

Medicines are everyone's business

Contributor Toolkit

NACCHO Medicines & Policy Program



NACCHO
Medicines

Contents

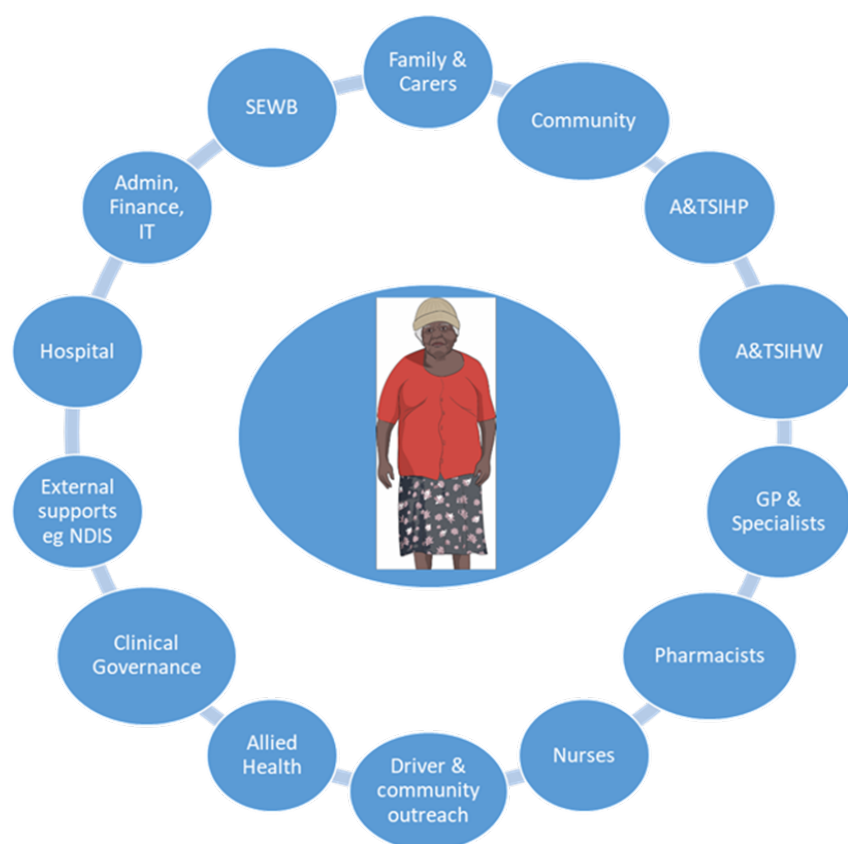
Contents	2
Purpose	3
What are Medicines?	4
Types of Medicines:	4
What do you need to know about your medicines?	5
Who can help you with your medicines?	6
Family and Carers:	6
Aboriginal & Torres Strait Islander Health Practitioners and Workers	6
Pharmacists:	7
General Practitioners (GPs) and Specialists:	8
Nurses:	9
Drivers and Community Outreach:	9
Community:	10
Social, Emotional and Well-being team:	10
Allied Health:	11
Hospitals:	13
Administrative/Reception Staff:	14
Clinical Governance:	14
Appendix 1: Facilitating a Workshop on Medicines Are Everyone's Business⁷	16
References:	26

Purpose

This toolkit supports discussions with people who contribute to Quality Use of Medicines (QUM) in Aboriginal Community Controlled Health Organisations (ACCHOs).

This toolkit supports discussions with people who contribute to Quality Use of Medicines (QUM) in Aboriginal Community Controlled Health Organisations (ACCHOs).

Almost all ACCHO staff have some role to play with medicines, this includes administration staff, drivers, social and emotional wellbeing teams, Aboriginal and Torres Strait Islander Health Practitioners and Workers, and others involved in care - especially in services where this workforce is the first point of contact or leads triage



(adopted from Loller (2023), Medicines and Our Mob Presentation at NACCHO Conference 2023 1)

The following pages show, in practical terms, what each role can do to support safe and quality use of medicines and why that role matters. The aim of this information is to support all staff to feel confident in what their role is related to medicines, and understand when you might need to talk about it with other staff.

This is a living resource. If something is missing or needs strengthening, please let us know.

What are Medicines?

Medicines are substances that help prevent illness, support recovery, manage chronic conditions, improve quality of life and help people stay well².

Other names for medicines include ‘medications’, ‘drugs’ or ‘pharmaceuticals’. Vaccines or immunisations are also medicines. Aboriginal and Torres Strait Islander people have been using *cultural medicines* for tens of thousands of years. These are sometimes called traditional medicines or bush medicines.

