIPATS and ATSIPSS programs.

### 3.3 The project work

The project was conducted over five sequential stages that were constructed in such a way to build a body of detailed knowledge related to the project task. The five project stages were

#### **Stage 1: Project Initiation**

During this stage the Review Team undertook an analysis of program and related documentation, received briefings from key stakeholder groups and undertook a brief analysis of Australian and international literature relevant to the projects<sup>19</sup>

The data from these sources was analysed to identify the key variables to be included in the data collection instruments and the analytic framework for the evaluation.

#### **Stage 2: Design of research instruments**

During this stage the Review Team designed the data collection and analysis arrangements and instruments<sup>20</sup> for each program and for the initiative as a whole, using the results of documentation analysis and preliminary briefings as the basis for development.

#### **Stage 3: Data Collection**

During this stage the Review Team collected data from key stakeholders according to the agreed consultation plan (see Appendix A for details of those consulted), utilising a mix of survey questions, face-to-face interviews and telephone interviews. See Appendix B for details of the instruments used to collect data for each program, from each stakeholder group.

#### **Stage 4: Data analysis**

During this stage the Review Team analysed the data collected according to the analytic framework developed at Stage 2. The data analysis included:

- triangulating data obtained from all sources
- thematic analysis
- identifying critical issues and findings
- identifying policy and program design issues arising from the data.

#### **Stage 5: Report preparation**

### 3.4 Key Stakeholders

At the project outset, the key stakeholders of the programs were identified as being:

Specific areas within the Department of Health and Ageing:

- Project management group (from within the DAA/PMP Section)
- OATSIH
- Rural and remote workforce section (ATSIPSS)
- Pharmacy Access Section (S100 and ATSIPATS)

Pharmacy Guild of Australia

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<sup>19</sup> Program documentation included policy documentation, both specific to the Programs and the broader context and included documentation from the Medicare Australia, Pharmacy Guild, NACCHO, Pharmacy workforce reports and literature more broadly, and included program plans, consultant's reports, implementation schedules and any progress reports which might be available.

<sup>20</sup> Instruments included questionnaires, interview schedules and data recording formats.

Pharmaceutical Society of Australia (PSA)  
National Aboriginal Community Controlled Health Organisation (NACCHO)  
Pharmacy academics  
Relevant State and Territory pharmacy regulation branches (WA, NT and Queensland)  
Participating pharmacists (S100 and ATSIPATS)  
Scholarship holders (past and present)  
Participating trainees (current and completed)  
Aboriginal Health Services (S100 )  
Rural pharmacy representative of the National Rural Health Alliance (NRHA)  
University Indigenous Units  
National Australian Pharmacy Students' Association

### 3.5 Consultation with key stakeholders

A consultation plan was developed and followed to ensure that a representative sample of the full range of relevant stakeholders was consulted within the project timeframe.

The consultations were conducted over May and June 2010.

Details of consultations conducted for each program are summarised below.

#### 3.5.1 S100 Support

Surveys mailed to all participating pharmacies by fax or email

Survey sent to all eligible Aboriginal Health Services

Interviews conducted with a sample of participating pharmacies selected according to:

- recommendations from the Departments of Health and Ageing and the Guild
- location (ensuring coverage of all jurisdictions)
- the scope of service delivery i.e. the number of Aboriginal Health Services to which S100 Support is provided (small, medium and large numbers)

Interviews conducted with a sample of Aboriginal Health Services selected according to:

- recommendation from the Departments of Health and Ageing, the Guild and pharmacies
- location (ensuring coverage of all jurisdictions)

Interviews conducted with other key stakeholders including:

- NACCHO
- the Guild (program administrators)
- the PSA
- the relevant area within the Departments of Health and Ageing (program managers)
- State Regulating Authorities from the two jurisdictions where S100 Support is most prevalent (WA and NT)
- Key pharmacy academics
- QUMAX support pharmacists located in Vic, NSW and SA.

The total number of stakeholders consulted in relation to the S100 support program was:

- 60% of participating the 20 pharmacists (12)
- 18% of the 120 eligible, participating AHS (30)
- 15 people representing policy, funding and academic organisations.

### **3.5.2 ATSSIPSS**

Survey sent to all past and present scholarship holders by email

Interviews conducted with a sample of both past and present scholarship holders selected according to:

- recommendation from the Departments of Health and Ageing and the Guild
- location (ensuring distribution across academic institutions)

Interviews conducted with other key stakeholders including:

- NACCHO
- key pharmacy academics
- a sample of mentors to the scholarship holders
- the Guild (program administrators)
- the PSA
- the relevant area within the Departments of Health and Ageing (program managers).

The total number of stakeholders consulted in relation to the ATSSIPSS program was:

- 53% of the 13 past and present scholarship holders (7)
- 2 mentors
- 7 people representing policy, funding and academic organisations.

### **3.5.3 ATSSIPATS**

Surveys sent by email to all participating pharmacies: one for the pharmacist and one for trainees

Interviews conducted with a sample of participating pharmacies selected according to:

- recommendation from the Departments of Health and Ageing and the Guild
- location (ensuring coverage of all jurisdictions)

Interviews conducted with a sample of trainees selected according to:

- recommendation from the Departments of Health and Ageing, the Guild and pharmacies
- location (ensuring coverage of all jurisdictions).

Interviews conducted with other key stakeholders including:

- NACCHO
- the Guild (program administrators)
- the PSA
- the relevant area within the Departments of Health and Ageing (program managers).

The total number of stakeholders consulted in relation to the ATSSIPATS program was:

- 61% of the 18 participating pharmacists (11)
- 25 % of the 32 trainees (8)
- 6 people representing policy, funding and academic organisations.

## 4 Project Findings

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### 4.1 Review of documentation

The documentation included in this review included:

- program documentation both specific to each of the programs and the broader context. It included documentation from the Department of Health and Ageing, Pharmacy Guild, NACCHO, program plans, consultant's reports and progress reports
- scholarly and grey literature relevant to the review including in the areas of Indigenous access to pharmaceutical services and pharmacy workforce.

The outcomes from the review were used to inform the development and implementation of the evaluation framework including instruments for collecting, recording and analysing data.

The outcomes from the analysis of program documentation is included in the relevant report for each program area.

In general key issues emerging from a scan of the literature are covered by the following:

“Any initiatives developed to address mainstream health workforce shortages, must include measures to grow the Aboriginal and Torres Strait Islander health workforce. However, special measures to develop the Aboriginal and Torres Strait Islander health workforce will also be needed given that:

- the health status of Aboriginal and Torres Strait Islander people is significantly below that of the non-Indigenous population
- Aboriginal and Torres Strait Islander health professionals play a unique and critical role in achieving positive health outcomes for Aboriginal and Torres Strait Islander people and
- Aboriginal and Torres Strait Islander people are currently significantly underrepresented in Australia's health workforce.”<sup>21</sup>

### 4.2 Issues arising from the literature

An examination of the literature with respect to Section 100 Support indicated a range of issues that informed this review and the structure of research instruments.

The literature provided support for a program that improves the quality of medication management for Aboriginal and Torres Strait Islander people. It identified the poor health status of Indigenous people and the undersupply of pharmacists in rural areas. It noted that Indigenous people experience a range of cultural, educational and financial barriers to access to medicines, particularly through the PBS and that barriers are greater in remote areas. Expenditure data indicated substantial under-use of medicines and considerable less per capita PBS spending by Indigenous people compared to the rest of the population<sup>22</sup>.

An examination of pharmacist views about the support needs of Indigenous people identified chronic disease as critical problem. Pharmacists were willing to be engaged but there were disincentives associated with cost and availability of time. Pharmacists supported cultural safety training and increased collaboration but again were concerned about time availability.<sup>23</sup> It was found that a culturally appropriate pharmacist-led education program for Aboriginal Health Workers (AHWs) enabled pharmacists to feel better able to deal with Indigenous health issues and improved their knowledge of AHWs. AHWs were enthusiastic for additional training<sup>24</sup>

A key issue identified in the literature concerned the identification of Quality Use of Medications issues within AHS and strategies for addressing these. Amongst the risk issues identified were:

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<sup>21</sup> Commonwealth of Australia. (2008). A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>22</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

<sup>23</sup> Stoneman, J., & Taylor, S. J. (2007). Pharmacists views on Indigenous Health. *Journal of Rural and Remote Health* (7), 743.

<sup>24</sup> McRae, M., Taylor, S. J., Swain, L., & Sheldrake, C. (2008). Evaluation of a pharmacist-led, medicine education program for Aboriginal Health Workers. *Rural and Remote Health*, 8 (online), 976.

- difficulties complying with legislative requirements,
- lack of feedback on medication usage,
- insufficient staff training availability and inadequate mechanisms for support of the dispensing process in AHS<sup>25</sup>.

Other issues identified included the impact of staff turnover on skill levels was and confusion and contradictions between State legislation<sup>26</sup>.

The literature supported the view that pharmacists are able to provide a reliable supply mechanism to AHS and provide support and advice on medication management issues. It also however supported the development of a national pharmacy practice standard as an alternative to workplan<sup>27</sup>.

Amongst the strategies identified for the improvement of QUM were:

- further information on who should have access to medication under the S100 scheme
- additional information on the S100 scheme for orienting staff of AHS
- initiatives to involve pharmacists in dispensing functions for AHS, and
- extension of involvement of the pharmacist as part of the primary health care team<sup>28</sup>.

There was support in the literature for a revision of a pharmacy support model which would enable pharmacists to be employed in services. This would see full time pharmacists at AHS with the pharmacist as part of primary health care team. It was argued that this would ensure the knowledge and skills of staff improved as well as their confidence in handling medications<sup>29,30</sup>.

The literature identified a number of issues related to access to medications and the geographic reach of the program<sup>31</sup>. Issues included the limitation of Section 100 Support program to remote locations (prior to the introduction of QUMAX), the applicability of the program to non-PBS items, and the level of awareness of the program on the part of pharmacists and Aboriginal Health Services

Issues identified in relation to the administration of the program included the complexity of renewal processes<sup>32</sup> the timing of the processed the claims for payment of allowances, the adequacy of remuneration, the cost implications of the program for both pharmacists and the Aboriginal Health Services, and the adequacy of program guidelines. The literature supported the development of a benchmark or auditing tool<sup>33</sup>.

Some practical barriers to the provision of support identified included access to locum pharmacists, the time available to pharmacists to provide the support services, and legislative constraints upon pharmacists leaving their pharmacies to provide support<sup>34</sup>.

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<sup>25</sup> Loller, H. (2003). *Final Report, Section 100 Support Project: Report from surveys conducted in Commonwealth funded Aboriginal Health Services and Pharmacies supplying services under Section 100 Pharmacy Allowance*. Canberra: National Aboriginal Community Controlled Health Organisation & Pharmacy Guild of Australia.

<sup>26</sup> Australian Pharmacy Council. (2009). Rural and Remote Pharmacist Project. available online at: <http://www.pharmacycouncil.org.au/PDF/Rural%20Remote%20Final%20Report%20June%202009.pdf>.

<sup>27</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

<sup>28</sup> Loller, H. (2003). *Final Report, Section 100 Support Project: Report from surveys conducted in Commonwealth funded Aboriginal Health Services and Pharmacies supplying services under Section 100 Pharmacy Allowance*. Canberra: National Aboriginal Community Controlled Health Organisation & Pharmacy Guild of Australia.

<sup>29</sup> Australian Pharmacy Council. (2009). Rural and Remote Pharmacist Project. available online at: <http://www.pharmacycouncil.org.au/PDF/Rural%20Remote%20Final%20Report%20June%202009.pdf>.

<sup>30</sup> Vaughan, F. and J. Wakerman (2007). Evaluation of a model for the provision of pharmacy services to remote Aboriginal health services. Adelaide, Centre for Remote Health

<sup>31</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

<sup>32</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

<sup>33</sup> Loller, H. (2003). *Final Report, Section 100 Support Project: Report from surveys conducted in Commonwealth funded Aboriginal Health Services and Pharmacies supplying services under Section 100 Pharmacy Allowance*. Canberra: National Aboriginal Community Controlled Health Organisation & Pharmacy Guild of Australia.

<sup>34</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

### 4.3 Outcomes from the consultations

The following sections provide a summary of the outcomes from the consultations conducted across Australia during May 2010 in relation to each of the three programs:

- a S100
- b ATSIPSS
- c ATSIPATS.

