Pharmaceutical Society of Australia

Aboriginal and Torres Strait Islander peoples' health care

Position statement

APRIL 2023

The Pharmaceutical Society of Australia (PSA) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of Australia and understands that their rich and diverse cultures are part of Australia's identity.

PSA understands that for Aboriginal and Torres Strait Islander peoples, 'good health' is more than just the absence of disease; it is holistic, and incorporates physical, social, emotional, cultural and spiritual wellbeing for individuals and their community. This includes the continuation of cultural practices, languages and connection to Country.

PSA supports priority reforms objectives such as strengthening formal partnerships and shared decision-making, and building the Aboriginal and Torres Strait Islander community-controlled sector, as outlined in the National Agreement on Closing the Gap.[1] PSA has also endorsed[2] the *Uluru Statement from the Heart*, which calls for a First Nations Voice to be enshrined in the Constitution and for a Makarrata Commission as a process for agreement-making and truth-telling.

Summary of PSA Position

1. PSA is committed to improving pharmacists' capability to deliver health care in a way that Aboriginal and Torres Strait Islander peoples will regard as culturally safe and responsive.
2. PSA continues to advocate for system-based changes to improve equity of access to medicines and quality use of medicines by Aboriginal and Torres Strait Islander peoples.
3. PSA recognises the importance of Aboriginal and Torres Strait Islander-led healthcare planning to prioritise local needs and to optimise the health and wellbeing of community members.
4. PSA is dedicated to working with policy-makers, peak bodies and regulators to increase health workforce participation by Aboriginal and/or Torres Strait Islander people, with the aim of better meeting the healthcare needs of Aboriginal and Torres Strait Islander people and communities.
5. PSA is committed to embedding cultural safety into pharmacy education and professional development programs to improve patient outcomes.

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1. Culturally safe care

PSA acknowledges that culturally safe care should be a standard experience for all Aboriginal and Torres Strait Islander peoples when accessing health care.

PSA understands that Aboriginal and Torres Strait Islander peoples have the right to receive health care that is delivered in a culturally safe manner. We recognise that cultural safety is determined not by the health professional providing the care but rather by the experience of the person receiving the care.[3,4]

PSA encourages all pharmacists to actively challenge their own unconscious biases in order to move towards models of care for Aboriginal and Torres Strait Islander peoples that are culturally safer and more responsive. Additionally, pharmacists should continuously self-reflect on their interactions with people of different cultures and understand that practising in a culturally safe and responsive way requires lifelong learning.

PSA is committed to improving awareness and understanding amongst pharmacists of the resilience, strengths and leadership of Aboriginal and Torres Strait Islander peoples, communities and organisations. We reiterate that it is the responsibility of all pharmacists to inform their work by learning about, engaging with, and investing in the local culture where they live and work, acknowledging the diverse and unique cultures of Aboriginal and Torres Strait Islander peoples.

2. Equity of health care

PSA respects that health equity is a fundamental human right for all, and advocates for system-based changes to improve access to medicines and support for quality use of medicines for Aboriginal and Torres Strait Islander peoples.[5,6]

Access to appropriate, high-quality and timely health care throughout life is essential for improving health outcomes for Aboriginal and Torres Strait Islander peoples.

PSA acknowledges that a number of existing programs, such as the Home Medicines Review (HMR) program, have complex rules which may at times impede access for Aboriginal and Torres Strait Islander peoples.[7] Other contributing factors to low medicines program uptake which have been identified include lack of health professional knowledge surrounding cultural differences, and funding models that discourage involvement of Aboriginal and/or Torres Strait Islander health workers and practitioners.[8,9] Noting these existing barriers to culturally appropriate service provision, it is clear that change is needed.

PSA will continue to advocate for improvements to programs to optimise accessibility and uptake by Aboriginal and Torres Strait Islander peoples. PSA will also strive to build on, and respect, Aboriginal and Torres Strait Islander peoples' participation in research initiatives which seek to enhance quality use of medicines, such as the Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve chronic disease management (IPAC) project.

