

Creating Consumer Medicine Information Resources

Contributor Toolkit

NACCHO Medicines & Policy Program



NACCHO

Medicines



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At-a-glance

This toolkit supports the development of clear, culturally responsive medicine information resources for Aboriginal and Torres Strait Islander communities¹.

It draws on person-centred care, consumer involvement and the Sharing Decision Making Model created by Mob, for Mob^{2,3,4}.

- This toolkit is for NACCHO, ACCHOs, health professionals such as pharmacists, and representative bodies such as the Pharmaceutical Society of Australia.
- Use this toolkit when developing medicine information resources for Aboriginal and Torres Strait Islander people and communities.
- The toolkit sets out a six-step roadmap. Each step includes practical information, resources, and tools to help plan, develop and review medicine information resources.
- Locally tailored resources can improve access, build trust and support informed use of medicines in Aboriginal and Torres Strait Islander communities¹.



Developer	Requester	Steps					
		1	2	3	4	5	6
NACCHO (or) ACCHO/s (or) Health Professionals	Pharma/ Government	Use a top-down needs assessment form (Appendix 1) to: • Discuss the scope of work. • Compliance requirements.	• Consumers' consultations (at least 2 or 3 sessions, each with either rural, regional, remote, urban).	• Content & format aligned with sector, stakeholder feedback, and the requester's needs. • Seek draft approval from the governance body.	• Develop questions to ask consumers about how they use the resource. • Agree on incentives.	• Pharma's final clinical approval. • Finalise distributing channels.	• Monitoring consumers' use of the resource • Respond or adjust if needed.
	ACCHO/s	Use the bottom-up needs assessment form (Appendix 2) to learn about ACCHO's needs: • Medium, • Language, • Timeframe...	• Opportunity to provide brief onsite education to consumers on the medicine and to address consumers' needs.			• Seek final clinical & cultural approvals from relevant governance bodies. • Assess & organise training needs. • Finalise distributing channels.	
Approx. time required		1 month	1 – 2 months	6 months	1 – 2 months	1 month	On-going

For more research-identified characteristics of a Consumer Medicine Resource, see [Appendix 3](#).

STEP 1: Identify Health Issues & Community Needs

Purpose: Confirm whether a medicine information resource is needed and who it is for.

Key action/s:

- Confirm and discuss the scope of work.
- Check whether a suitable resource already exists.

Who is involved?

- Resource requester (external)
- Local community or communities (internal), and
- Resource developers.

Expected outputs:

- Agreed scope of work.
- Draft information outline for the medicine.

Indicative timeframe:

- approx. 1 month.

Why does this step matter?

This step confirms whether a new or adapted resource is needed and who it should serve. NACCHO, an ACCHO, or a group of ACCHOs may identify this need internally, or an external organisation such as government, a hospital program or a pharmaceutical company may request a resource for the sector or for a specific community.

Key actions:

- For an external request, agree on the scope of work early: budget, timeframes, alignment with existing materials, and any mandatory compliance requirements such as approved clinical content, logos or style guides.
- For an internal priority, agree on the scope of work in the same way, noting that external compliance requirements may not apply.

- Talk with consumers about the medicine and whether a resource is needed.
- Check whether a suitable resource already exists.

Roles & Accountabilities:

External resource requester: Provide funding and oversee technical and clinical governance for the resource.

Consumers, carers and health professionals: Contribute from the outset to help shape the resource.

Outputs/Deliverables:

Agree on the needs assessment approach: top-down ([Appendix 1](#)) or bottom-up ([Appendix 2](#)).

Agree on the scope of work, particularly for externally requested resources.

Prepare a draft information outline for the medicine.

Timeframe: Allow about 1 month.

Tools/Templates to use:

- Authoritative information from the requester or medicine's sponsor, named as Core Consumer Medicine Information (core CMI). These resources
- are available on the websites of the [Therapeutic Goods Administration \(TGA\)](#), or of [Medicines Australia](#).

Below are examples of

- (i) the first page of a six-page core CMI on Cardizem provided by the TGA,
- (ii) the fifth page of a 10-page Medicine Information Resource (MIR), and
- (iii) the first page of a six-page MIR. NACCHO developed both MIRs:

Cardizem® CD Capsules and Cardizem® Tablets

Consumer Medicine Information (CMI) summary

The [full CMI](#) on the next page has more details. If you are worried about using this medicine, speak to your doctor or pharmacist.