### 4.4 S100 Support program

#### 4.4.1 Program description

The S100 Support Allowances to Remote Area Aboriginal Health Services is an allowance paid to approved pharmacies and approved hospital authorities to improve the quality use of medicines by clients of remote Aboriginal Health Services that participate in the S100 supply arrangements (RRMA 6 and 7)<sup>35</sup>. It is bound by defined payment scales, minimum standards, accountability measures and specific eligibility criteria that are outlined in the Business Rules for the program<sup>36</sup>.

The key policy and service objective of the S100 Support Program is to promote the Quality Use of Medicines (QUM) within Aboriginal Health Services (AHS).

The program is administered and managed by the Department of Health and Ageing. According to the Business Rules for S100 Support<sup>37</sup> the services should include:

- developing and implementing a workplan for the S100 supply arrangements within the AHS
- providing assistance in the implementation of appropriate procedures and protocols for managing S100 supply arrangements, including the establishment of a medicine store
- developing a range of other appropriate measures to enhance the quality use of medicines (which may include assistance with dose administration aids, participation in regular meetings with health staff, and review of patient medication)
- implementing agreed measures which aim to enhance the quality use of medicines, and
- providing a range of education services to AHS clinical and support staff relating to medicines and their management.

#### 4.4.2 Background to S100 Support program

Under the Third Community Pharmacy Agreement between the Commonwealth Government and the Pharmacy Guild of Australia (The Guild), a S100 Support allowance was established to improve program implementation and the quality use of medicines (QUM) under the S100 arrangements.<sup>38</sup>

The establishment of the payment followed the successful completion of the *Quality Use of Medicines in Aboriginal Communities* project<sup>39</sup>, conducted by the Pharmacy Guild of Australia, the National Aboriginal Community Controlled Health Organisation (NACCHO) and Charles Sturt University.

Under 'S100' arrangements, approved AHS can order supplies of PBS medicines directly through a local community pharmacy. The community pharmacist supplies the medicines directly to the AHS which is then responsible for supplying the medicine to patients in a safe and appropriate way, and in accordance with relevant state or territory legislation. State or territory funded AHS need to gain approval from their respective health authorities to enter into S100 supply arrangements. While the

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<sup>35</sup> The Rural, Remote and Metropolitan Areas system (RRMA) is a classification system describing the areas of medical practice within Australia. The system divides the rural, remote and metropolitan areas according to city status, population, rurality and remoteness. **RRMA 6** Remote/urban centre with population more than 5,000 e.g. Mt Isa Qld; Alice Springs NT; Kalgoorlie WA; **RRMA 7** is other remote/urban centre population with a population of less than 5,000 e.g. Kununurra WA; St George Qld; Carrieton SA; Strahan TAS; Katherine NT; Murrayville  
<http://www.health.gov.au/internet/otd/publishing.nsf/Content/work-RRMA> (accessed June 2010)

<sup>36</sup> see [http://www.guild.org.au/uploadedfiles/National/Public/Programs/s100\\_InfoKit\\_1-BusinessRules.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Programs/s100_InfoKit_1-BusinessRules.pdf)

<sup>37</sup> [http://www.guild.org.au/uploadedfiles/National/Public/Programs/S100\\_InfoKit\\_1-BusinessRules.pdf](http://www.guild.org.au/uploadedfiles/National/Public/Programs/S100_InfoKit_1-BusinessRules.pdf)

<sup>38</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

<sup>39</sup> Emerson, L., Bell, L., & Croucher, K. (2001). *Quality Use of Medicines in Aboriginal Communities Project: Final Report*. Canberra: Pharmacy Guild of Australia.

pharmacist is paid a lower fee per item than usual, there are fewer administrative requirements, no rejections and in many cases the quantity of medicine supplied through the pharmacy to clients of the AHS has substantially increased.<sup>40</sup>

The Fourth Community Pharmacy Agreement (2005-2010) introduced new payment scales, minimum standards, enhanced accountability measures and a broadening of the eligibility criteria to provide services under the S100 Pharmacy Support Allowance Program.

The S100 support program applies to RRMA regions 6 and 7<sup>41</sup> and was implemented to reflect the actual and future potential positive impact of the S100 Supply program on health outcomes and to address the identified need to increase the skills and capacity of participating AHS by providing a range of supports to promote quality use of medicines. The support services that could be provided by pharmacists are negotiated with participating health services and could include:

- assistance with procedures and protocols for managing S100 arrangements, including storage of medicines, stock control and medication management
- assistance with dose administration aids
- participation in meetings with health staff
- providing education to AHS staff in medication management or stock control
- reviewing of patient medication
- assisting clinical staff in the AHS with any clinical inquiries

(PGA, 2001)

#### 4.4.3 Review of documentation

##### Literature and reports

There was substantial documentation relating to the S100 Support program which is summarised at Appendix C.

Key themes emerging from the documentation are that:

The S100 Support program was reviewed in 2004 and the contents of that 2004 Review Report informed this one. At that time the authors of the Review report made the following observations:

“There are currently 71 receiving support services from 13 community pharmacists claiming the allowance. Most of these are located in the Northern Territory. Barriers to full up-take of the service have led to inequitable access to the service, particularly in Queensland.

This initiative was seen by stakeholders as important in improving Aboriginal Health Service delivery and enhancing the utilisation of PBS medicines by rural and remote Indigenous communities.

Unfortunately, implementation of the initiative was delayed due to a shortage of trained staff within DoHA which created a significant backlog. This situation has only recently been addressed. These delays have been compounded by what many pharmacists perceive as a complicated application and renewal of application process. Concerns have also been expressed about insufficient overall funding for the initiative, an inadequate level of remuneration and travel allowance, and the difficulties in obtaining appropriate locum support.”<sup>42</sup>

Broadly, the 2004 review recommended:

- progressing the program reforms that have previously been identified.
- resolving deficiencies/problems of the current service delivery model before the allowance is expanded.

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<sup>40</sup> Emerson, L., Bell, L., & Croucher, K. (2001). *Quality Use of Medicines in Aboriginal Communities Project: Final Report*. Canberra: Pharmacy Guild of Australia.

<sup>41</sup> An additional program was put in place to support quality use of medicines in Indigenous health services in other regions (QUMAX)

<sup>42</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

- exploring opportunities with Indigenous representatives for increasing the Pharmacist support allowance for remote area health services
- including Indigenous representation in policy development and advice.
- improving promotion of allowance to increase uptake.
- consulting with relevant stakeholders to determine reasonable service levels for AHS and expected quality of those services.
- streamlining the application process, whilst ensuring that there is adequate accountability.
- developing professionally endorsed standards for service delivery.
- exploring opportunities for changing to a tiered travel allowance, linked to the remoteness of the AHS.
- formulating and implementing a structure that 'champions' the support allowance and the S100 supply arrangement generally to lift the rate of uptake of the allowance.

In response to the 2004 Review a number of strategies were implemented including revision of the Business Rules and payment arrangements to address specific issues.

## **Program Documentation**

Specific program documentation that was accessed as part of this review included:

- S100 Information Kit including Business Rules
- a sample of S100 Workplans
- participation data (pharmacies and AHS)

### **4.4.4 Consistency with current policy environment**

#### **QUM issues to be addressed by the S100 Support program**

The S100 Support program was implemented to address reported QUM issues arising from implementation of the S100 Allowance. During the consultations some pharmacists reported that the following QUM issues continue to persist and need to be addressed by the S100 Support program:

- legislative compliance resulting from the turn-over of staff and the lack of labelling of dispensed medicines
- untrained staff: the requirement for staff training is constant and for some locations, retraining of staff is reportedly required at each visit by the pharmacist. For example on pharmacist reported that many AHS staff are not aware of what is and is not on the PBS and there continues to be quality and safety issues associated with Aboriginal Health Workers not understanding medication charts and labelling.
- lack of knowledge of medications which is exacerbated by different doctors prescribing different medications for similar conditions
- the rotation, refrigeration and security of stock
- the attitude of AHS management – it was reported that where there was a strong interest on the part of the AHS management, the management of medicines was significantly improved
- paucity of information about medications and disease management that is provided to patients
- doctors who “fly in and fly out” and don't really know patients
- co-morbidities and continuity of care in chronic disease management
- clinics under the direction of nursing staff who are short term and lack knowledge of medicines
- handling cold chain issues
- ensuring correct dosages and medications are actually taken.

## Feedback on the degree to which QUM issues are addressed

Stakeholder feedback supported the view that the S100 support program has been influential in promoting QUM especially through promoting safe storage and medication handling compliance. This was particularly the case for those AHS that responded to the survey.

99% of the 22 AHS responding to the survey reported that the impact of the program on the safe storage of medicines in their service was HIGH or VERY HIGH. Their comments from AHS about the S100 support program included:

*“overall the pharmacist provides support to the organisation above and beyond what is in the workplan”*

*“it has had a large impact on positive outcomes “*

*“it has increased patient compliance with medications”*

*“it should be in all areas for at-risk client groups”*

*“it is a great initiative”*

The majority of pharmacists interviewed indicated that the S100 support program provided an essential complement to the S100 program in that it provides professional support to the supply program.

Pharmacists generally indicated that interventions had made a significant difference over time with respect to the safe storage and handling of medications and raising skill levels through education. One pharmacist indicated that it has been possible to address QUM issues using the modules in the program kit. *“Having a process in place to methodically check handling issues encourages the same approach on the part of the Services”*. This pharmacist reported encountering the full range of compliance issues in the past but is satisfied that dispensing errors are now uncommon.

One pharmacist thought that the support program has made a significant difference in that many AHS had not received support previously. However the main impact had been administrative; setting up appropriate storage and recording systems with *“little impact on QUM issues because there has not been sufficient time available to deal with quality issues. The way to improve quality is to provide educational input, but to do more would require an increase in the number of visits and time spent on visits.”*

Not all respondents believed that the support adequately addresses basic QUM issues. For example one of the state regulatory bodies believes there are insufficient checks and balances in place to ensure safety, and cited the following issues:

- correct labelling - only a small percentage of AHS are able to label appropriately and that many medications are distributed unlabeled
- staff non-compliance with legislation, and a perceived limited capacity to assess patient compliance with medication regimes
- insufficient time allocated/provided to address QUM issues *“two visits per year is not enough time to provide assistance required with QUM”*
- medication wastage resulting from over-ordering or changes in prescriptions subsequent to bulk supply (pharmacists may supply 2-3 months of medications and they cannot be returned once supplied). Because the community pharmacy is paid at the point of supply rather than dispensing, it was reported that there is no incentive to address this issue.

To address some of these issues the Northern Territory has implemented a tender system for the dispensing of medications for chronic conditions.

The key services that AHS reported that pharmacists provided under the S100 Support program included:

- the introduction of audit procedures
- education (utilising NPS) resources
- getting drug rooms functional

- improving security particularly with respect to drugs that are subject to abuse
- checking of stock levels and currency
- examination of storage and handling facilities
- support for appropriate prescribing practices including checking and labelling of products

To a lesser extent, support has also included:

- advice on individual patient medication regimes
- checking of medication charts
- case conferences
- home medication reviews.

### **Providing an extended primary care role**

The majority of the pharmacists interviewed argued that while a broader primary care role was desirable, it was not possible within the current resourcing, and consequently most indicated that they had very little involvement in primary care, though a number reported that they had been involved in patient consultations, case conferences, medication chart reviews and HMRs. Pharmacists reported that the priority primary care services that could be provided if changes were implemented were Home Medication Reviews (HMR) but current impediments include that :

- HMRs take time
- HMRs require the presence of an interpreter
- HMRs can be logistically difficult because of the unpredictability of patient movements
- getting permission for medication chart reviews has proven difficult.

There was general agreement that thought be given to making HMR more user friendly and culturally appropriate to match the needs of AHS patients.

A number of pharmacists who saw the primary care role as essential to what they were doing had found ways of developing this. One argued that AHS wanted and needed pharmacists to talk to them and to explain the medications and for the pharmacist to be part of the broader primary care role; i.e. engaged as part of the team and with patients. Another argued that the AHS required the support of a regular pharmacist and that pharmacist should not be involved with supply, should not be remote from the point of service delivery but be part of the primary care team.

One pharmacist reported being able to provide additional support through being contracted via the local hospital which transfers the S100 support allowance to the Aboriginal Health Service which in turn directly employs the pharmacist. This allows for 5-6 visits each year with extended periods at the AHS and being directly involved with patients at the AHS, allowing time for HMRs and working with health workers to review medication charts every 2-6 months. The pharmacist is also able to provide additional in-service training and become involved with the podiatrist and dietician and to work as part of the health care team and, because of the strength of the relationship that has been established, the AHS, Aboriginal Health Workers feel able to ring for consultations.