The Therapeutic Goods Administration (TGA) regulates medicines in Australia. It decides which medicines can be supplied, advertised, imported, and exported, and which are approved, with approved medicines listed on the Australian Register of Therapeutic Goods (ARTG). This helps ensure medicines available in Australia meet safety, quality and effectiveness standards. The TGA also provides reliable information to support informed decisions about medicines³.

The Pharmaceutical Benefits Scheme (PBS) subsidises a range of medicines to make them more affordable. Not all medicines are listed on the PBS, so cost can still be a barrier for some people. Understanding both access and cost is part of supporting good medicine use³.

Types of Medicines:

There are two main groups of medicines: higher-risk and lower-risk.

Higher-risk medicines contain higher-risk ingredients or can make higher-level claims about how they improve health. This group includes prescription medicines, over-the-counter medicines, and registered complementary medicines, such as some herbal products, vitamins, minerals, and fish oils⁴.

Lower-risk medicines use low-risk ingredients and can only make lower-level health claims. This group includes some herbal supplements, vitamins and nutritional products⁴.

High and low risk medicines come in many forms, including creams, ointments, lotions, patches, tablets, capsules, powders, liquids, inhalers, injections, suppositories and medicated shampoos.

Tablets/Capsules	Cream/Ointment	Liquid	Inhaler	Traditional/Bush medicines
				

How medicines work in the body is called pharmacodynamics. This includes the helpful effects of a medicine, possible side effects and the way it acts on the body - for example, through receptors or enzymes. Understanding this helps explain why a medicine is used³.

How the body handles medicines is called pharmacokinetics. This covers absorption, distribution, metabolism and excretion. Understanding these processes helps explain why some medicines need to be taken in specific ways, at specific times or through specific routes³.

Taking medicines the right way - the right medicine, dose, time and method - matters. When medicines are not used as intended, they may not work as well. Good support and clear information can help people use medicines with more confidence³.

Quality Use of Medicines is one of the four central goals of Australia's National Medicines Policy⁵. It means medicines should be used:

- carefully, and only after considering all reasonable options,
- appropriately, with attention to risks, treatment duration and cost,
- safely, to reduce the risk of harm, misuse and avoidable problems, and
- effectively, so they deliver the intended benefit.

What do you need to know about your medicines?

- Some medicines need to be **taken every day**, even if you feel well, for example, medicines for high blood pressure.
- Some medicines need to be **taken at certain times**, such as breakfast, lunch, dinner or nighttime.
- Some medicines only need to be **taken when you have symptoms**, such as some asthma puffers.
- Some medicines only need to be **taken for a short time**, such as antibiotics for some infections.

Some medicines can cause side effects, but not all side effects are serious, and not everyone will experience them. The experience can differ from person to person. Open conversations about both the benefits and possible side effects of a medicine support making the right decision. Side effects can include dizziness, cough, shortness of breath, rash, nausea or trouble sleeping.

- **Medicines should be stored**
 - according to instructions (for example, insulin must be kept cold),
 - in a cool, dry and dark place (but never in the car),
 - away from children.
 - Unused or expired medicines should be returned to the clinic or pharmacy rather than put in the household bin.

- **Medicines and Pregnancy:** Some medicines are not safe to use during pregnancy. Always check with a doctor, pharmacist or other health professional before taking a medicine while pregnant or planning a pregnancy.
- **Medicines and Breastfeeding:** Some medicines can pass into breast milk. Check with a doctor, pharmacist or other health professional before taking medicines while breastfeeding.

Who can help you with your medicines?

You do not have to manage medicines on your own. Family members, carers, Aboriginal and Torres Strait Islander Health Workers and Practitioners, doctors, pharmacists, nurses and other health professionals can all help.

Family and Carers:

Things they can do: Family and carers often notice when something is going well or not, with medicines. For example, they might notice a client:

- is confident about where medicines should be stored and have safe place for medicines storage, or they may be unsure whether they are being kept safely and at the right temperature,
- is confused about what medicines are for or how to take them,
- has good support in getting to the clinic or pharmacy to collect medicines,
- has trouble remembering to take medicines, or
- can easily open packs or use devices such as needles, puffers or eye drops.

Why does this matter?

Storage: Medicines must be stored properly to work properly. Some need refrigeration, while others need to be kept in a cool, dry place.

Understanding medicines' use: Clinic staff can explain what each medicine is for and how to use it. Ask questions early if anything is unclear.

Access: The health clinic may be able to help with transport to the clinic or pharmacy. Some services may also offer home delivery.