1. Why am I using Cardizem?

Cardizem CD capsules or Cardizem tablets both contain an active ingredient diltiazem hydrochloride. Cardizem tablets are used to prevent angina. Cardizem CD capsules are used to prevent angina or to treat hypertension (high blood pressure).

For more information, see Section [1. Why am I using Cardizem?](#) in the full CMI.

2. What should I know before I use Cardizem?

Do not use if you have ever had an allergic reaction to Cardizem CD capsules or Cardizem tablets or any of the ingredients listed at the end of the CMI.

Talk to your doctor if you have any other medical conditions, take any other medicines, or are pregnant or plan to become pregnant or are breastfeeding.

For more information, see Section [2. What should I know before I use Cardizem?](#) in the full CMI.

3. What if I am taking other medicines?

Some medicines may interfere with Cardizem and affect how it works.

A list of these medicines is in Section [3. What if I am taking other medicines?](#) in the full CMI.

4. How do I use Cardizem?

- Cardizem CD capsules can be taken once a day, preferably at the same time every day.
- Cardizem tablets can be taken three or four times a day.
- Swallow the capsules or the tablets with a glass of water. Do not chew them.
- Your doctor will tell you how often and how much Cardizem CD or Cardizem tablets to take.

More instructions can be found in Section [4. How do I use Cardizem?](#) in the full CMI.

5. What should I know while using Cardizem?

Things you should do	• Remind any doctor, dentist or pharmacist you visit that you are using Cardizem CD or Cardizem tablets. • If you are taking these medicines for angina, tell your doctor if you continue to have angina attacks or if they become more frequent. • Take these medicines exactly as your doctor has prescribed.
Things you should not do	• Do not use these medicines to treat any other complaints unless your doctor says to. • If you are taking these medicines for angina, do not suddenly stop taking your medicine since this can cause severe angina for a day or two. • Do not use during pregnancy.
Driving or using machines	• Be careful driving or operating machinery until you know how these medicines affect you.
Looking after your medicine	• Keep these medicines in a cool, dry place where it stays below 25°C.

For more information, see Section [5. What should I know while using Cardizem?](#) in the full CMI.

6. Are there any side effects?

All medicines can have side effects. Sometimes they are serious, but most of the time they are not. Tell your doctor or pharmacist as soon as possible if you do not feel well while you are using these medicines. Some of the serious side effects are heart beating irregularly, slowly or very quickly; continuously lightheaded or dizzy; feeling pain, which may be severe, in your left arm and chest. For more information, including what to do if you have any side effects, see Section [6. Are there any side effects?](#) in the full CMI.

Taking CHAMPIX®

Try to take CHAMPIX® at about the same time each day as this will help you remember to take it as prescribed by your doctor.

What if I forget to take a dose of CHAMPIX®?



If it is less than 6 hours before your next dose, skip the dose you missed and take your next dose when you are meant to



If it is more than 6 hours until your next dose, take it as soon as you remember, and then go back to taking your medicine as you would normally

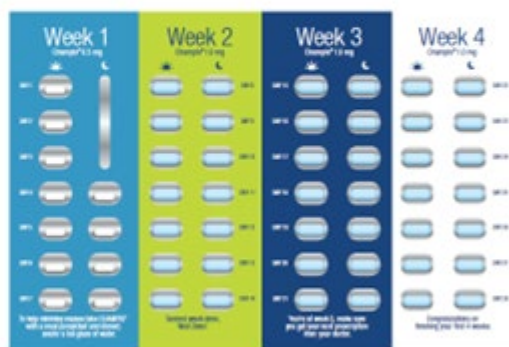
Do not take a double dose to make up for the dose that you missed. If you are not sure what to do, ask your doctor or pharmacist.

05 TAKING CHAMPIX®

Starting on CHAMPIX®³

When you start taking CHAMPIX®, you start on a low dose and gradually increase it. You will start your first week taking the white (0.5mg) tablets, and from week 2 you will take the blue (1.0mg) tablets. Talk to your doctor to make sure you understand how to take CHAMPIX® correctly.

Have a look at the treatment journey on the next page to see when you need to take the different CHAMPIX® tablets.



If you have missed a couple of days talk to your health professional about how to restart.

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UNDERSTANDING YOUR MEDICINE

FORXIGA® (dapagliflozin)

forxiga
(dapagliflozin)



You are being given FORXIGA because it may help diabetes, heart and kidney problems.

Why I am taking this, tick all that apply



☐ For my Type 2 diabetes. When you have high levels of sugar in your blood, FORXIGA may help you to control your blood sugar when your body doesn't make enough insulin.