Another pharmacist supported a broader primary care role for pharmacists and is involved in broader primary health activities such as setting up programs for chronic disease registration, education in clinics using case studies, and providing feedback to prescribers concerning individual patients. However, it was noted that the success of this *“depends on the AHS and the relationship between the pharmacist and the AHS. The more remote services can only be visited 2–3 times a year and these visits tend to be rushed”*.

Despite pharmacists' frustration at not being able to play a greater primary care role, 71% of AHS which responded to the survey indicated that the pharmacists' level of engagement in broader primary health care role in their service was HIGH to VERY HIGH and only 14% (3 responders) rated it as LOW.

## Perceived limitations of the S100 Support program

The underpinning of the S100 Support Program is the utilisation of community pharmacists to provide visiting professional support to AHS, although there are some instances of direct employment of pharmacists.

Generally there is strong support for the current model because it makes available to AHS the professional support, knowledge and expertise that exists within community pharmacies.

There was also broad recognition that it would be preferable for pharmacists to have more time to become a more active member of the health care team of the AHS, and where pharmacists have been directly employed in the AHS; there was a high level of satisfaction. Advantages of this direct employment model that were cited included that it would:

- allow the pharmacist to be a recognised member of the primary care team
- promote rapport between the pharmacist and health workers
- provide consistency and continuity over time
- enable the development of relationships with the community
- allow the pharmacist to work more closely with the doctors and other health professionals.

Under this direct employment model the pharmacist would sit within the clinic and give immediate advice about adherence issues, provide counselling and assistance before and after the patient sees the doctor and undertake home visits when appropriate.

However, at this time, the direct employment of pharmacists within AHS is not feasible given current workforce levels.

There were a number of stakeholders who also supported the separation of supply and support functions. One key body stated that the program is built around the supply function: "*wholesale and then the housekeeping – tidy the place and leave*". Their view was that there is insufficient emphasis on the provision of quality pharmacy services including engagement with health workers and the patient including through case conferencing and providing clinic days for the pharmacist, in which they would operate as part of a clinical team.

The regionalised pharmacy services in the UK practice-based pharmacists was quoted as an example of how a higher level and more frequent engagement with AHS could occur. Under a UK-like model, pharmacists would have no role in drug supply, would review medications, could monitor prescribing data and undertake systems analysis and could provide clinical QUM support as part of a primary care team.

In the course of the consultations, a number of other limitations were raised which, in the view of respondents, limit the effectiveness of the S100 support program. These included:

- S100 applies only to PBS medications: Some important OTC items such as vitamins and nicotine patches are important and the cost has to be borne by the patient or the AHS. A number of pharmacists supported the use of the Veteran's Affairs formulary rather than the PBS schedule of medications as it would include a broader range of clinically appropriate medications.
- getting pharmacists with the required skills and interest in providing the S100 support is a challenge
- funding is not available for the preparation of Dose Administration Aids. Many Aboriginal and Torres Strait Islander patients are heavily dependent upon DAAs and these take a considerable amount of time and pharmacists are not reimbursed for them.

### 4.4.5 Meeting stakeholder needs

The project sought data from a range of sources on the degree to which the S100 Support Program met the needs of stakeholders and this is summarised below.

## Aboriginal Health Services perspectives

General AHS comments about the S100 Support program included that it:

*“is a great program”*

*“has had a large impact on positive outcomes i.e. patients are more compliant”*

*“should be in all areas for at risk client groups”*

*“is a great initiative”*

*“is a good system for our patients”*

The surveys of AHS were very supportive of the value of the program in meeting their needs. 100% of the 25 AHS responding to the survey reported that the program met their needs at a HIGH to VERY HIGH level. The services that are provided included:

*“review of the storage of medicine, expiry date checking, review of impress lists, checking adequate recording of issues, legality maintained, in-service education at each visit, liaison in relation to Webster packs with the supplying pharmacy, home medicines review follow up with the GP, home visits to clients, attendance at multi-D clinics with diabetes educator, podiatrist and dietician, when they coincide”*

The AHS interviewed gave variable description on the extent to which the program met their needs. The significant driver for this variability appeared to be the extent to which the pharmacist developed a relationship with the service and was prepared to spend the time required to develop and maintain systems, to provide educational input and to be engaged in broader primary care provision. The range of views included that the pharmacist:

- provided a significant level of support with respect to auditing and improving the facilities and the systems required for the safe handling of medicines
- provided significant support with the dispensing systems, the provision of on-going advice and assistance with accreditation
- improved recording and labelling systems
- checked stock, storage and security systems
- *“kept them on their toes”*, ensuring that a safe and appropriate service was being provided
- at each visit, provided a thorough check of storage and handling procedures, and of the books to make sure everything was up to date
- answered questions and reviewed patient medications
- provided training
- provided phone consultations when required
- also spent time with the doctor and with the nursing manager to discuss individual cases.

Additional services that pharmacists could provide as cited by AHS responders included:

- more home medicines reviews
- more regular visits
- more education.

Some AHS indicated that there was a strong relationship between the pharmacist and the service and as trust had developed the role had extended into engagement in reviews of medication charts, consultations with respect to the medication needs of individual patients and in some cases, home medication reviews (HMR). Although it was noted that HMRs are not always logistically possible with a visiting service as patients may not be available.

The aspect of support most valued by the AHS was in the training and skill development of staff. A number remarked that the pharmacist provided education sessions for staff on medications and safe and appropriate management of medicines. In some cases they were also available for telephone consultations where the AHS lacked the knowledge or skills to deal with an issue.

Significant gains appear to have been made through the education of health service staff. Although most pharmacists reported that there is a high turn-over of staff in some locations, only 50% of AHS

responders reported the impact of staff turnover as being LOW to VERY LOW (25% rated it as MEDIUM and 25% rated it as HIGH to VERY HIGH). The impact of staff turnover is the continuing need for *“special orientation to familiarise staff with medication management, ordering, clients and their special needs and dispensing/supplying”*.

However not all AHS reported positive experiences. The non-supportive comments related to:

- pharmacists receiving the subsidy but not visiting the clinic personally in two years. Non pharmacist staff visited regularly and replenished stock, delivered Webster packs, and picked up order forms, but gave no assistance with respect to review of systems or training of staff.
- not much support being provided for the amount of subsidy provided *“the pharmacist provided fleeting visits at times that did not suit the health service.”*

In these cases the health services felt that the negotiations about the workplan were inadequate, for example in one case *“attempts were made to include HMR but this was resisted and pressure was placed on the AHS to endorse the workplan. In another “insufficient time was given to scrutinise the workplan, and pressure was applied to have it signed quickly”*.

It was reported that where the AHS was unhappy with the service provided, the complaints process was unclear.

When asked to identify additional support which could be provided, all services interviewed indicated a preference for additional training and additional visits.

- One service indicated that it would like to see more education of staff with respect to QUM and in particular to have them understand the costs of medicines. Because the medicines are provided free, they are concerned that staff and patients do not take sufficient responsibility. There is a concern that the staff do not know much about the drugs they are handling.
- Another service similarly identified that a key additional need was to assist patients to take responsibility for their own medications. Because S100 provides free medication there can be a lack of patient understanding of what they are taking resulting in a negative impact upon management of their health condition.
- Because S100 provides PBS generic medications, these medications change frequently and brand name changes and changes to the look of medications can be confusing for patients and AHS staff. More time was needed to familiarize them with changes.

### **Pharmacists’ perspectives**

The majority of pharmacists consulted indicated that the program enabled the provision of an important level of support without which there would be serious safety and quality issues in the provision of medications.

One pharmacist, who has had a long engagement in Indigenous health, believed that the program is providing a good level of support and has been well received by the health services and saw the program as valuable from many perspectives:

- for doctors, practice nurses and Aboriginal Health Workers it increases knowledge and confidence in handling medications
- from a QUM perspective it has led to improvements in managing drug rooms and stock control systems
- from an administrative perspective it has reduced over-ordering and wastage.

Pharmacists identified that the critical QUM issues addressed by the program related to labelling, records maintenance and the packing of Dose Administration Aids in clinics.

Responses from pharmacists interviewed and an examination of the Workplans indicated a great variability in the level of service provided and the nature of engagement with the AHS:

- in some cases multiple sites are visited in a single day with apparently short periods spent in each and frequent cancellations

- in others there is a significant commitment of time over an extended period with strong professional relationships developed.

Pharmacists reported that the level of understanding on the part of AHS of what they might expect from supporting pharmacists, varied according to the level of experience of individual staff, but that there has been a considerable overall increase in understanding since the commencement of the program. They reported that although most staff in the AHS did not fully understand the pharmacist's role, the Workplan was helpful ensuring that those who were responsible developed did understand what was involved in the role.

Training for health professionals was identified by the majority of pharmacists as a key priority:

- most services wanted training but time availability is a problem. It was reported that the pharmacist usually tries to negotiate training times in advance but emergencies often took precedence
- resource materials, particularly current clinical information is important. It is now provided by the National Prescribing Service, though it had been suggested that this might cease.

### **The perspectives of other key stakeholders**

Peak organisations and academic pharmacists provided a more critical perspective on the program. While most acknowledged an important level of support provided to AHS through the program, they raised questions as to the adequacy of that support. The issues included:

- the AHS have a low expectation of the support that they should receive because they do not know what is possible and are generally grateful for the twice yearly visit
- the responsiveness of the program to AHS depends upon the level of community engagement and commitment to capacity building. When services are provided from a distance with episodic visits, it is hard to have that level of engagement, the required development of trust and understanding of priorities from a community perspective
- from a cultural safety perspective, it is essential to build an indigenous pharmacy workforce
- there are no standards related to the types of support that is delivered and the same package of services is applied to all AHS irrespective of local conditions
- the need for a focus on training
- the need to address the limitations imposed on what can be provided within the current service model and within the current resourcing
- urgent need for staff training on processes and S100 procedures. *"There continues to be confusion about what can be done through bulk supply and the requirements of the Drugs and Poisons legislation. The turnover of staff exacerbates this problem."*

#### **4.4.6 The efficiency of the administration and delivery of the program**

##### **Administrative arrangements**

Administrative changes introduced through the Fourth Pharmacy Agreement appear to have improved the effectiveness of the programs administration. The majority of respondents endorsed the transfer of program administration to the Department of Health and Ageing, the revised payment system, the extension of collaborative planning through the Workplans and increased accountability through program reporting.

##### **The Workplan as a planning and reporting tool**

The revised Workplan arrangements were identified by the majority of AHS as effective in that they provided for valuable annual planning between the pharmacist and the AHS and reporting against agreed objectives. All but one AHS responding to this question rated it as EFFECTIVE or higher as a means of identifying the support services they needed. However there was some stated support for improving the efficiency of this process through on-line reporting.

Pharmacists were generally less supportive of the planning and review systems provided by the Workplan. One pharmacist thought that while the reporting arrangements were good in principle, they were too demanding. Completing returns that are 11 pages long for each of the large number of AHS serviced is *“time consuming and not productive - there were similar tasks performed in the majority of the services so there was a large amount of repetition in the reports. Additionally here can be significant delays if the health service CEO is away and not available to sign the returns.”*

There was support for a more streamlined report formats and removal of the requirement to provide original documentation. On-line or faxed returns were considered as more efficient, possibly provided after each visit.

One pharmacist suggested that an audit process of ringing the AHS to check what is being provided could be more accurate indicator of performance. *“Anyone can fill out forms, but that does not mean that the services being provided are worthwhile”*.

Pharmacists also generally supported moving to a financial year rather than an anniversary date for reporting, and a reduction in compliance costs.

Issues with the current administrative arrangements reported by other stakeholders included:

- inadequate engagement of key stakeholders. For example, NACCHO had a role in the revision of business rules for the program and supports the use of the Workplan as a means of engaging AHS in the setting of goals, allowing for differences in the way that AHS work and supported an increase in the remuneration to allow improved support and better auditing. It had the impression that these elements have been improved under the Fourth Agreement but reported an inability to comment further as it does not receive updated information on the performance of the program. The Guild also reported that they could play a greater role in quality assurance of the services provided by their members, if they received information about participating pharmacists and AHS
- the current system was perceived by some as not adequately managing for performance and that alternatives to the Workplan as a means of managing effectiveness should be examined including on-line reporting after visits (this happens in the NT because of their unique arrangements). It was proposed that the AHS is the appropriate point at which to monitor performance of the pharmacist, but under the current arrangements, the AHS has no role in approving payments. Another respondent argued that there should be transparent service requirements, and clear reporting and that the subsidy levels should reflect the level of work required. *“Subsidies should provide a real incentive to undertake the work at the highest level.”*

### Subsidy levels

Subsidy levels within the program were substantially increased in 2007. There is a general, though not universally held view amongst those consulted that subsidy levels are now adequate. Some pharmacists would argue that the levels are not adequate for the most remote centres and some also argued that the subsidy levels are adequate for the level of support currently provided but that they would have to be substantially increased to allow an extension of the support to include greater engagement in the primary care work of AHS.