Routine: Clinic staff can suggest practical supports such as pill boxes, Webster packs, medicine sachets, reminders or timers.

Aboriginal & Torres Strait Islander Health Practitioners and Workers

Things they can do:

Aboriginal and Torres Strait Islander Health Practitioners and Workers are often a trusted first point of contact. They can help clients, families and the broader care team in practical ways, including:

- Helping clients talk with other health staff about medicines, allergies and past medicine experiences, and creating a culturally safe space for those conversations.
- Encouraging clients to ask questions about their medicines and speak up if something does not feel right.
- Supporting clients to take medicines regularly when that is part of their care plan.
- Supporting broader wellbeing through conversations about food, movement, smoking and alcohol where relevant to medicine use and overall health.
- When visiting people at home or supporting them to attend the clinic, they can also help families raise questions about medicines.
- They can help connect traditional knowledge and Western medicine by encouraging safe conversations about using bush medicines alongside prescribed medicines.
- They are well placed to refer clients to a pharmacist or doctor if they need help with:
 - medicine storage
 - dose administration aids such as Webster packs, pill boxes or medicine sachets
 - whether medicines can be cut or crushed
 - how to use puffers, needles, eye drops or other devices
 - getting a medicine list or more information
 - feeling overwhelmed by taking multiple medicines
 - remembering to take medicines.

Why does this matter?

Aboriginal and Torres Strait Islander Health Practitioners and Workers help create culturally safe conversations about medicines and help link clients with the right support at the right time.



Pharmacists:

Things they can do:

Pharmacists are registered health professionals and specialists in medicine. They work in ACCHOs, community pharmacies, hospitals, general practice and other care settings.

Pharmacists can review a client's medicines to ensure the medicine plan is safe, practical, and suited to their needs. This may include advice about:

- medicines that may no longer be needed
- medicines that may need to be started
- dose changes, and
- simpler schedules, such as taking medicines once daily, where clinically appropriate.

Pharmacists can also help with questions such as:

- Can this medicine be crushed?
- Can a dose administration aid be arranged, such as a Webster pack, pill box or medicine sachets?
- What is each medicine for and how can it help?
- How should this medicine be stored?
- Could this medicine be causing side effects or making the client feel unwell?
- How do I use a puffer, eye drops, a needle or another device correctly?
- Is it safe to use bush medicines alongside clinic medicines?

Pharmacists can also prepare a medicine list and discuss medicines further if needed. Where appropriate, involve an interpreter when discussing medicines with clients.

Why does this matter?

Medicines can feel confusing or overwhelming, especially when someone is taking several medicines or starting a new medicine. A pharmacist can help people understand their medicines, feel more confident about using them and raise concerns early.



General Practitioners (GPs) and Specialists:

Things they can do:

GPs and specialists prescribe and monitor medicines. In ACCHOs, especially when they are new to the service, good practice includes:

- getting to know clients and building rapport,
- involving interpreters when clients need or request them,
- including clients in decisions about their health and medicines,
- documenting medicine changes and the reasons for them in the ACCHO clinical system,
- referring to other members of the healthcare team when needed,
- sharing relevant medicine information across GPs, specialists, hospitals and pharmacists,
- involving family members or an Aboriginal and Torres Strait Islander Health Worker when the client wants that support,
- understanding local medicine governance arrangements, such as S100, the Closing the Gap PBS Co-payment Program, PBS requirements and any in-house Medication Advisory Committee, and
- contributing to the Medication Advisory Committee or other QUM activities where relevant.

Why does this matter?

- Strong communication across the care team supports safer medicine use and better care.
- Building rapport also makes it easier for clients to ask questions, raise concerns and make informed decisions about medicines.
- GPs and specialists are key members of the care team, but they work best when they stay connected to the wider ACCHO team and value the expertise of both colleagues and clients.



Nurses:

Things they can do:

- Nurses support medication use across many areas of the clinic, including medication information, administration, and vaccines and injections.

Nurses can help by:

- ordering clients' medicines
- identifying possible side effects and referring clients to a doctor
- answering medicine questions and referring clients to a pharmacist when needed
- helping resolve issues with medicine packs or access, and arranging referral for a dose administration aid where appropriate
- administering medicines such as vaccines and injections
- supporting clients who feel unsure about taking medicines and linking them with another team member if needed
- talking with family and carers.

Why does this matter?

- Nurses play a central role in day-to-day care and are often a practical link between clients, families and the rest of the healthcare team.
- They can also help connect clients with doctors, pharmacists, outreach workers and allied health professionals.