3. Holistic and inclusive care

PSA acknowledges the importance of Aboriginal and Torres Strait Islander community control in addressing health matters of relevance to Aboriginal and Torres Strait Islander peoples, and advocates for the integration of pharmacists within Aboriginal and Torres Strait Islander primary care health services.

PSA believes that healthcare planning for Aboriginal and Torres Strait Islander peoples should be led by Aboriginal and Torres Strait Islander communities to ensure understanding and prioritisation of local needs. Indeed, PSA respects the need for Aboriginal and Torres Strait Islander-led transformation and recognises the importance of the Aboriginal community-controlled health sector in providing holistic, comprehensive care to optimise the health and wellbeing of community members.[10]

PSA acknowledges that the provision of culturally responsive care for Aboriginal and Torres Strait Islander peoples can be significantly improved with the involvement of Aboriginal Community Controlled Health Services (ACCHS), with research showing that Aboriginal-controlled healthcare services are 23% better at both attracting and retaining Aboriginal and Torres Strait Islander clients than 'mainstream' providers.[11] Keeping Aboriginal and Torres Strait Islander clients engaged with health services can lead to improved health outcomes, highlighting the importance of community control amongst Aboriginal and Torres Strait Islander peoples.

PSA supports the integration of pharmacists within ACCHSs to support the provision of medicines information and pharmaceutical care in a culturally safe and responsive environment and will continue to advocate for this model of care to strengthen health outcomes for Aboriginal and Torres Strait Islander peoples.

Regardless of practice setting, PSA urges pharmacists to engage with their Aboriginal and Torres Strait Islander communities to co-design health-related initiatives to meet the needs of community members at a local level.

4. Workforce representation

PSA is committed to supporting initiatives directed at increasing the Aboriginal and Torres Strait Islander pharmacy workforce to better meet the pharmaceutical service needs of Aboriginal and Torres Strait Islander peoples and communities.

PSA recognises that all cultures need to 'see themselves' in the care they receive.

In 2021, 3.2% of the Australian population identified as being of Aboriginal and/or Torres Strait Islander origin.[12] Yet Aboriginal and Torres Strait Islander peoples are manifestly under-represented in all health practitioner categories (other than Aboriginal and Torres Strait Islander health practitioners) registered under the Australian Health Practitioner Regulation Agency, representing only 1.1% of total registrants.[13] In 2021/22, 0.3% of registered pharmacists in Australia identified as Aboriginal and/or Torres Strait Islander.[14]

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 aims to change this under-representation, with a goal to increase the percentage of Aboriginal and Torres Strait Islander peoples in the health workforce to 3.43% over the next decade.[15] PSA is dedicated to working with governing bodies, regulators and education providers to increase workforce representation to better meet the needs of Aboriginal and Torres Strait Islander peoples. This includes refining and encouraging increased uptake of Aboriginal and Torres Strait Islander-specific programs available under the Community Pharmacy Agreement to increase Aboriginal and Torres Strait Islander participation in the pharmacy workforce.

5. Cultural safety in pharmacy education

PSA is committed to the development of professional standards and delivery of education to support pharmacists to provide culturally appropriate health care to all people.

There is evidence to suggest that the inclusion of education supporting culturally responsive health care for Aboriginal and Torres Strait Islander peoples as part of

pharmacy programs leads to improved patient outcomes.[16] PSA notes that historically there has been a significant lack of education integrated into pharmacy programs which addresses issues such as culturally safe communication and cultural awareness surrounding Aboriginal and Torres Strait Islander peoples' health beliefs and customs. Further, PSA acknowledges the important work being undertaken by the Australian Pharmacy Council to identify approaches to embed cultural safety into pharmacy education in Australia.[17]

PSA is committed to incorporating cultural safety and responsiveness in the development and delivery of its education and professional development programs.[18–20] In doing so, we aim to support pharmacists in all practice settings to provide the best health care for Aboriginal and Torres Strait Islander peoples.

Supporting evidence / reference

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