One pharmacist argued that an appropriate level of support would require a monthly visit for four to five days, but the allowance would need to be increased to reflect this.

Another argued that the subsidy levels were barely adequate and were only made economic by doing visits in a group and that there is no mechanism for indexation despite travel costs escalating by 60% in one year.

A consistent criticism from pharmacists was that the subsidies do not cover the preparation of Dose Administration Aids which was regarded as critical for safety and quality in AHS since many patients have a number of co-morbid conditions and are on multiple medications. *“It is significant cost impost for pharmacists since no dispensing fee is paid with S100 medications.”*

NACCHO supported an increase in the allowances paid by the program but only if there was a commensurate increase in the expectations about the level and type of support provided.

## Program structures

The current administrative structures nominally have the Department of Health and Ageing responsible for administration, NACCHO responsible for representing the interests and perspectives of AHS and the Guild nominally having some responsibility for quality improvements within the program. However consultations with key stakeholders and examination of program documentation revealed that:

- management of the program at a national level appears to be fragmented: the Department of Health and Ageing staff monitor reports and approve payments from a compliance perspective only and the Guild receives little or no information about performance of the program, and its responsibilities appear unclear
- there is an apparent lack of communication between key peak organisation and program administration
- there is no structural mechanism to support quality improvement in service delivery for example, NACCHO is not represented on PPSAC, the body which might coordinate activities at a national level and while it is represented on the Rural and Indigenous Sub-committee of PPSAC, this committee has not met for over 1 year. It was suggested that a structure could be established for the administration of the program, aligned with QUMAX.
- there is a multiplicity of Indigenous pharmacy programs under S100 , QUMAX and Closing the Gap which may be confusing for consumers who have different eligibility and payment requirements depending on where they live.

To adequately provide quality improvement support for the program, the Guild believes that it would require a full time project officer whose responsibilities would include the promotion and quality assurance of the program. This officer could be located in NACCHO.

It was also suggested that a national workshop/conference, bringing together pharmacies and AHS to share experiences and learning could assist in continuous quality improvement of the S100 Support services. This could be supplemented by the development of case studies on best practice.

## 4.5 ATSSIPSS

### 4.5.1 Program description

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS) is a competitive scheme that provides a scholarship allowance of \$15,000 p.a. to students to enable them to undertake undergraduate or graduate entry studies in pharmacy at an Australian University. In order to receive a scholarship, applicants must meet all the eligibility criteria, and provide documentary evidence to support this. The applicant must be:

- an Australian citizen or permanent resident
- of Aboriginal or Torres Strait Islander descent
- enrolled as a full-time student in a pharmacy Undergraduate or Graduate degree at an Australian University that leads to a registrable qualification as a pharmacist. Scholarships are available to students in any year of their Undergraduate or Graduate degree.
- a member of the student Rural Health Club or a member of the Universities affiliated Rural Health Club (applicants who are not a member of a student rural health club must indicate their intention to join a rural health club, and provide proof of membership before receiving any scholarship payments).
- preferably from a rural or remote location. (not a mandatory criterion, but scholarships are offered preferentially to students who currently live, or have lived, in a rural or remote community.

Scholarship holders also participate in the Rural and Remote Pharmacy Mentor Program (mentors are pharmacists working or have worked in a rural location) and develop a Learning Plan with their mentor, and have ongoing contact and undertake appropriate rural activities.

## 4.5.2 Review of documentation

### Review of literature and reports

*“The most effective and efficient short-term gains for Aboriginal and Torres Strait Islander health are likely to come through training more Aboriginal and Torres Strait Islander health personnel. Increasing the size of the workforce produces a cohort that will be more workplace-ready in terms of community networks, cultural safety and communication skills. Aboriginal and Torres Strait Islander health personnel are also likely to influence the mainstream health sector through collegial and professional activities and through research or teaching”.*<sup>43</sup>

*“Targets identified in comparative countries have in most cases been determined by calculating workforce ratios to population ratios. Similarly, the AMA has called for a commitment to a target of 2.4% of all health professionals being from Aboriginal and Torres Strait Islander backgrounds by 2012. The AMA argues that to increase the proportion of Aboriginal and Torres Strait Islander people working as health professionals to non-Indigenous levels, 2570 nurses, 2000 Aboriginal Health Workers, 928 doctors, 275 pharmacists, 213 physiotherapists, 149 medical imaging professionals, 161 dentists, 119 occupational therapists and 59 optometrists need to be trained over 10 years. This means, for example, that 50 Aboriginal and Torres Strait Islander students would need to enrol in medical schools across Australia each year for the next four years, and then 100 would need to enrol each year after that to make up the current Aboriginal and Torres Strait Islander medical workforce shortfall. On this calculation, an extra 350 Aboriginal and Torres Strait Islander medical students would need to be enrolled in medicine by 201”*<sup>44</sup>

Census data reported by the ABS<sup>45</sup> indicated that:

- 11 out of a total of 15,337 pharmacists were reported as being Indigenous (0.1%) of the pharmacist population (ABS Census of Population and Housing, 2006 unpublished data).
- the number of students completing studies in pharmacy doubled between 2003 and 2005. However this was based on the following figures:

2003 1 student graduated (0.1% of a total cohort of 769

2005, 2 students graduated (0.2% of a total cohort of 1,037)

Indigenous people comprise a little more than 2.4% of the total Australian population. If 2.4% of pharmacy graduates were Indigenous the number of graduating Indigenous students each year from pharmacy courses would need to be more than 10 times the 2005 figure, without making any adjustments required to bring the total number of Indigenous pharmacists up to meet a 2.4% target.

To address this issue and in response to the ABS data, the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme was introduced as part of the Third Pharmacy Agreement and continued into the Fourth Pharmacy Agreement.

The program was reviewed in 2004<sup>46</sup> and the contents of that 2004 review also informed this one. Broadly, the 2004 review recommended:

- to keep this scholarship for the Indigenous pharmacy students
- to improve awareness for two distinct audience levels – Indigenous secondary school students and mature-age Indigenous people who are already working in other health roles

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<sup>43</sup> Commonwealth of Australia. (2008). *A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>44</sup> Commonwealth of Australia. (2008). *A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>45</sup> Commonwealth of Australia, 4704.0 *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Australian Bureau of Statistics, Australian Institute of Health and Welfare (Canberra, ACT: Australian Bureau of Statistics, 2008).

<sup>46</sup> Human Capital Alliance. (unpublished). Review of Rural and Indigenous Pharmacy Programs 2004.

- to continue to monitor the number of scholarships awarded and the subsequent academic progress and careers of recipients
- to create alternative academic and career pathways so that more Indigenous people can be engaged in the provision of pharmacy services, particularly to Indigenous communities
- to clarify guideline for eligibility for scholarships and ABSTUDY so that scholarship holders are also able to receive ABSTUDY.

## **Review of program documentation**

Specific program documentation that was sourced and examined as part of this review included:

- ATSSIPSS Application Form
- ATSSIPSS Guidelines and Eligibility Criteria
- Learning plan template and information booklet for scholarship holders
- The mentor information booklet
- Promotional material that was used for the scholarships (poster, radio and TV commercial, print advertisement)
- Participation data/details

### **4.5.3 Examination of coherence with current relevant policies and priorities**

The Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme was introduced as part of the Third Pharmacy Agreement to increase the number of Indigenous health professionals consistent with current health and health workforce initiatives. The introduction of ATSSIPSS acknowledged that if the needs of Aboriginal and Torres Strait Islander communities are to be adequately met in the community pharmacy sector, there is a need for more Indigenous pharmacists working in the industry.

ATSSIPSS has increased the numbers of pharmacists since its inception (the 2001 census data listed one Indigenous pharmacist). ATSSIPSS allowed for 3 scholarships to be awarded each year 2003-2010. This would have resulted in 24 new Indigenous pharmacists being supported through their education. However to date, there have been 13 scholarships awarded as a result of ATSSIPSS. All of the 13 recipients have completed a Bachelor of Pharmacy and have become employed as pharmacists. The scholarship scheme, therefore, has had a 100% success rate in relation to course completion and the transition of recipients into the community pharmacy sector but has failed to meet numerical targets.

Since the inception of the scheme, various promotional activities have been conducted in an effort to attract candidates to make an application. A dedicated promotional campaign for the scholarships conducted in 2009 to address the previously low application rate and uptake, has subsequently resulted in awarding 5 scholarships in 2010.

### **4.5.4 Examination of the degree to which stakeholder needs are met**

The results of interviews conducted with past and present scholarship recipients indicated that:

- the scholarship is rated as high or very high in terms of enabling recipients to undertake and complete the Bachelor of Pharmacy Degree
- the level of the scholarship's financial support is rated to be very high. It was suggested that the scholarship should be periodically reviewed and scaled to match CPI and increased expenses with only one recipient indicating that the scholarship amount should be increased. Overall, recipients expressed satisfaction with the level of financial support
- there were no perceived impediments or disincentives in taking up the scholarships
- apart from the financial support they received no other support was received during their study, apart from an occasional call from the Administrators regarding progress or a Report due
- the contribution of mentors (a condition of the scholarship) was very positive
- recipients had found out about ATSSIPSS from a wide range of sources including:

- recommendation from a pharmacy
- word of mouth
- Koori Mail Newspaper
- A faculty member at a University College
- by coincidence – member of a Committee when it was discussed
- Internet search for scholarships e.g. using search terms Aboriginal , science
- at a University Open Day
- untargeted and broad information strategies were regarded by responders as generally unsuccessful and should be replaced by:
  - targeting year 12 students (this would be consistent with the 2004 Review recommendations) including production of Information Brochures for Year 12 students and a presence at Careers Expositions
  - promoting scholarships at schools prior to Year 12; since many Indigenous students do not finish Year 10 it may be beneficial to consider promotion to students at Year 10-11 with information to encourage potential candidates to strive for improved grades to meet eligibility criteria
  - providing information to school students prior to subject selection for Year 11
  - providing web site links on to ATSIPSS on University Websites
  - using interactive and popular media such as Facebook (e.g. profiling past Scholarship holders)
  - promotion through pharmacy schools and Indigenous units at the relevant Universities.

The following initiatives were suggested by interviewees to better meet the needs of scholarship holders:

- provision of student support to assist with induction, introduction to university and overcoming the threat of dropping out of the course
- work placement program such as one week in a pharmacy
- better access to tutoring services
- access to a non-academic mentor or critical friend, preferably Indigenous, to discuss issues and problems such as emotional upheaval and missing home
- improved mentoring processes such as more face-to-face meetings including through the use of current technologies such as Skype for face to face meetings
- annual return airfare home and/or extra funds to enable visit by family (bring family member to the student), particularly for recipients who have moved from a remote area to the city to study to provide emotional support.

#### **4.5.5 Examination of program efficiency and effectiveness**

In general, the administration and delivery of the program met with overall approval by those interviewed. The main reported inefficiency with the program related to promotion and publicity; both past and present scholarship recipients indicated that knowledge about the scholarships with potential applicants could be improved.

In addition, it was suggested that current processes for providing proof of Aboriginality requires the timely collection of evidence and that this could be replaced by more a more expedient processes.

Other suggested improvements identified by recipients and other stakeholders to improve efficiency and effectiveness included:

- improving promotional activities
- providing scholarship holders with additional support such as:

- annual return airfare for interstate, rural and remote recipients
- family support assistance particularly for recipients who have moved from a remote area to the city to study. This could include access to a non-academic mentor or critical friend, preferably Indigenous, to discuss issues and problems such as emotional upheaval and missing home
- access to tutoring services, to assist students in effective study methods and help students if they are struggling with academic workload
- induction support including introduction to University, living and other exigencies related to overcoming threat of falling out of course due to not settling in
- provision of laptop computer and portable printer for each recipient
- better use of technology such as Skype for meetings and providing support
- establishing a Facebook interface to share profiles and experiences of scholarship holders
- establish an ATSIPSS Alumni which may enable past recipients to act as advocates by speaking to potential students about the scheme.

## 4.6 ATSIPATS

### 4.6.1 Program description

Aboriginal and Torres Strait Islander Pharmacy Assistant Scheme (ATSIPATS) provides incentive payments to community pharmacists that employ and support an Aboriginal and/or Torres Strait Islander Pharmacy Assistant to complete a nationally accredited Pharmacy Assistant training course delivered by a Registered Training Organisation.