Drivers and Community Outreach:

Things they can do:

- Some drivers deliver medicines. Others take clients to the pharmacy or clinic to pick them up.
- When delivering medicines, drivers need to confirm they are delivering to the right person. Medicines should only be left with the intended person unless another arrangement is in place. Privacy matters, so information about medicines should not be shared with other people.
- If clients ask questions about their medicines, encourage them to speak with a nurse, pharmacist, doctor, Aboriginal and Torres Strait Islander Health Professional or Worker, or

another trusted person at the clinic. Drivers do not need to answer medical questions themselves.

Why does this matter?

- Drivers and community outreach workers often see clients in everyday settings and can help reconnect people with the clinic. That regular contact can build trust.



Community:

Things they can do:

- The wider Aboriginal and Torres Strait Islander community can support good medicine use by encouraging people to:
- know what their medicines are for
- ask for help when they are unsure
- take medicines as prescribed and avoid missing doses where possible
- talk openly about medicine use so people know they are not alone
- tell their doctor or pharmacist when they are using bush medicines.

Why does this matter?

- Talking about medicines can reduce shame, worry or uncertainty and help people get the right support sooner.
- Using medicines as agreed with a doctor or health professional can help people stay well for themselves, their families and their communities.
- Letting a doctor or pharmacist know about bush medicines helps make sure all medicines are used safely together.



Social, Emotional and Well-being team:

Things they can do:

Ask how the client feels about their medicines. For example, they might say they:

- do not like them
- do not know what they are for
- have stopped taking them
- have questions about them
- cannot get them out of the packs
- cannot swallow them
- would like a medicine list
- are worried children might get to them
- think the medicines are making them feel unwell
- are having trouble remembering to take them

- feel overwhelmed by taking many medicines each day.

If these issues arise, encourage the client to talk with their pharmacist, doctor, nurse, or Aboriginal and Torres Strait Islander Health Professional. Those conversations can help identify practical solutions.

Why does this matter?

Social and emotional wellbeing teams can help clients talk about medicines in ways that feel safe, practical and supportive. They can help people feel heard, connect them with the right clinician, and reinforce that they do not have to manage their medicines alone.



Allied Health:

What is Allied Health?

Allied health professionals bring specialist knowledge in different areas of health. Each clinic will have access to different allied health services that can support good medicine use in various ways.

The allied health mix will vary across ACCHOs and communities, but each profession can help identify issues that may affect how medicines are used or understood.

Examples of allied health professionals include:

a Physiotherapists:

What do they do?

Physiotherapists support movement, balance, mobility, and pain management.

How can Physiotherapists help with medicines?

If a physiotherapist notices a change in movement, pain or falls risk, they can refer the client to a doctor, nurse or pharmacist for medicine review.

Why does this matter?

Some medicines can help with pain or movement, while others can increase the risk of falls. Timely review helps keep people moving safely.

b Speech Pathologists:

What do they do?

Speech Pathologists support swallowing, communication and language.

How can Speech Pathologists help with medicines?

If a speech pathologist notices trouble swallowing tablets or capsules, they can refer the client to a doctor, nurse or pharmacist. If the formulation needs to change or if crushing is being considered, a pharmacist or doctor should guide that decision.

Why does this matter?

Not all medicines can be crushed or altered. Speech pathologists and pharmacists can work together to develop a safe plan for people with swallowing difficulties.

c Diabetic Educators:

What do they do?

Diabetes Educators support clients living with diabetes through education and practical management advice. They may also be nurses, dietitians, pharmacists or other health professionals with additional diabetes training.

How can Diabetes Educators help with medicines?

Diabetes educators can support clients with questions about:

- tablets for diabetes
- diabetes injections
- monitoring blood glucose levels
- food choices that support diabetes management.

If a diabetes educator has questions about other medicines a client is taking, they can talk with a doctor or pharmacist.

Why does this matter?

Good diabetes management supports long-term health and helps protect the eyes, kidneys, feet and heart.

d Podiatrists:

What do they do? Podiatrists are specialists in feet and ankles.

How can Podiatrists help with medicines?

Podiatrists can identify pain, neuropathy, and infections, including fungal or bacterial infections that may require treatment. They can also work with a doctor or diabetes educator when medicine-related support is needed.

Why does this matter?

Healthy feet support mobility, independence and day-to-day life.

e Dietitians:

What do they do?

Dietitians provide advice on food and nutrition. They support healthy eating, meal planning and nutrition for conditions such as diabetes, heart disease, kidney disease and iron deficiency.

How can Dietitians help with medicines?

If a dietitian identifies a need for supplements or nutrition-related medicine support, they can talk with a pharmacist or doctor about the best option.

Why does this matter?