☐ For my heart. FORXIGA may help you if you have heart trouble, when your heart isn't pumping enough blood around your body, arms, fingers, legs, toes and you might need to go to hospital.



☐ For my kidneys. Diabetes and high blood pressure can lead to kidney trouble. Good control of your blood sugar and blood pressure are important in keeping your kidneys healthy, but may not always prevent kidney trouble from occurring. FORXIGA may also help if you have kidney trouble. It is important to treat kidney trouble early to stop it getting worse.

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- If a core CMI already exists, tailor it for local consumers and move to Step 4: Consumer/User Testing. Testing should confirm whether consumers can use the resource as intended; the results will indicate whether it is ready or needs revision.
 - If there is no core CMI or NACCHO-developed MIR, check the Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners⁷ (the Purple Book).
 - If the medicine is covered in the Purple Book, assess whether that content can be tailored for Aboriginal and Torres Strait Islander consumers.
 - If a major revision or a new resource is still needed, prepare a draft information outline for the medicine.
 - Continue to Step 2

STEP 2: Identify and Meet with Medicine Consumers

Purpose: Bring together the right consumers, share brief medicine education, and hear what they want from the resource.

Key action/s:

- Use the draft medicine information outline to support discussion.
- Gather consumer input on the resource.

Who is involved?

- Medicine users and their carers, health professionals, and resource developer/s.

Expected outputs:

- Clear notes on participants' knowledge of the medicine and what they want from the resource.

Indicative timeframe:

- approx. 1 month.

Why does this step matter?

Once the need is confirmed, bring together medicine users, carers and health professionals to shape the resource. This step is about a two-way exchange: sharing useful information about the medicine and listening to what people want from the resource.

Key actions:

- Before the consultation, decide how much medicine education to provide and how you will invite participants to describe the content, format and language they want.
- Use a short medicine education session - around 10 minutes - to set context before the consultation begins.

Roles & Accountabilities:

- **Consumers, carers and health professionals:** Guide the content and format of the resource.
- **Advisory group:** Provide cultural, community and clinical advice on the content and format of the resource.
- **ACCHO network, Affiliates and other relevant partners.**

Also consider:

Plan the people and funding needed to develop the resource, such as a project officer.

Outputs/Deliverables:

Clear notes on participants' knowledge of the medicine and their expectations for the resource.

Timeframe:

Allow about 1 to 2 months.

Tools/Templates to use:

Consultation materials such as flyers, consent forms and discussion guides. Where possible, share these before the first meeting.

First meeting:

- Explain the purpose of the meeting and the project.
- Provide agreed background education on the medicine to support the discussion.
- Share any existing core CMI or MIR, or the draft medicine information outline, and explain why an update or new resource is being considered.
- Explain the development process and indicative timeline.
- Provide consultation materials.
- Collect participants' feedback.

Second and later meetings (after Step 3)

STEP 3: Identify and Meet with Medicine Consumers

Purpose:

- Turn consumer input from Step 2 into a reliable MIR.

Key action/s:

- Review consumer input from Step 2.
- Use sector-specific clinical guidelines to shape content, format, language and funder requirements.

Who is involved?

- ACCHO staff and/or pharmacist.

Expected outputs:

- A draft MIR

Indicative timeframe:

- Approx. 6 months.

Why does this step matter?

This step turns what you heard in Step 2 into a medicine information resource that is accurate, useful and fit for purpose.

Key actions:

- Start with the consumer-focused question: what do we want people to do with this information?⁶ The answer should guide the content, format and call to action.
- Use ACCHO sector-specific clinical guidelines to shape the resource.
- Make sure the content is accurate, locally relevant, community-informed, culturally safe, and reviewed by health professionals and/or an advisory group.
- Choose a format that is accessible and practical - such as a brochure, booklet or short video (up to two minutes). Use local language, logos and images where appropriate, and allow space for NACCHO and sponsor logos if required by a style guide. For example,

- Use the language or languages identified by consumers. This may include widely spoken Aboriginal and Torres Strait Islander languages such as Yumplatok, Kriol, Djambarrpuyngu, Pitjantjatjara, Warlpiri, Murrinh Patha and Tiwi.⁸
- Follow the TGA's five communication principles⁹: keep information clear and concise; use language that suits the audience; stay consistent; support safe and appropriate decisions; and present information in ways that support access, understanding and action.
- Meet funder requirements for medico-legal risk through a clear disclaimer or acknowledgement, for example: "[ACCHO name] acknowledges the financial support of [name of organisation]".