The incentive allowance (of up to \$10,000) is to cover the full training costs for the Assistant and also contribute to the wages and other costs incurred by the Pharmacy in employing the Assistant.

More than one incentive allowance may be allocated per Pharmacy Assistant if the Assistant completes more than one nationally accredited Pharmacy Assistant training course. Trainees must be:

- an Australian citizen of Aboriginal and/or Torres Strait Islander descent.
- enrolled in a nationally accredited Pharmacy Assistant training course aligned to the Retail Services Training.

### 4.6.2 Review of documentation

#### Review of literature and reports

The Pathways document<sup>47</sup> recommended that “*developing and strengthening health education courses that use the Australian Apprenticeships model, such as the Aboriginal Health Worker Apprenticeships Program in the Northern Territory – anecdotal evidence suggests that this is showing better retention rates than for those not studying under the apprenticeships model.*”

The Australian Apprenticeship model in Australia provides for payment of both employers and trainers (Registered Training Organisations) and the capacity for employers to pay the Training Wage to trainees whilst they are undertaking training to complete national industry qualifications. There are loadings on those allowances for taking on trainees who are Indigenous and for rural and remoteness<sup>48</sup>. All industry sectors rely on traineeships to provide for new recruits and to target shortages or gaps in employment areas and types. The Certificate II and III are used widely in the pharmacy sector for this purpose.

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<sup>47</sup> Commonwealth of Australia. (2008). *A blueprint for action - pathways into the health workforce for Aboriginal and Torres Strait Islander people*. Canberra, ACT, Australia: National Aboriginal and Torres Strait Islander Health Council.

<sup>48</sup> The allowance paid to employers for commencement of a Certificate II trainee is \$1,250 (paid after 3 months) and payments to RTOs are \$1,500 on commencement and \$2,500 on completion of the course

The (then) Department of Education Science and Training developed a set of materials<sup>49</sup> to support employers aimed at encouraging them to take on Indigenous trainees. This was based on research that indicated that *“there is a fundamental difference in the way most Indigenous Australians and the broader Australian community operate in terms of expectations and drivers to achieve successful outcomes from VET. Indigenous culture has a collective approach, placing more emphasis on relationships, group identity, and a sense of belonging compared to mainstream Australian culture, which is individualistic and encourages students to be self-reliant, competitive, and pursue personal goals. This fundamental difference has implications for the types of strategies that will need to be implemented to increase participation and improve outcomes for both Indigenous and non-Indigenous learners.”*<sup>50</sup>

Despite the incentives provided by the Australian Apprenticeship model and targeted support to promote take up of traineeships, the national vocational education and training (VET) provider data collection in 2006 reported no Indigenous people enrolled in pharmacy apprenticeship programs as defined by qualifications in the national industry training package for pharmacy assistants (SIR07 Retail Services Training).

The need for specific programs to address this gap is well documented, not the least of which in the Closing Gap<sup>51</sup> initiatives of the Australian governments which states: *The Australian Government is committed to this national effort in cooperation with other governments. In 2008, the Council of Australian Governments (COAG) agreed to six ambitious targets relating to Indigenous life expectancy, health, education and employment...Improving employment opportunities and the job readiness of Indigenous Australians is crucial to building pathways out of poverty and disadvantage...”*

## Review of program documentation

Specific program documentation that was sourced and examined included:

- Promotional material that was used for the traineeships (poster, radio and TV commercial, print advertisement)
- ATSIPATS Guidelines
- ATSIPATS Fact Sheet
- ATSIPATS Application
- ATSIPATS Report proformas
- Participation data/details

### 4.6.3 Examination of coherence with current relevant policies and priorities

The findings from the review are (Commonwealth of Australia):

- ATSIPATS has significantly increased the number of traineeships undertaken in the pharmacy area (from 0 to 44) by Indigenous people.
- The majority of the trainees undertook the Certificate II qualification (with 12 trainees completing the Certificate I first).
- 4 undertook the Certificate III qualification and one completed the Certificate II and progressed to the Dispensing qualification
- Of the total of 32 trainees, all were females except 2

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<sup>49</sup> Indigenous Australian Apprenticeships Resource Kit – an informative and practical guide to building organisations’ capacity to attract, train and retain Aboriginal and Torres Strait Islander people (DEEWR 2007)

<sup>50</sup> Source :National VET Equity Advisory Task Force Final Report, 2009, DEEWR  
[http://www.dest.gov.au/sectors/training\\_skills/publications\\_resources/profiles/National\\_VET\\_Equity\\_Advisory\\_Taskforce\\_Report.htm#publication](http://www.dest.gov.au/sectors/training_skills/publications_resources/profiles/National_VET_Equity_Advisory_Taskforce_Report.htm#publication)

<sup>51</sup> Commonwealth of Australia. (2008). Closing the Gap on Indigenous disadvantage: the challenge for Australia. available at: [http://www.fahcsia.gov.au/sa/indigenous/pubs/general/documents/closing\\_the\\_gap/p5.htm..](http://www.fahcsia.gov.au/sa/indigenous/pubs/general/documents/closing_the_gap/p5.htm..)

- The trainees were located across 18 pharmacies, with the majority having one trainee and one pharmacy having 15 trainees.
- The geographic distribution of the pharmacies in which trainees were located was across all states: NSW (3), Queensland (23), Victoria (2), SA (2), WA (2), and NT (2). Only one was located in a metropolitan area (in Brisbane) with the remainder being in rural and regional areas.
- The number of trainees that did not complete/have pulled out of the traineeship.<sup>52</sup>

#### 4.6.4 Examination of the degree to which stakeholder needs are met

All responders had at least one trainee and one pharmacy has had 10 trainees participate in the program. 100% of the pharmacists who responded indicated that they would take on another trainee under the current arrangements. The willingness of pharmacists to continue to support the engagement of candidates for traineeships provides resounding confirmation that the program meets stakeholder needs, at least for the participating pharmacists.

There were various ways in which candidates found out about the traineeship which included:

- working in the pharmacy on a work experience program
- already employed in the pharmacy, and recommended by the pharmacist
- actively sought through an Employment Agency, with one pharmacy working with a dedicated Indigenous Community Centre to source an appropriate candidate
- Guild information
- advertisement in the newspaper

One pharmacy reported that they employed candidates in the first instance, assessed their suitability for the traineeship prior to offering traineeship. This was based on the view of the pharmacist that candidates required to demonstrate a minimum level of education ability and commitment in order to complete the rigour of the traineeship. In this case, many of the candidates had worked in the pharmacy for a number of years prior to being selected and embarking upon the traineeship.

The impact of the traineeship in attracting and retaining Indigenous staff in the pharmacies has been significant:

- 57% of trainees indicated that they would not have undertaken training in the pharmacy area if the traineeship was not available
- 63% of pharmacists considered that the availability of the traineeship was a significant factor in the trainee undertaking/completing training in the pharmacy area.

Clearly, the availability of the traineeship has been a significant motivator for both trainees to become pharmacy assistants and for pharmacists to employ an Indigenous trainee.

#### 4.6.5 Examination of program efficiency and effectiveness

Generally, pharmacists reported satisfaction with the effectiveness of the administration of the program. The following comments were made about the program:

*"I was very impressed with the timeliness and believe the program is well administered."*

*"Very positive program-a shining star!"*

Few barriers were reportedly experienced by the trainees interviewed:

- 86% reported they experienced no or minor difficulties in taking up the traineeship
- 99% reported they experienced no or minor difficulties in completing the traineeship

The only difficulties identified by respondents in completing the traineeship were in relation to time management and the content of the training.

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<sup>52</sup> The documentation and information provided to the review team did not include information on non completions although attempts to interview particular trainees selected at random, indicated that there is some attrition (the level of which is not known).

Some trainees reported that in the busy daily routine of the pharmacy trainees forfeited their learning tasks in order to complete pharmacy tasks.

There is potential for better development of pharmacies in supporting the trainee including through:

- a requirement embedded in a Traineeship Service Contract between the Guild and employers to foster a supportive learning environment which provides time for the trainee to complete learning tasks
- developing understanding in pharmacy staff of the diverse needs of learners, including strategies and processes that support learning, task completion and handling competing priorities within the busy routine of the pharmacy.
- developing understanding and respect in pharmacy staff of traineeship learning processes and outcomes.

Responders suggested the development of case studies promoting effective Indigenous traineeship management strategies covering such topics as valuing diversity in learners and promoting attendance and retention.

Initiatives to improve the likelihood of course completion by trainees that were identified during consultations included:

- providing support for group work to complete the workbooks, including through use of internet technology
- improving/increasing contact between the RTO and the administrators
- embedding flexibility to get workbooks/paperwork in on time and more encouragement to be provided by supervisors
- more one-on-one learning support
- pharmacists understanding and fulfilling employer's training obligations
- multiple trainees at the one site to enhance capacity for collaborative learning, working together and not feeling isolated
- training on time management.

Overall, pharmacists and trainees reported that the traineeships are promoted reasonably well at a national level. However the slow takeup of the program would indicate a need to enhance program promotion.

### **Suggested improvements to the ATSIPATS program**

The following suggestions were made by **pharmacists** to improve the program:

- encourage pharmacists to conduct a trial period for trainee to be sure they want to commit to participating in the Traineeship
- use Case Studies to better promote the program to both pharmacists and trainees and to assist in breaking down any stereotypes amongst the pharmacy community related to employment of Indigenous pharmacy assistants
- provide regular phone support to trainees to check on their progress - it was reported by pharmacists and trainees that trainees were not contacted early enough in the process
- the Guild to provide more information about the program, including cultural awareness issues, to support both pharmacists and trainees
- more targeted information should be provided to Employment Agencies in relation to the traineeship
- better use of local avenues for promotion such as local newspaper which could provide feature articles on traineeship achievement accompanied by application details
- development of brochures and posters to be displayed in Job/Employment Agencies, Indigenous Community Centres and in pharmacies

- concentrated promotion in regions where there is greater potential for trainees such as northern Australia; in Cape York, Arnhem land and WA and metropolitan areas with large concentrations of Indigenous people.

The following suggestions were made by **trainees** to improve the program;

- targeted promotion of the traineeship in high schools at Year 8 and 9 to ensure students make the right subject choice to enhance their ability to access higher education and training programs in pharmacy
- targeted promotion of the traineeship to Indigenous employment agencies
- advertise the traineeship in Indigenous newspapers
- introduce targeted local publicity and promotion e.g. local Newspapers
- develop Case Studies for promotion materials.

## 5 Discussion and Conclusions

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### 5.1 S100 Support program

#### 5.1.1 Meeting policy objectives

The S100 support program provides an important level of professional support to AHS in the management of S100 Supply. This is a level of support which is largely valued by the AHS to which it is provided. The program has addressed some significant QUM issues, particularly with regard to the safe storage, handling and dispensing of medicines. These continue to be of concern because of the high turn-over of staff within the AHS. In-service education continues to be the highest priority as identified by the AHS, pharmacists and peak organisations.

#### 5.1.2 Meeting the needs of stakeholders

While this basic level of improvement in QUM should not be undervalued, the majority of respondents consulted in this review considered that little impact had been made in engaging pharmacists in the primary care activities of AHS.

Priority areas for expanded activity included: participating within primary care team meetings and case conferences, medication chart reviews and Home Medication Reviews. Although some pharmacists have been able to undertake significant primary care work, other pharmacists generally indicated that there was insufficient time during their visits to undertake these activities, that additional resources would be required to support them, and that some activities were logistically difficult because of patients' availability, .

There was a view amongst a number of respondents that an alternative model of direct employment of pharmacists in the AHS would be preferable because it would allow for greater continuity of engagement with patients and staff. However there was disagreement about the feasibility of this given workforce availability.

#### 5.1.3 The efficiency of the administration and delivery of the program

A review of Workplans and report documentation, and feedback from AHS suggests that there is considerable variability in the quality of interventions by pharmacists. In most cases, pharmacists' visits appear to be highly effective. In others they appear to be fleeting and ineffective making a case for feedback from AHS being more integral to program monitoring.

There is also a strong argument to facilitate learning across the elements of the program on the part of pharmacists providing services and AHS in receipt of services. This could take the form of best practice case studies and the workshopping of strategies through an annual conference.

The Workplan development process and associated reporting system has brought about an improvement in the engagement of AHS in the planning of the support to be provided. Some further refinement may be warranted to reduce the compliance burden and enhance accountability of the pharmacist to the AHS receiving the support. These enhancements might include the provision of visit reports which are endorsed by the AHS at the time of the visit, and on-line reporting.