Food and medicines can interact, so nutrition support can improve how medicines work and how people feel.

f Occupational Therapists

What do they do?

Occupational Therapists help people take part in everyday activities such as getting dressed, cooking, working, studying, hobbies and social life.

Occupational Therapists work with people of all ages in settings such as community health, hospitals, private practice and aged care.

How can Occupational Therapists help with medicines?

Occupational therapists can support medicine routines, especially after a hospital stay or when a medicine list changes.

Why does this matter?

When medicine routines fit everyday life, people are more likely to use medicines safely and consistently.

Other allied health professionals in your clinic may include psychologists and social workers. Pharmacists are also allied health professionals, but they are covered under their own heading in this toolkit.



Hospitals:

Things you can do as a client:

- If you are going to the hospital, take your medicines with you, including puffers, eye drops and liquid medicines.
- Before leaving the hospital, ask for an updated medicine list. If anything has changed, ask to speak with a pharmacist or doctor so you understand what to do next.

Things you can do as ACCHO staff:

- Communicate with the hospital about transitions of care for your client. This works both ways:
- The hospital may ask about a client's medicines when they are admitted or attend an appointment.
- ACCHO staff may also need to request information on medications from the hospital.

- If a client has recently been in hospital and medicine changes are unclear, check the hospital discharge summary or the client's My Health Record.

Why does this matter?

Sharing medicine information between hospitals and ACCHOs helps reduce avoidable errors and supports continuity of care.



Administrative/Reception Staff:

Things they can do:

When a client books an appointment for medicines or scripts, ask whether they still have any left or have run out.

Why does this matter?

Some medicines should not be stopped suddenly. If a client has run out, they may need an earlier appointment. If you are unsure, ask a doctor, an Aboriginal and Torres Strait Islander Health Professional, a nurse, or a pharmacist for advice.



Clinical Governance:

What does this mean:

Clinical governance is more than a framework. It is a shared commitment to safe, high-quality care and continuous improvement⁵. In the medicines context, it helps everyone understand why some rules, processes and approvals matter.

Why does this matter? Strong medicines governance helps ensure that:

- Australia's National Medicines Policy objective - improving health outcomes through access to and the appropriate use of medicines⁶ - is supported
- the medicines chosen are appropriate for clients
- the health service can manage medicine costs responsibly
- medicines are used as safely as possible
- legal and policy requirements are met, and
- the service can review and improve practice over time.

Staying healthy

- Medicines are one part of staying well.
- Keep up regular check-ups and everyday wellbeing while using medicines.

- Good food, movement and ongoing care can support health and may reduce the need for some medicines over time.



Appendix 1: Facilitating a Workshop on Medicines Are Everyone's Business⁷

a Initiating:

Brainstorm: Use the questions below to start planning your workshop:

- Why and how?
- Who?
- What?
- When & Where?

Outcomes: Define the skills, knowledge and attitudes participants should develop through the workshop. For example: understand the importance of safe and correct medicine use and how to support it.

Workshop Accessibility: Make it easier for people with disability to attend and participate by:

- using plain language and accessible formats in workshop promotion
- asking about accessibility needs on the registration form
- providing support that responds to those needs
- offering materials in different formats, such as slides, videos and handouts
- giving people different ways to participate, such as written, spoken, individual and group activities.

b Planning: Use the template below to plan your workshop.

Workshop Template

Title:	Date/Time:	Facilitator/s:
Location:	Room specifications:	
Supplies:		
Title:	Set-up (before participants arrive): Prepare the furniture, materials, and technology, and decide what participants will do upon arrival (e.g., register, find a seat, grab coffee, etc.).	
	Opening (workshop begins): Gain participants' attention, explain why the workshop is important, present learning outcomes, and find out what participants already know.	
	Instruction (convey main ideas through presentation & active learning): Engage participants with the content and help them achieve learning outcomes.	

Closing (ending the workshop): Prompt participants to synthesise what they have learned, address any loose ends, and provide a means to assess the workshop.

(adopted from www.mcgill.ca/skills21/facilitator-guide)

Before the workshop, visit the room or test the online platform to ensure the setup, equipment, and technology are ready for the activities you have planned.

At the start of your workshop, you might:

- provide an Acknowledgement of Country
- welcome participants and introduce yourself and any co-facilitators
- share a story that connects the workshop topic to people's lived experience
- invite participants to introduce themselves and their experience
- explain workshop etiquette and housekeeping
- outline the learning outcomes and agenda
- use an icebreaker if helpful.