Second (or subsequent) meeting/s:

- Present the draft updated or newly developed Medicine Information Resource (MIR).
- Collect stakeholder feedback.
- Redraft the MIR and circulate the updated version for review.
- Repeat this process if needed, then finalise the draft.
- Seek authorisation when wording is adapted for the local language or local use. Where needed, include a disclaimer explaining that local terms may vary between communities.

Roles & Accountabilities:

The resource developer - whether an ACCHO staff member, a pharmacist, or an external contractor - leads the project and serves as the main contact for questions and issues.

Outputs/Deliverables:

A draft MIR ready for consumer testing.

Timeframe:

Allow about 6 months.

Tools/Templates to use:

- ACCHO sector-specific clinical guidelines on creating health resources, such as the [*Sharing Decision Making Model Created by Mob, and for Mob*](#), by the NSW



Government's Agency for Clinical Innovation (ACI, 2021)⁴, and the [Social, emotional and cultural wellbeing resources](#) for Aboriginal and Torres Strait Islander People, by Wellmob (Australian Indigenous HealthInfoNet, 2021)¹⁰.

- [Writing about Medicines for People: Usability Guidelines for Consumer Medicine Information, 3rd edition](#), by David Sless and Ruth Shrensky (2006)⁶.
- [How to use the Improved Consumer Medicine Information \(CMI\) template](#), by the Therapeutic Goods Administration (TGA, 2019)⁹.

STEP 4: Consumer/User Testing

Purpose: Test whether the resource is easy to use and supports quality use of medicines.

Key action/s:

- Prepare around 15 questions to test whether consumers can find and use the information in the resource.
- Prepare a Table of Responses.

Who is involved?

- ACCHO staff and participating consumer groups

Expected outputs:

- Analysis of consumer responses.

Indicative timeframe:

- Approx. 1 to 2 months.

Why does this step matter?

This step tests whether consumers can find the information they need and use it as intended. If they cannot, the resource needs more work before release.

Key actions:

- Use the Writing about Medicines for People guidelines (p. 7) to develop around 15 test questions and aim for:
- At least 90% of consumers who read the resource should be able to find the information quickly and easily.
- At least 90% of consumers who find the information should be able to act on it appropriately.
- At least 81% of consumers who read the resource should be able to use it appropriately.

Roles & Accountabilities:

- ACCHO staff leading the resource development design the usability questions or tasks and run the testing.

Outputs/Deliverables:

- Analysis of consumer responses using a Table of Responses.

Timeframe:

- Allow about 1 to 2 months.

Tools/Templates to use:

- Consider using a yarning circle to ask around 15 questions or tasks that test whether people can find and use the information in the resource. See [Appendix 4](#) for sample questions.
 - What does this medicine do?
 - How does it work?
 - What to do before using the medicine?
 - How to use it?
 - What to do while using it?
 - Are there any side effects?
 - If yes, what are they?
- Recognise people's time and contribution in a way that is appropriate locally, such as refreshments, gift vouchers or another agreed form of appreciation.
- Invite selected individuals or groups by email or another agreed approach, and organise any agreed supports such as gift vouchers.
- Use surveys, interviews, yarning circles or focus groups to gather feedback.
- Record what people say and do when responding to each question or task. Use this evidence to assess whether the resource works as intended. Figure 17 below shows an example Table of Responses from Sless & Shrensky⁶.
-

	Sue	Liam	Francis	Implications for change
Q.1	✓	✓	✓	No change needed
Q.2	× <i>did not understand</i>	✓	× <i>did not understand</i>	Refine wording. Consider giving more detailed steps.
Q.3	✓... <i>but first looked at...</i>	× <i>looked through, couldn't find</i>	✓	Consider adding a subheading.
Q.4	<i>I got lost giving my own history</i>	× <i>thought had to take with...</i>	? <i>not sure...</i>	Monitor closely in the next test

- Review the responses to identify issues with the resource and decide what needs to change.
- Retest if necessary.
- Have healthcare professionals review the resource before distribution.
- Consider who should sit on the review panel.
- Be clear about whether Aboriginal and/or Torres Strait Islander health professionals are contributing as clinical reviewers, consumers, or both.
- Agree early whether contributors will be paid, recognising that arrangements may differ depending on whether participation occurs during paid work time.

STEP 5: Distribution

Purpose:

Plan and deliver distribution of the resource.

Key action/s:

- Develop the rollout plan.
- Confirm the most effective distribution channels.