The program governance arrangements appear to require revision. At the least there is need for a clear statement of the responsibilities of the key agencies at a national level and a mechanism for information sharing and coordination between them.

#### 5.1.4 Suggested improvements

The S100 Support Program provides a base level of support for AHS which utilise S100 for supply of medications. A number of possible improvements can be proposed based on the findings of this review, which may improve the effectiveness of the program.

## Promote best practice in S100 Support services

The review identified variability in the quality and type of support provided by pharmacists to AHS. While this is inevitable given the variety of services, standards that guide behaviour would provide a benchmark against which performance may be measured and would provide a guide to pharmacists concerning expectations.

### Findings about suggested improvements include:

#### Establishment of a quality standard for the provision of pharmacy support to indigenous health services

Pharmacists should be encouraged to:

- allow sufficient time during their visits for engagement in patient reviews, case conferencing and consultations with staff
- see themselves as part of the health care team.

They should be discouraged from doing multiple fleeting visits on a single day.

### Findings about suggested improvements include:

#### To promote engagement of pharmacists in primary care tasks

Best practice can be identified amongst the pharmacists providing support within the program. This could form the basis of case studies which could be disseminated to pharmacists participating in the program and to AHS to assist quality improvement. Responsibility for this work could reside with the Pharmacy Guild of Australia.

### Findings about suggested improvements include:

#### To promote best practice and quality improvement in pharmacy support

There is currently no mechanism for the sharing of knowledge and expertise between participants in the program. A conference which enables this to occur should be a priority. Such a conference should be part of an annual program and not a one-off event, in order to encourage learning over time and the development of networks of support. Responsibility for organising this could be shared between the Pharmacy Guild of Australia and NACCHO

### Findings about suggested improvements include:

#### To sponsor an annual conference for pharmacists providing S100 support and a representative group of AHS

## Accountability and reporting

The primary responsibility of pharmacists providing support should be to the Aboriginal Health Services. This is supported through the workplan process. It could be further enhanced by transferring the responsibility for payment of subsidies to the AHS. This would require the budgeting of allocations to each AHS and an appropriate acquittal process.

### Findings about suggested improvements include:

#### Improve accountability of pharmacists to AHS by considering transferring responsibility for subsidy payments to AHS

Modification of program reporting under the Fourth Pharmacy Agreement led, in the opinion of the majority of respondents to the review, to improvements in accountability. In particular the collaborative development of an Annual Workplan has led to greater accountability of the pharmacist to the AHS. Some further modifications which could be considered in response to this review would include: aligning payment cycles with financial years; replacing bi-annual monitoring reports with reports to AHS CEOs immediately after the visit; and on-line submission of reports

### Findings about suggested improvements include:

#### Further refinement of program reporting to enhance accountability of pharmacists

## Funding

It has been argued by some through this review that a preferable model of providing support would involve the direct employment of pharmacists by an AHS or a group of AHS. There are limited examples of this now occurring. The viability of this model could be tested by allowing AHS which were able to secure the employment of a pharmacist to cash out the S100 Support funding and directly employ.

**Findings about suggested improvements include:**

**To provide an option of cashing out existing subsidies to make possible direct employment of pharmacists**

A consistent QUM issue identified through the review was the lack of labelling equipment in AHS. In some cases labelling equipment has been provided by the visiting pharmacist. It would appear that a significant improvement in safety and quality could be achieved if all services had such equipment available to them.

**Findings about suggested improvements include:**

**To provide a subsidy or grant for the purchase by AHS of labelling equipment.**

The highest priority identified by participants in the review was for staff training. If additional funds were available to the program it would be appropriate that these be quarantined for training purposes. These funds could be distributed in the form of an additional subsidised visit or could be provided on the basis of a training proposal which was submitted as part of the annual plan. Training could include better integration of training with national qualifications for Aboriginal Health Workers (e.g. pharmacy technician training or dispensing qualifications)

**Findings about suggested improvements include:**

**To establish a dedicated funding pool specifically for AHS staff training purposes.**

## Improvement of administrative arrangements

The authority and responsibilities of the various stakeholders, including the Department of Health and Ageing, the Pharmacy Guild of Australia and NACCHO is currently unclear and should be made explicit and communicated to all participants in the program.

**Findings about suggested improvements include:**

**To clarify and articulate the responsibilities of key stakeholders with respect to the administration and governance of the program**

Information sharing and coordination between the Department of Health and Ageing, The Pharmacy Guild of Australia and NACCHO should be increased as a priority to ensure ongoing improvements of the S100 Support program. This requires the establishment of a coordinating body which meets at least on a two-monthly basis. This could be a sub-committee of PPSAC or an independent structure.

**Findings about suggested improvements include:**

**To establish a coordinating mechanism between key stakeholders and agencies**

## 5.2 ATSIPSS

### 5.2.1 Meeting policy objectives

To date, based upon the number of applications and the need to meet eligibility criteria, the threshold award of 3 scholarship per year (24 scholarships, overall) has not been achieved. Notwithstanding the success of the 13 scholarship recipients who have completed a Bachelor of Pharmacy and have become employed as pharmacists, the overall success rate of the ATSIPSS since its inception is only 54% in relation to reaching targets.

Additionally, if a target was set so that by 2012 the percentage of Indigenous pharmacists matched the percentage of the Australian population that is Indigenous (2.4%), 275 pharmacists would be Indigenous. Clearly the number of scholarships awarded to date will provide little impact on such a target. Consequently, the threshold number of 3 scholarships per year is inadequate. In future, the threshold target for ATSIPSS should be determined by calculating workforce ratios to population ratios. If 2.4% of pharmacy graduates were Indigenous, the number of graduating Indigenous students each year from pharmacy courses could be more than 10 times the 2005 figure of 2 students (0.2%) from a total cohort of 1,037. A more assertive target to more accurately reflect a commitment to 2.4% of all health professionals is required.

#### **Findings about suggested improvements include:**

**ATSIPSS award 20 scholarships per year to work towards a target of 2.4% of graduates being Indigenous**

### 5.2.2 Meeting the needs of stakeholders

Overwhelmingly, recipients and other relevant stakeholders considered the Scholarship to be invaluable to Indigenous pharmacy students and they rated the scholarship as HIGH or VERY HIGH in terms of enabling recipients to undertake and complete the Bachelor of Pharmacy Degree. In addition, recipients rated the level of the scholarship's financial support is to be also very high.

However it was suggested that the scholarship funding could be periodically reviewed and scaled to CPI and reflect increased expenses. In addition, the cost of living away from home for rural and remote students compared to urban candidates received no financial differentiation. An additional allocation for travel for scholarship recipients who incurred the burden of cost of living away from home could be included.

Although there were no impediments or disincentives identified in taking up the scholarships, several broad issues were raised which warrant consideration. It was reported anecdotally that some eligible candidates chose not to apply for the scholarship because they did not wish to be identified as Indigenous students on campus or they did not wish to appear to be receiving more favourable treatment than other Indigenous students. Targeting promotion of the Scholarship program directly at Indigenous Units within the relevant Universities may assist in addressing this issue.

There was also a lack of understanding amongst recipients and stakeholders in relation to acceptance of the Scholarship and entitlements to Abstudy. The eligibility relationship of the Scholarship and Abstudy and or other Scholarships should be clearly articulated in promotional literature that is distributed.

Another issue raised related to the reported difficulties of some students accessing the program because of high UAI rankings required. Examples were provided of at least one student who had completed a full science degree before embarking on pharmacy training. There is an opportunity to develop articulated pathways from other VET qualifications (e.g. Pharmacy Technician training) and other university courses (e.g. completion of one year of general science degree or health science at a specified level) to provide advanced standing into pharmacy. Other employment areas have negotiated such pathways at the university level as a means of attracting students who may not otherwise have qualified. Development and promotion of these pathways needs to be included in the ATSIPSS promotion materials.

#### **Findings about suggested improvements include:**

**A periodic review of Scholarship remuneration be conducted in consideration of Consumer Price index increases and other related student expenses**

**The scholarship remuneration to include an additional allocation for recipients who incur the burden of the cost of living-away-from-home**

**The Guild to undertake negotiations with individual universities to develop education and training pathways that optimise participation in pharmacy courses by Indigenous students**

### **5.2.3 The efficiency of the administration and delivery of the program**

There was overall approval from recipients and relevant stakeholders in regard to the efficiency of the administration and delivery of the program. The main areas where suggestions were made to improve the efficiency of the administration and delivery of the program were related to promotion and publicity, providing additional support and creating flexible pathways. In addition, potential exists for a program of talent identification, similar to programs conducted for sport talent identification, to recruit suitable candidates early in school and nurture, mentor and support them.

### **Promotion and Publicity**

In general, it was considered that a targeted promotion and publicity strategy was more favourable particularly in rural and regional areas where the likelihood of possible candidates may be greater. Suggestions include:

- *At the school level*
  - general promotion of pharmacy as a profession to secondary school students prior to Year 10, possibly in Year 7
  - specific promotion of pharmacy as a profession to secondary school students prior to selection of subjects for study in Year 11 & 12, particularly related to the choice of subjects required for pharmacy
  - promotion of pharmacy as a profession during school career Expos
  - provide current, relevant and accurate advice to school Career Counsellors
  - provide specific promotion of the Scholarship program in Year 12
  - engage former recipients speak to science students about pharmacy and the health profession
  - promote programs in remote schools such as 'Out Bush' to discuss options for Indigenous students to work in the health sector
  - utilise opportunities through professional organisations e.g. Australian Association for the Advancement of Science, to promote pharmacy as a career to Indigenous students
- *Community Awareness*
  - promote through local, regional and national Indigenous and general media (print, television and radio)
  - promote to universities including via university open days; some recipients have only received the benefit of a limited Scholarship since they were unaware of availability even though enrolled in the pharmacy degree course
  - cross-faculty promotion of scholarship to other science students to facilitate transition into pharmacy
  - provide web site links to ATSIPSS on University Websites
  - use interactive and popular social media such as Facebook (e.g. profiling past Scholarship holders)
  - promote through pharmacy schools and Indigenous units at the relevant universities.

### **Additional support to scholarship holders**

Recipients and relevant stakeholders indicated that the following additional support would be beneficial to improve the likelihood of course completion by scholarship holders.

- *Student support*
  - more effective student induction

- work placement in a pharmacy e.g. two week per year; assist with mentor relationship
- access to tutoring and mentoring services e.g. 8 hours per week, especially for students with low academic standing
- access to a non-academic mentor or critical friend, preferably Indigenous
- travel allowance for return home or visit by family
- use of current technologies such as Skype for face to face meetings and mentoring
- Alternative pathways

In addition, consideration may be made to the creation of alternative pathways for Indigenous students into pharmacy such as:

- affirmative action for Indigenous students enrolling in pharmacy and consideration of students from rural backgrounds
- developing flexible study pathway such as through Health Science Degree etc.

## Talent Identification

For many years the Australian Sports Commission has implemented the National Talent Identification and Development (NTID) program designed to help sports identify talented athletes (12 years and older) and prepare them for participation in domestic, national and eventually, international competition. The program utilises information across all disciplines of sports science to identify young athletes with characteristics associated with elite performance. Once athletes have been identified they are provided with the opportunity to realise their potential in a high-quality talent development program. Therefore, potential exists for the implementation of a similar program for Indigenous Pharmacists. Through a variety of educational networks, talented young learners may be identified as potential health professionals with a predisposition for pharmacy. Such students would become eligible for an Indigenous Study Assistance Program (ISAP) while at school to nurture, mentor and support them until eligible candidacy and scholarship application. The award of 50 ISAPs to school-based candidates may facilitate the annual target uptake of ATSIPS.

### Findings about suggested improvements include:

**A dedicated budget be developed for effective targeted promotion and publicity of ATSIPSS at the school level and for community awareness**

**Consideration of additional support within the Scholarship be made related to student support**

**Affirmative action be considered in relation to the development of alternative pathways for Indigenous students into pharmacy**

**Establish National Indigenous Talent Identification and Development (NTID) program for potential pharmacy Scholarship candidates**

## 5.3 ATSIPATS

### 5.3.1 Meeting stakeholder needs

The stated benefits of participation in the traineeship program include retention of trainees in employment in participating pharmacies and the impact on trainees' education and training goals.

- 100% of trainees interviewed indicated that they were still in a pharmacy after completing their traineeship to achieve a Certificate II in Community Pharmacy.
- Nearly three quarters (73%) of trainees were still employed in the pharmacy in which they undertook the traineeship.
- 86% of trainees indicated that the traineeship influenced their longer term training goals with many indicating they would like to go on to complete Certificates III and Certificate IV in Community Pharmacy.

