

MASTER PHARMACIST CONSENT FORM



Name of Project: *Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Project*

Name of Aboriginal Community Controlled Health Organisation: **insert name of ACCHS**

Project Leaders: Ms Dawn Casey, Mr Mike Stephens (NACCHO), Associate Professor Sophia Couzos (JCU), Ms Deb Bowden (PSA)

Evaluation Organisation: Evaluation Team led by the College of Medicine and Dentistry, JCU.

Project Sponsor: James Cook University (JCU)

1. The purpose of the Project, as outlined in the attached Pharmacist Participation Brief, has been explained, and I have had the opportunity to ask questions about the project.
2. I have the right to withdraw my consent and cease any further involvement in this Project at any time in accordance with my employment contract.
3. As the Practice Pharmacist employed by the ACCHS, I will participate in off-site and on-site training as required, delivered by a visiting facilitator from the PSA in consultation with NACCHO.
4. I will have access to the clinical information system and will utilise the information contained within to undertake my clinical duties, and to support the data collection required for this Project.
5. I will record participant data from consenting patients in the clinical information system, and also record activity in a Pharmacist Log-book as outlined in the Pharmacist Participation Brief.
6. I will participate in on-site support visits to assist our service to integrate my role into our health service team
7. I will participate in on-site visits and telephone interviews to facilitate data collection about our health service.
8. I will receive assistance from the ACCHS staff to obtain the written consent of individual participants in this Project.
9. Project staff and partners will ensure there is continuing consultation with me during the course of this Project.
10. I understand that if I have any complaints or questions concerning this Project I can contact any of the key contacts mentioned in the Pharmacist Participation Brief. This includes the St Vincent's Hospital Melbourne Human Research Ethics Committee with contact details as follows: Executive Office of Research, St Vincent's Hospital Melbourne, Tel: 03 9231 2394, or email: research.ethics@svhm.org.au
11. I understand I will receive a signed copy of this document and the Pharmacist Participation Brief to keep.

(Pharmacist)

(Signature of Pharmacist)

(Date)

(Witness)

(Signature of Witness)

(Date)

(Team member)

(Signature of Team member)

(Date)

The **IPAC Project** is the *Integrating Pharmacists within ACCHSs to improve Chronic Disease Management Project (IPAC)*. The Project Partners and Project Operational Team for the **IPAC Project** include: The National Aboriginal Community Controlled Health Organisation (NACCHO); Pharmaceutical Society of Australia, and the College of Medicine and Dentistry, James Cook University. *Evaluation Team* members include the Project Partners, and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO); Queensland Aboriginal and Islander Health Council (QAIHC); and the Aboriginal Medical Services Alliance in the NT (AMSANT). The Project Reference Group includes representatives of NACCHO, Affiliates and ACCHSs.