Who is involved?

- ACCHO staff and managers.

Expected outputs:

- Rollout monitoring spreadsheets.

Indicative timeframe:

- Approx. 1 month.

Why does this step matter?

This step helps you get the right resources to the right people, in the right places, at the right time. A clear distribution plan also makes it easier to adjust the rollout if needed.

Key actions:

- Develop a rollout plan covering timing, print quantities and costs.
- Decide which channels will distribute the resource most effectively, such as community centres, health clinics, professional networks and online platforms.

Roles & Accountabilities:

- ACCHO staff implement the rollout.
- ACCHO managers oversee the plan, monitor the budget and support distribution decisions.

Outputs/Deliverables:

Distributed resources and rollout monitoring spreadsheets.



Timeframe:

- Allow about 1 month.

Tools/Templates to use:

- Train the Trainer resources, such as the Education Catalogue on the Pharmaceutical Society of Australia website.
- ACCHO waiting rooms, health promotion days, newsletters, Affiliates, professional networks, the NACCHO conference and regional partnerships.
- NACCHO's resources website, shared links and the monthly Medicines Newsletter.

STEP 6: Monitoring, sustainability & continuous quality improvement

Purpose:

Maintain resource quality and respond to changing needs.

Key action/s:

- Collect ongoing feedback on resource use and impact.
- Set a review timeframe.

Who is involved?

- ACCHO staff, managers and consumer groups.

Expected outputs:

- Monitoring or feedback template, such as those used in Step 4.

Indicative timeframe:

- Ongoing.

Why does this step matter?

Once the need is confirmed, bring together medicine users, carers and health professionals to shape the resource. This step is about a two-way exchange: sharing useful information about the medicine and listening to what people want from the resource.

Key actions:

- Before the consultation, decide how much medicine education to provide and how you will invite participants to describe the content, format and language they want.
- Use a short medicine education session - around 10 minutes - to set context before the consultation begins.



Roles & Accountabilities:

- **Consumers, carers and health professionals:** Guide the content and format of the resource.
- **Advisory group:** Provide cultural, community and clinical advice on the content and format of the resource.
- **ACCHO network, Affiliates and other relevant partners.**

Also consider:

- Plan the people and funding needed to develop the resource, such as a project officer.

Outputs/Deliverables:

- Clear notes on participants' knowledge of the medicine and their expectations for the resource.

Timeframe:

- Allow about 1 to 2 months.

Tools/Templates to use:

- NACCHO's Risk Management Framework¹¹ states that "As risk management strategies are integrated into all NACCHO functions, **evaluation and continuous improvement are key** in ensuring the suitability, adequacy and effectiveness of the risk management framework and NACCHO's risk management process."
- "Training and knowledge sharing can promote a risk awareness culture and further improve NACCHO's risk management." (p. 19)

Contributors' considerations:

- Clarify the role in which you are contributing - cultural advice, professional advice, or both.
- Confirm how you would like your contribution to be recognised.
- Confirm whether your contribution is part of your paid role or an additional role. Payment arrangements may differ accordingly.
- Check that the resource is evidence-based, easy to use, and designed in ways that support uptake.
- Make sure the resource reflects local needs, perspectives and practice.
- Raise any training and capacity-building needs early, including the need for leadership support.

References:

- ¹ National Aboriginal Community Controlled Health Organisation. (2023). *Quality Use of Medicines Scoping Project Final Report, V1.0*. Canberra: NACCHO.
- ² Australian Commission on Safety and Quality in Health Care. (2023). *Partnering with Consumers: A guide for consumers*. Sydney: ACSQHC.
- ³ National Health and Medical Research Council. (2018). *Guidelines for Guidelines: Consumer involvement*.
<https://www.nhmrc.gov.au/guidelinesforguidelines/plan/consumer-involvement>
- ⁴ New South Wales Government – Agency for Clinical Innovation. (2021). *Finding your way: A sharing decision-making model created by mob, for mob*.
https://aci.health.nsw.gov.au/_data/assets/pdf_file/0019/651205/ACI-Shared-decision-making-Detailed-description-model.pdf
- ⁵ Jaffe S, Meghani A, Shearer JC, et al. (2024). When a toolkit is not enough: a review on what is needed to promote the uptake and use of immunisation-related resources. *Global Health: Science and Practice*;12(1): e2300343.
<https://doi.org/10.9745/GHSP-D-23-00343>
- ⁶ Sless, D. & Shrensky, R. (2006). *Writing about Medicines for People: Usability Guidelines for Consumer Medicine Information, 3rd edition*. NSW: Australian Self-

Medication Industry.