Based on past experience of program attrition and in consideration of a need to foster a supportive educational and learning environment for Indigenous candidates, one pharmacy had adopted a

strategy to engage multiple candidates for traineeships. This strategy was reported as being successful because it provided a supportive environment and an opportunity for collaborative learning to enhance trainees' chance of success.

There is a need to develop a better understanding by employers (i.e. pharmacists) in relation supporting the learning needs and strengths of Indigenous learners and gaining a better understanding of their world views. To assist trainees to become independent, strategic learners, the pharmacist can help by engaging and motivating them, reflecting their culture, and helping them focus and organise information.

In addition, the issue was raised of literacy levels of some trainees where English as a Second Language. There is a need to promote understanding in the broader pharmacy sector of the different literacy and numeracy requirements and of Indigenous learning styles in order to foster a supportive educational and learning environment for trainees.

To address the learning support needs of trainees there is the potential to develop a Traineeship Service Contract between the Guild and employers (pharmacies) that includes the provision of a supportive educational and learning environment for Indigenous trainees that addresses the different approaches to literacy and numeracy and Indigenous learning styles.

**Findings about suggested improvements include:**

**Continuance of the ATSIPATS program to increase the pharmacy workforce by encouraging Aboriginal and Torres Strait Islander people to enter Pharmacy in Pharmacy Assistant/ Technician roles, particularly in rural and remote locations.**

**Future promotion material to include messages about:**

- **The positive impact for pharmacists of the ATSIPATS program on recruitment and staff retention**
- **the positive impact of the ATSIPATS program on influencing longer term education and training goals of trainees**

**Development of a Traineeship Service Contract that includes the support to be provided by employers to foster a supportive educational and learning environment for Indigenous candidates.**

### **5.3.2 The efficiency of the administration and delivery of the program**

The efficiency of the administration and delivery of the program met with overall approval from all relevant stakeholders. The main areas in which suggestions were made to improve the efficiency of the administration and delivery of the program were related to:

- promotion and publicity
- appointment of a dedicated officer possibly, within NACCHO, to drive culturally relevant promotion and learning support initiatives
- the establishment of a Joint Working Party between the Guild and NACCHO.

### **Promotion and Publicity**

In general, it was considered that a targeted promotion and publicity strategy would be the most effective particularly in rural and regional areas where the likelihood of possible candidates is greater but should also include metropolitan areas. Suggestions to improve ATSIPATS promotion include:

- *At the school level*
  - general promotion of employment in a pharmacy as a profession to secondary school students, possibly in Year 7 level
  - promote information on ATSIPATS during school careers Expos
  - develop and provide current, relevant and accurate advice about ATSIPATS to school Career Counsellors
  - recruit former Trainees to speak to students in local schools about working in a pharmacy

- promote work experience/placements opportunities in pharmacy
- *Community Awareness*
  - promote ATSIPATS to the pharmacy sector, including development of Case Studies about the advantages of the program and promoting participation in it
  - develop strategies aimed at breaking down stereotypes and perceived stigma amongst the pharmacy community in relation to the employment of Indigenous pharmacy assistants
  - use interactive and popular media such as Facebook for profiling past Trainees

### **Dedicated Indigenous coordinator**

Notwithstanding the effective administration demonstrated by the Guild in the delivery of the program to date, various stakeholders identified a need for improved advocacy and promotion of the traineeship program which reflected a more intrinsic knowledge and understanding of Indigenous culture and learning. In this context, there was a need for consideration of the appointment of a dedicated Indigenous officer, preferably within NACCHO, to drive the delivery of culturally appropriate promotion and learning support for ATSIPATS. For example the person would promote and support:

- settings that support genuine learning and achievement for Indigenous students
- engagement with learners and providers
- a safe and supportive learning environment which gives a greater chance of success
- delivery of professional development to educators and pharmacies
- setting and monitoring achievement of targets
- development of targeted promotional literature including brochures and posters
- delivery of targeted promotion strategies in schools, particularly in rural and regional locations and areas where there are large communities of Indigenous people
- development of partnership arrangements with Indigenous Job/Employment Agencies and Indigenous Community Centres

There is merit in the job description of the dedicated Indigenous coordinator to also include responsibility for ATSIPSS.

### **Joint Working Party**

Various stakeholders supported the establishment of a Joint Working Party between the Guild and NACCHO in order to oversee implementation for ATSIPATS and ATSIPSS and broader Indigenous pharmacy workforce development.

#### **Findings about suggested improvements include:**

**A dedicated budget be developed for effective targeted promotion of ATSIPATS at the school level and for community awareness. This promotion to be based on an agreed annual promotion plan**

**Appointment of a dedicated Indigenous officer, preferably within NACCHO, to drive culturally relevant promotion and learning support initiatives related to ATSIPATS and ATSIPSS**

**Establishment of a Joint Working Party between the Guild and NACCHO to oversee implementation for ATSIPATS and ATSIPSS**

## Appendix A – Stakeholders consulted

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### ATSIPSS

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#### Current scholarship holders

Jaimi-Lee Armstrong	University of Tasmania
Trent Munns	Queensland University of Technology
Tamar Thomas	JCU

#### Previous scholarship holders

Kellie Beckenham	Mungindi NSW
Kaail Bohm	Narromine
Christopher Billing	Smithton TAS
Dominic Breslin	

#### Pharmacy Academics

Ms Fran Vaughn	Centre for Remote Health, Alice Springs -
Ms Lindy Swain	Northern Rivers UDRH, Lismore

#### Policy and funding bodies

Fiona Mitchell	Pharmacy Guild of Australia
Michelle Quester	Pharmacy Guild of Australia
Karalyn Huxhagen	Pharmaceutical Society of Australia (PSA)
Bronwyn Bulless	Rural Workforce Area
Katherine Baverstock	National Aboriginal Community Controlled Health Organisation (NACCHO)

#### Mentors

Brett Christoffelz	Mentor to Dominic Breslin
Emily Brooks	Mentor to Trent Munns

## ATSIPATS

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### Pharmacists

Darryl Stewart	Gove Pharmacy Nhulunbuy NT
Lyn Short	Thursday Island Pharmacy QLD
Hayley Yandell-Smith	Moree Pharmacy NSW
Donna Erskine	V Pharmacy Smithfield QLD
Irfan Hashmi	Risdon Pharmacy (Port Pirie) SA
Thai Khuu	Highpoint Medical Centre Pharmacy VIC
Robert Bele	Friendly Care Pharmacy Burleigh (QLD)
Roger Arthur Keirle	Keirle's Pharmacy Wellington NSW
Irfan Hashmi	Cooper Pedy Pharmacy SA
Craig Lawless	Sarina Pharmacy QLD
Scott McMahan	Cape York Pharmacy

### Trainees

Marcella Pauling	Cape York Pharmacy
Godfrey K Bero Janelle Luffman	Thursday Island Pharmacy QLD
Melanie Brown	V Pharmacy Smithfield QLD
Christelle Margaret Sampie	Highpoint Medical Centre Pharmacy VIC
Bertha Jane Somerfield	Friendly Care Pharmacy Burleigh (QLD)
Sofoni West	Keirle's Pharmacy Wellington NSW
Ashanti Cotter	Sarina Pharmacy QLD

### Policy and funding bodies

Fiona Mitchell	Pharmacy Guild of Australia
Michelle Quester	Pharmacy Guild of Australia
Karalyn Huxhagen	Pharmaceutical Society of Australia (PSA)
Chris Parker	Pharmacy Access Section
Eva Hoskova	Pharmacy Access Section
Katherine Baverstock	National Aboriginal Community Controlled Health Organisation (NACCHO)

## S100 Support

### Pharmacies

Maria Giaconda	United Discount Chemists Alice Springs NT
Shelley Forrester	United Discount Chemists Palmerston NT
Peter Hatswell	Priceline Pharmacy Alice Springs NT
Darryl Stewart	Gove Pharmacy NHULUNBUY NT
Lyn Short	Thursday Island Pharmacy QLD
Amanda Sanberg	Port August Hospital SA
Ross McKay	Rangeway Pharmacy Geraldton WA
Robin Fahl	Amcal Pharmacy Carnarvon WA
Julia Kagi	Boulevard Pharmacy Newman WA
Santo Saffioti	Countrycare Pharmacy Mt Isa Qld (two pharmacists)
Troy Bodle	Chinatown Pharmacy Broome WA

### Aboriginal Health Services (AHS)

#### Surveys returned

Ord Valley Aboriginal Health Service WA	Santa Teresa HS (Alice Springs) NT
Mawarnkarra Health Service WA	Marble Bar Nursing Post WA
Ngalkanbuy Health Service (Galiwinku, Elcho Is) Qld	Anonymous
Pika Wiya SA	Anonymous
Ceduna-Koonibba AHS SA	Yandeyarra, Sth Headland Pilbara WA
Menzies Health Centre WA	Kalumburu Community (Kununurra) WA
Oenpelli HS NT	Gapuwiyak (Lake Evella) Community Health Centre Nhulunbuy NT
Marngarr HS NT	Looma Clinic WA
Derby HS/Jarrugk AMS WA	Alangula HS (Groote Is) NT
Anonymous	Imanpa HS NT
Pintubi Homelands/Kintore HS NT	Mulungu Aboriginal Corporation Medical Centre
Miwatj HS NT	Central Australian Aboriginal Congress Incorporated (Alice Springs), NT
Ngaanytjarra HS NT	Katherine West Health Board Aboriginal Corporation

#### Interviewed

Sunrise Health Service (Katherine) NT	Mulungu Aboriginal Corporation Medical Centre (Mareeba) Qld
Coomealla Health Aboriginal Corporation NSW	Central Australian Aboriginal Congress Incorporated (Alice Springs), NT
Urapuntja/Utopia Health Service (Alice Springs) NT	Mutiitjulu Clinic

### Peak Bodies and Managing bodies

Dr Sophie Couzos Vicki Sheedy Katherine Baverstock	National Aboriginal Community Controlled Health Organisation (NACCHO)
Fiona Mitchell	Pharmacy Guild of Australia
Michelle Quester	Pharmacy Guild of Australia
Karalyn Huxhagen	Pharmaceutical Society of Australia (PSA)
Chris Parker	Pharmacy Access Section
Eva Hoskova	Pharmacy Access Section

### State Regulating Authorities

Dr Bhavini Pattel	NT Department of Health
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### Key people/organisations

Ms Fran Vaughn	Pharmacist academic, Alice Springs NT
Ms Lindy Swain	Pharmacist academic, Northern Rivers (Lismore) NSW
Ms Amanda Sanburg	QUMAX support pharmacist, SA - linked to Pika Wiya
Mr Stan Goma	QUMAX support pharmacist, VIC
Ms Jo McMahon	QUMAX Support pharmacist, NSW

# Appendix B Evaluation Framework Questions

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## Introduction

This evaluation framework was developed after consideration of:

1. Materials provided by key stakeholders during briefing sessions including with:
  - DoHA Pharmacy Access Section
  - DoHA Project management
  - DoHA Rural Workforce Programs
  - The Pharmacy Guild of Australia (the Guild)
  - The pharmaceutical Society of Australia (PSA)
  - National Aboriginal Community Controlled Health Organisation (NACCHO)
2. An analysis of relevant Australian and international literature relevant to the projects
3. An analysis of program and related documentation provided by key stakeholders.

The overall Framework addresses all considerations defined by the project objectives i.e. to:

1. determine the level of need for specific Indigenous Pharmacy support programs, in the context of other relevant programs, for government, pharmacy and other stakeholders;
2. assess the extent to which the current programs support any identified needs of Indigenous pharmacy services in Australia, and analyse the integration and gaps between the existing program;
3. assess the efficiency of the administration and delivery of existing Indigenous pharmacy programs; and provide an analysis of the findings in relation to all the above

Consequently the domains of enquiry and questions to be addressed of the Framework have been arranged under the headings of.

- Program description
- Program effectiveness
- Administrative systems
- Relationship issues
- Financial issues
- Qualitative aspects of support program
- Policy and Program directions

Because each program is different and contains different issues the domains of enquiry and questions to be addressed in the Review are arranged according to each program. This is outlined on the following pages.

## 1 Evaluation framework S100 Support

### Domains of enquiry and questions to be addressed

#### Program description:

What is the policy framework within which the program operates? What is its relationship with other indigenous, rural and pharmacy related initiatives and policies?

What are the essential elements of the program?

What are the objectives of the program?

Who are the participants and what are their roles?

In what ways has the program undergone change over time?