During the workshop, use activities that help participants engage with the content and practise new knowledge and skills. Options include:

- One-minute paper or free write: have participants reflect and jot down responses to a question in 1 to 5 minutes. Encourage participants to focus on expressing their thoughts. This activity can be done in both face-to-face and online workshops.
- Think-pair-share: like One Minute Paper/Free Write, then ask participants to discuss their responses in groups of 2 or 3 people. Steps: Think (2 min) – Pair (3 min) – Share (5 min). For online workshops, use breakout rooms for pairing or small groups.
- Focused listing: as per Think-pair-share, ask participants to generate a list of pros and cons of a specific topic, then share their lists in small groups or the whole group.
- Jigsaw: divide a large topic/scenario into smaller topics, then ask participants to form small groups according to their knowledge of or interests in the small topics and share their collective understanding with the whole group.
- Brain drain: like Jigsaw, provide participants with a blank worksheet with 6 rows and 3 columns to complete a task in groups of 6. Each participant will have about 3 minutes to fill in their ideas in a row, then pass on the sheet to other participants in their group to fill in their rows. Participants then share their ideas with the whole group when the worksheet is completed.
- Four corners (also called “Write Around the Room”): form 4 groups and provide each group with a large sheet of paper and a marker. Each group will move to a corner of the room and work together to respond to the workshop questions. Give participants as much time as they need, but also set and keep a time limit. Once all the groups have finished with their lists, bring all groups together to discuss the contents each group has produced.
- The Fishbowl Exercise (also called “Function subgrouping”): group participants according to their different viewpoints on an issue or a question. One group will discuss their views,

and the other groups will listen to their conversation. Once this group has finished their discussion, other groups will paraphrase what they heard, and the main group will confirm, clarify, or correct. Rotate among the groups.

Short, energising breaks can help maintain attention and keep the discussion moving. Options include:

- **Micro-Macro Stretches:** while asking participants to move a small part of the body, like fingers, toes, or eyes, or a large part of the body, like legs, hands, or arms, continue leading with the topic-related discussion.
- **Moving-Mirroring:** group participants in pairs or in threes. One person performs a slow-motion movement; the other (s) 'mirror' it while continuing the topic-related question or discussion. The pair, or three, then swap roles after a few minutes.
- **Stand Up-Sit Down:** form standing groups of 3-5 participants. Each person in the group recounts one thing they remember or just learned from the workshop, then sits down. Continue the activity until all members of each group are seated. If some participants prefer sitting, then use raising a hand instead.
- **Questioning:** ask participants to stand or be in a position they feel comfortable with. Relating to the topic you have just presented, ask participants a difficult question that many may not know the answer. Tell them to ask their colleagues what they think the answer could be. Participants who have the right answer will remain in the bee, while those who do not will not be asked again. Continue the activity until only a few participants remain, and give them a round of applause or small prizes you prepared beforehand.
- **You Bet on It:** ask participants a question related to the topic that you just presented. If your question is easy to answer, then say, "If you are **absolutely** sure you know the answer and you would bet on it, please stand up (or raise your hand)." If your question is a more difficult one, say, "If you are **pretty** sure you know the answer, but you would not bet on it, please stand (or raise your hand)" or "If you not only know the answer, but could come up here and tell the group, then please stand." Let participants come up and share their answers with the group, then let the whole group know your answer.

Closing your workshop: Give participants time to reflect on what they have learned and what happens next. You might:

- Provide a brief recap of the workshop's main points.
- Debrief on the workshop's organisation and effectiveness, using the questions of one of the Reflective Frameworks: What? (what happened), So what? (why is it important), Now what? (what actions to take next).
- Recognise participants' contributions, effort and achievement.
- Explain to participants that they can contact you if they have follow-up questions.
- Thank participants and help them fill out the feedback form.

c Facilitating:

Think about your role as a facilitator and the skills you bring. Use the worksheet below to reflect on how you will facilitate a culturally safe workshop.

What does facilitation mean to me?

Take a few minutes to reflect on your role as a facilitator and to write some notes in response to these guiding questions. If you are working with a co-facilitator, consider completing this worksheet individually and planning to meet before your workshop to discuss your respective responses.