What is the administrative framework which supports the program?

What is the process by which participation is enabled?

Are there jurisdictional variations in the way the program is implemented?

**Program effectiveness:**

Program reach:

- What is the number and geographic distribution of participating pharmacies and AHS?
- What percentage of eligible AHS receive support?
- What is the impact of jurisdictional variation on participation rates?
- Are there practical impediments to the provision of support e.g. availability of locums, regulations on pharmacists leaving pharmacies?
- Are there specific exclusions from the program e.g. support for community controlled aged care facilities?
- Are there any unrealized opportunities to improve the program reach?

**Administrative systems:**

- How effective is the application, processing and renewal system?
- Do the subsidy levels act as a sufficient incentive for participation?
- How effective is the monitoring of levels and type of support provided?
- Is the payment system timely?
- How effective is the workplan as a means of specifying levels and types of support and monitoring their provision?
- How are budgeted funds committed? Is the budget adequate to the projected demand for support payments?
- Are the program administration procedures documented?

**Relationship issues:**

- How adequate is the support provided by pharmacists to AHS?
- What is the level of engagement of the pharmacist in broader primary care role?
- What additional service advantages are enabled by the program e.g. transport agreements with the pharmacist?

**Financial issues:**

- What are the cost implications for the AHS and for the pharmacy of participating?
- Are the levels of remuneration and travel allowance appropriate/adequate?

**Qualitative aspects of support program:**

- What is the level of understanding on the part of AHS of the support that they should expect from Pharmacists receiving the allowance?
- Are the elements of support as specified in the program appropriate?
- Does the limitation of S100 to PBS medicines impact upon the support provided?
- In what ways does the program influence the Quality Use of Medicines within services?
- Are there QUM issues which arise from the program e.g.:
  - difficulties complying with legislative requirements
  - availability of feedback on medication usage
  - staff training availability

- other mechanisms to improve the dispensing process in AHS
- information on who should have access to medication under the S100 scheme
- availability of information on the S100 scheme for orienting staff of AHS
- Impact of staff turnover on level of knowledge within AHS about the scheme.

#### **Policy and Program directions:**

- What has been the impact of the program in addressing inequities in the utilisation of medications?
- Are there alternative means of providing QUM support to AHS?
- Are there complimentary strategies required to enhance QUM in AHS?

## **2 Evaluation framework Indigenous Scholarship Program**

### **Domains of enquiry and questions to be addressed**

#### **Program description:**

- What is the policy framework within which the program operates? What is its relationship with other indigenous, rural and pharmacy related initiatives and policies
- What are the essential elements of the program?
- Who are the participants and what are their roles?
- In what ways has the program undergone change over time?
- What is the administrative framework which supports the program?
- What is the process by which participation is enabled?

#### **Program effectiveness:**

##### Program reach:

- What is the distribution of scholarships over the life of the program?
- Is the level of support adequate to attract applicants?
- What impediments are there to students taking up the scholarships?
- Are there any opportunities for expanding the program reach?

#### **Promotion and recruitment:**

- What strategies and actions have been put in place to promote the scholarships?
- What strategies have been successful? What strategies have been less successful?
- How extensive is knowledge about the availability of the scholarships?

#### **Qualitative experiences of scholarship holders:**

- By what means did they find out about the scholarship?
- How significant was the availability of the scholarship in enabling the undertaking/completion of their course?
- What was their experience of the support offered during their course?
- What additional initiatives might improve the likelihood of course completion by scholarship holders?

## **3 Evaluation framework Aboriginal and Torres Strait Islander Pharmacy Assistants Training program**

### **Domains of enquiry and questions to be addressed**

### **Program description**

- What is the policy framework within which the program operates? What is its relationship with other indigenous, rural and pharmacy related initiatives and policies?
- What are the essential elements of the program?
- Who are the participants and what are their roles?
- In what ways has the program undergone change over time?
- What is the administrative framework which supports the program?
- What is the process by which participation is enabled?

### **Program effectiveness:**

Program reach:

- What is the distribution of traineeships over the life of the program?
- Is the level of support adequate to attract applicants?
- What impediments are there to students taking up the traineeships?

### **Promotion and recruitment:**

- What strategies and actions have been put in place to promote the traineeships?
- What strategies have been successful? What strategies have been less successful?
- How extensive is knowledge about the availability of the traineeships?

### **Qualitative experiences of trainees:**

- By what means did they find out about the traineeship?
- How significant was the availability of the traineeship in enabling the undertaking/completion the training?
- What was their experience of the support offered during their course?
- Did they feel that the training equipped them well for work within community pharmacy?
- What aspects of the training could be improved?

### **Work careers following training:**

- What proportion of completed trainees continued to work in community pharmacies?
- Has undertaking the training influenced longer term education or training goals?

## Appendix C Literature Review

The following table is a summary of the issues that were identified in the literature and informed the development of the Evaluation Framework for this project. This is not an exhaustive list of the items reviewed (the full list is in Appendix D References) since there was substantial repetition in the documents.

Source	Issue
<p>Loller, H. (2003). Report from surveys conducted in Commonwealth funded Aboriginal Health Services and Pharmacies supplying services under Section 100 Pharmacy Allowance</p>	<p>Limitation of the program to remote locations (exclusion of rural, non-remote)</p> <p>Applicability to non PBS items (recommended that the RPBS scheme listing be used).</p> <p>Confirmation that pharmacists provide a reliable supply mechanism to AHS and provide support and advice on medication management issues.</p> <p>Noted low uptake of support allowance</p> <p>Opportunities for the extension of involvement of the pharmacist as part of the primary health care team.</p> <p>Timing of Health Insurance Commission processed the claims for payment of S100 medication and option of an electronic claiming method.</p> <p>Level of awareness of the support allowance amongst pharmacists.</p> <p>Access to locum pharmacists</p> <p>Time available to provide the support services</p> <p>Adequacy of remuneration.</p> <p>A national pharmacy practice standard as an alternative to the workplan.</p> <p>Development of a benchmark or auditing tool</p> <p>Quality Use of Medicines (QUM) issues identified</p> <ul style="list-style-type: none"> <li>• difficulties complying with legislative requirements</li> <li>• need for increased feedback on medication usage</li> <li>• need for increased staff training availability</li> <li>• additional mechanisms to improve the dispensing process in AHS</li> <li>• further information on who should have access to medication under the S100 scheme</li> <li>• desire for additional information on the S100 scheme for orienting staff of AHS</li> <li>• further initiatives to involve pharmacists in dispensing functions for AHS.</li> </ul> <p>Impact of S100; has it brought about an increase in usage of medicines?</p> <p>Are the services specified for eligibility within the program appropriate?</p> <p>What are the numbers of AHS and pharmacies enrolled and what is their distribution?</p>

	<p>Issues associated with residential aged care and eligibility for S100 supply</p> <p>What are the cost implications for the AHS and for the pharmacy of participating?</p> <p>In what ways has participation in the scheme strengthened relationships between AHS and pharmacies?</p> <p>Has anecdotal evidence of health gain (2003) been borne out by subsequent evidence?</p> <p>How adequate are the guidelines?</p>
<p>(Human Capital Alliance, unpublished) Review of Rural and Indigenous Pharmacy Programs 2004</p>	<p>Identification of barriers to take up of scheme, particularly in Queensland?</p> <p>Delays in implementation because of shortage of staff in DoHA</p> <p>Complicated application and renewal process</p> <p>Level of remuneration and travel allowance</p> <p>Available locum support</p> <p>Numbers of Community Controlled and State funded services receiving the allowance?</p> <p>Timeliness of processing by DoHA</p> <p>Commitment of budgeted funds; are there funds available for expansion?</p> <p>What percentage of eligible AHS receive pharmacist support under the scheme?</p> <p>Are their State level impediments to uptake of the scheme?</p> <p>Is the budget adequate to the projected demand for support payments?</p> <p>Impact of staff turnover on level of knowledge within AHS about the scheme.</p> <p>Adequacy of remuneration, in particular for travel.</p> <p>Limitations of workplans as a means of monitoring support provided.</p> <p>Level of understanding on the part of AHS of the support that they should expect from Pharmacists receiving the allowance.</p> <p>How should locum support be organised? Legislative requirements covering presence of pharmacist in pharmacy.</p> <p>Appropriateness of administrative requirements.</p>
<p>NACCHO (1999). Medicine Management Guidelines for preparing for the Section 100 Scheme in Aboriginal Primary Health Services</p>	<p>Transport agreements with the pharmacist</p> <p>Obtaining a Poisons Certificate from the State or Territory</p>
<p>(Human Capital Alliance, unpublished) Review of Rural and Indigenous Pharmacy Programs 2004 Literature Review</p>	<p>Poor health status of Indigenous people</p> <p>Undersupply of pharmacists in rural areas</p> <p>Indigenous people experience a range of cultural, educational and financial barriers to access to medicines, particularly through the PBS. Barriers are greater in remote areas.</p>

	<p>Expenditure data indicate substantial under-use of medicines and considerable less per capita PBS spending by Indigenous people compared to the rest of the population.</p> <p>Good reason to dispense medicines at the point of delivery of primary health care.</p> <p>Rural Health Policy and National Medicines Policy provides a reference point for delivery of pharmacy programs to Indigenous people</p>
<p>Stoneman J and SJ Taylor (2007), 'Pharmacists views on Indigenous Health'. Journal of Rural and Remote Health</p>	<p>Sample of pharmacists identified chronic disease as critical problem</p> <p>Willingness to be engaged but disincentives associated with cost and availability of time</p> <p>Misperception about level of comfort of Indigenous people shopping within pharmacy</p> <p>Support cultural safety training and increased collaboration but concerned about time availability</p>
<p>McRae, Taylor et al (2008), 'Evaluation of a pharmacist-led, medicines education program for AHWs' Journal of Rural and Remote Health</p>	<p>Evaluated a culturally appropriate pharmacist led education program for AHWs</p> <p>As result of their training program, pharmacists felt better able to deal with Indigenous health issues</p> <p>Gained better knowledge of AHWs and confidence in role as educators</p> <p>Significant difficulties in organising training for AHWs</p> <p>AHWs enthusiastic for additional training</p>
<p>Australian Pharmacy Council (2009). Rural and Remote Pharmacists Project</p>	<p>Confusing State and Commonwealth legislation</p> <p>Confusion about legalities of medication supply and provision of professional services across State boundaries.</p> <p>Concern about sub-standard level of medication dispensing, labelling, advice and quality use of medications under S100</p> <p>Revise pharmacy ownership models in remote areas to enable employment of pharmacists in situ</p> <p>Develop video dispensing supervision and teleconferencing of patient case conferences</p> <p>Remunerate pharmacists for cognitive services through the MBS</p>
<p>Vaughan, F. and J. Wakerman (2007). Evaluation of a model for the provision of pharmacy services to remote Aboriginal health services. Adelaide, Centre for Remote Health.</p>	<p>Pilot of full time pharmacist at AHS</p> <p>Pharmacist as part of primary health care team</p> <p>Knowledge and skills of staff improved in confidence in handling medications</p> <p>Improved medication management.</p> <p>Communication issues between health service and pharmacy</p>
<p>Pharmacy Information Kit; Pharmacy Support Allowance Program</p>	<p>Specifies business rules</p> <p>Note new arrangements as from January 2009</p> <p>Specifies Guidelines and Standards for Pharmacists</p> <p>Provides Work Plan forms</p>

### Aboriginal and Torres Strait Islander Undergraduate Pharmacy Scholarship Scheme

Source	Issue
Human Capital Alliance (unpublished) 2004 Review – Literature Review	<ul style="list-style-type: none"> <li>• Canadian program; Private Sector (Shoppers Drug Mart Corp) offers 100 scholarships each year for pharmacy students; \$45,000 in tuition costs, \$30,000 signing bonus, relocation costs, with return of service obligation</li> <li>• Some pharmacies pay examination and licensing fees for graduates and signing bonuses of \$1,000 – \$10,000</li> <li>• NZ Maori Health Scholarships</li> </ul>
Human Capital Alliance (unpublished) 2004 Review	<ul style="list-style-type: none"> <li>• Room for improvement in promotion, through targeting of school children in earlier grades and general public awareness.</li> <li>• Need to coordinate the range of scholarships available for indigenous students</li> <li>• Number of placements of scholarship holders undertaken in rural areas?</li> <li>• Target pharmacy assistants for articulation into degree programs.</li> <li>• Expansion of targeting to include mature students.</li> <li>• Appropriateness of Guild management of the program?</li> <li>• Create alternative pathways via TAFE articulation.</li> </ul>

## Appendix D References

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