1. ROLE OF WORKSHOP FACILITATOR

Why do I want to facilitate workshops?		How will I support participants in their learning?			
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2. STRENGTHS AS FACILITATOR

What aspects of myself do I consider helpful for the facilitation process?	e.g. my presentation skills, my interpersonal skills, my creativity?				
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3. EASIEST AND PREFERRED TASKS

What tasks do I find easiest and most enjoyable to perform?	e.g. planning and logistics, presenting, content learning strategies?				
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4. GREATEST CHALLENGES

What tasks present the most significant challenges for me?	(e.g. workshop design, working with co-facilitator, leading discussion)?		What will I do to take steps to overcome these challenges?		
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5. PARTICIPANT LEARNING AND ENGAGEMENT

What type of participant experience do I am to promote?		How do I imagine participants will engage with the facilitator(s) and one another?	e.g. sitting and listening, asking questions, interacting		
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(adopted from https://www.mcgill.ca/skills21/files/skills21/what_does_facilitation_mean_to_me_mural.pdf)

If you want a co-facilitator, consider inviting an Aboriginal or Torres Strait Islander person. Meeting beforehand to plan roles and responsibilities can strengthen cultural safety and the flow of the workshop.

Use the workshop template to plan with your co-facilitator. Agree on who will lead which parts, how you will communicate during the session and how you will give each other feedback. Do a practice run.

Welcome Email: Send a short pre-workshop email that:

- introduces you and any co-facilitator
- confirms the workshop name, date, location and purpose
- outlines the learning outcomes
- explains what participants can expect, such as presentations, handouts and group work
- ends with a clear welcome message.

Use PowerPoint slides to structure the workshop and highlight key points. Keep slides concise rather than text heavy.

Remember to:

- keep backgrounds, margins, fonts, font size and colours consistent
- avoid very small text, bold-heavy slides and overuse of italics
- use images only where they add value.

Handouts can give participants extra information and space to make notes.

Consider:

- why you are using the handouts and whether participants keep them
- when you will provide them
- whether the font and layout are clear and easy to read.

Breaking a large group into smaller groups can support deeper discussion. Options include:

- Use a deck of cards for participants to form groups by suit (clubs or hearts), card type (two or four of a kind), ...
- Count off from 1 to 10 to assign each participant a number, then group participants with number 1 together, number 2 together and so on.
- Group participants with the same birth month.
- For online workshops, use either random breakout rooms or allow participants to group themselves by one of those techniques mentioned above.

Asking meaningful questions helps keep participants engaged during the workshop and supports learning beyond the session.

Consider:

- ask clear, open-ended questions that prompt reflection
- keep questions neutral rather than leading
- allow at least five seconds for people to respond before speaking again
- avoid answering your own question too quickly
- in online workshops, invite answers through chat or polls as well as spoken discussion.

Moderating complex discussions is a core facilitation skill. The strategies in the table below can help keep discussions inclusive and productive.

Strategy	Examples
Paraphrasing: validate participants' contributions and ensure that their thoughts are clear to everyone in the room.	<i>"To make sure I understand what you're saying, I am going to paraphrase ..."</i>
Connecting ideas: encourage participants to relate their ideas that may not have been considered.	<i>"It sounds like your perspective on this topic parallels John's – you both seem to raise the point that ..."</i>
Giving neutral feedback: acknowledge a participant's point without revealing your feelings, and ask the group to think about the idea.	<i>"That's an interesting possibility. What do the rest of you think?"</i>
Returning a question asked of you to the group: empower the group to share their own knowledge and experience, and engage in the conversation.	<i>"Does anyone have a response?"</i>
Provide structured opportunities for reflection and input: change the pace to allow new ideas to surface when discussion is lagging.	<i>"Let's take some time to think about alternative perspectives we might have not considered before ..."</i>
Create opportunities for all participants to get involved: ask those who have not yet participated to contribute. The goal is for participants to have a choice to participate (i.e. not cold calling).	<i>"Can we hear from someone who hasn't spoken yet?"</i>
Ensure diverse perspectives are welcome: promote the diversity of ideas and reflection on new perspectives.	<i>"What perspectives have we not yet considered? Does anyone want to weigh in?"</i>
Refocus participants' attention: bring participants' attention back if the discussion is going off track.	<i>"How do the issues that have just been raised relate to the question originally posed?"</i>
Bring closure: allow participants to summarise the central issues discussed. Likewise, link the discussion to the learning objectives.	<i>"Can someone summarise the key points we discussed?"</i>

(adopted from <https://www.mcgill.ca/skills21/facilitator-guide/facilitate/moderating-complex-meaningful-discussions>)

Difficult situations can arise in any workshop. Planning ahead for them can help you respond calmly and effectively. Examples include:

- The group is silent or unresponsive,
- Some participants dominate the discussion,
- The discussion turns into an argument or disagreement,
- The discussion goes off track,
- One participant is disruptive,
- Biased comments are being voiced,
- No one knows the answer to a question,
- You (the facilitator) make a mistake or inadvertently make an offensive statement,
- Some participants do not feel comfortable or are unable to participate.

d Reflecting:

Practice Run with your colleagues one week before the real workshop to get their feedback, so you have the time to make any changes to the workshop's design or content. Use the worksheet template below to record your colleagues' feedback:

Worksheet: Practice Run Peer Review Feedback

Title of workshop:	Date:
Name of facilitator:	Name of feedback provider:
What one thing did the facilitator do well?	
What do you see as the main goal of the workshop?	
What are the main ideas the facilitator wants to convey?	
How did the activities help you to better understand the workshop topic?	
How would you describe the instructions for activities (e.g. clear, detailed, confusing)?	
How effective were the facilitator's presentation and communication skills (e.g., enunciation, body language, pace)?	
Are there any topics/activities that would benefit from more preparation and/or more detail? Explain.	

(adopted from https://www.mcgill.ca/skills21/files/skills21/practice_run.pdf)

Prepare for Feedback from participants:

consider:

- the type of feedback you want on facilitation, materials, engagement, learning outcomes and activities
- when you will collect feedback - during the workshop, immediately after, or one to two weeks later
- how participants will provide feedback, such as paper forms, verbal feedback or polling
- How do you use/apply the feedback: for discussion with colleagues, make changes, improve next/other workshops?

Once the answers to the above questions are completed, draft the feedback form and discuss it with your colleagues or co-facilitator/s.

Workshop Feedback Forms: consider the following forms of questions for:

- Feedback on participant satisfaction and engagement:
 - “As a result of this workshop, I felt motivated to...”
- Feedback on participant learning:
 - “As a result of this workshop, are you able to...”
 - “Before this workshop, how comfortable did you feel about...?”
- Feedback on facilitation:
 - “The facilitator related to participants in ways that promoted mutual respect.”
 - “The facilitator stimulated my interest in the workshop topic.”
- Feedback on logistics:
 - “The workshop space was physically accessible.”
 - “The facilities provided at this workshop were appropriate.”

Feedback Report to learn from the experience and to share with your colleagues and with participants. Consider,

- using basic statistical analysis on frequencies, averages ...
- counting the frequency of common responses for open-ended questions.
- noting feedback on strengths and weaknesses, and recommendations for future workshops.

Post-workshop Reflection immediately after the workshop to identify what worked well and what did not. Consider using the template below to guide you through this step:

Worksheet: Reflection Questions

Title of Workshop:	Date:
Name:	Co-facilitator:
1. Structure and content of workshop	
What worked well in this workshop and why?	
What did not work well and why?	

When did participants seem particularly engaged? What were they doing? What were you doing?

When did participants seem to have difficulty or were disengaged? What were they doing? What were you doing?

2. Facilitation skills

What did I learn about myself as a facilitator?

What aspects of facilitation did I find easiest? Most enjoyable?

What aspects of facilitation did I find most challenging? Least enjoyable?

What did I learn about participants?

3. Looking ahead

What will I do differently next time?

(adopted from https://www.mcgill.ca/skills21/files/skills21/post-workshop_reflection_0.pdf)

e The Importance of Co-facilitation⁷

- **What is co-facilitation?** Co-facilitation is when you have more than one person involved in planning, designing and leading a workshop. Co-facilitators work together to share the workload of organizing and conducting the workshop.
- **The role of a co-facilitator:** can be equal in conducting the workshop, such as sharing the workload, complementing each other's views, strengths ...; or can be a supporting role, such as taking notes ...
- **When do you need a co-facilitator?** When you plan to run a large workshop with 10 or more participants, or when the workshop topic is complex with group dynamics, or when the workshop involves a lot of activities.
- **Advantages and disadvantages of co-facilitation:** If planned well, the advantages of having co-facilitators include:
 - being able to share the workload,
 - complementing each other's strengths and skillsets,

- spending more time with, or supporting, participants, and
- supporting each other if things do not go as planned.

These advantages will lead to the success of the workshop. On the other hand, disadvantages are shown when co-facilitators work against, rather than with or support, each other. This will certainly impact on the level of trust in participants, the overall energy of the room and ultimately the success of the workshop.

- **Best practices for co-facilitating a workshop:** Use the worksheet *What does facilitation mean to me?* above to reflect on your different skills and natural abilities, and how you will use them to successfully facilitate a workshop.
- **Have each facilitator's role clearly defined:** set expectations and communication strategies; practice running the workshop:
- On the workshop day, introduce your co-facilitator and their role to participants.
- Throughout the workshop, work with, support, respect and check in with each other, and do not show disagreement or interruptions.
- After the workshop, debrief on the event and learn from the experience together.

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