<https://www.chpaaustralia.com.au/Tenant/C0000022/Documents/Publications/Writing%20About%20Medicines%20for%20People.pdf>

⁷ Remote Primary Health Care Manuals (2022). *Medicines Book for Aboriginal and Torres Strait Islander Health Practitioners (5th edition)*. Alice Springs, NT: Flinders University.

https://remotephcmmanuals.org.au/content/documents/manuals/medicines_book.html

⁸ Australian Bureau of Statistics. (2021). Language Statistics for Aboriginal and Torres Strait Islander Peoples. <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/language-statistics-aboriginal-and-torres-strait-islander-peoples/latest-release>

⁹ Therapeutic Goods Administration. (2019). *Consumer Medicine Information (CMI) – How to use the improved CMI template, Version 1.0*. Australian Government: Department of Health. <https://www.tga.gov.au/sites/default/files/improved-consumer-medicine-information-template-guide.pdf>

¹⁰ Wellmob. (2021). Wellmob. https://healthinonet.ecu.edu.au/key-resources/resources/44162/?title=WellMob&contenttypeid=1&contentid=44162_1

¹¹ National Aboriginal Community Controlled Health Organisation. (2024). *Risk Management Framework*. Canberra: NACCHO.



Appendix 1: Top-down Needs Assessment Form 1/2

Pharma/Government-driven Medicine Information Resource Needs Assessment (Top-down approach)

Pharma/Government department:	Medicine (or Class of Medicines):
Scope of work:	What results do they expect the Medicine Information Resource (MIR) communication to deliver? What new skills, actions or behaviours are they trying to convey to the audience/consumers? What other changes should the MIR communication bring about? How might these changes be measured? Would the MIR be best served by a single document or a collection of related documents? Time frame Budget



Appendix 1: Top-down Needs Assessment Form 2/2

Compliance requirements:	Are there any mandatory compliance requirements (e.g., compulsory content for inclusion in the new resource)?
Contents/Topics:	List the contents/topics that they would like to be covered in the MIR:
Internal Resources:	Personnel: Time: Budget:
Governance:	Ongoing monitoring (Yes/No): Review cycles: Who will endorse/sign off on the MIR?
Decision:	Accept or decline proposal: Signature: Name:

Sector-identified Medicine Information Resource Needs Assessment (Bottom-up approach)	
ACCHO/s:	Medicine:
ACCHO/s Needs:	Who is the audience? Internal or External? How large is the audience? Is the audience likely to be engaged? What will the audience require to receive this new Medicine Information Resource (MIR)?



Appendix 2: Bottom-up Needs Assessment Form 2/3

Scope of work:	What results does ACCHO expect the MIR communication to deliver? What new skills, actions or behaviours are ACCHO trying to convey to your audience? What other changes should the MIR communication bring about? How might these changes be measured? Would the Medicine Information Resource be best served by a single document or a collection of related documents? Time frame: Budget:
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Appendix 2: Bottom-up Needs Assessment Form 3/3

Compliance requirements:	What are the required prerequisites for the audience? What type of medium would be most suitable? (paper, screen, web-based, etc.) Contents: Language:
Topics:	List the topics that you would like to be covered: 1. 2. 3. 4. 5. 6.
Governance:	Ongoing monitoring (Yes/No): Review cycles: Who will endorse/sign off on the MIR?

Appendix 3: More information on research-identified characteristics of a Consumer Medicine Resource

When creating a consumer medicine resource, research⁵ suggests considering:

- ease of use,
- added value to existing resources or practice,
- content effectiveness, and
- adaptation to local input.

The same research⁵ identifies several factors that support uptake and sustained use:

- sufficient training and capacity-building for consumers,
- consumer buy-in, including awareness of the resource, its value and motivation to use,
- effective messaging and communication about the resource, its purpose and content,
- sufficient human resources (with time, ability and training),
- funding and financial support for development, training, implementation, monitoring and evaluation,
- sufficient equipment, supplies and infrastructure to support implementation,
- a positive team culture, with leadership support for development, training, implementation, monitoring and evaluation,
- local and national data systems that provide useful information on uptake and use,
- policy alignment and support from local and national government bodies and personnel, and
- strategic partnerships.

Appendix 4: Sample Questions for Step 4 - User Testing 1/2

(adapted from Writing about Medicines for People: Usability Guidelines for Consumer Medicine Information, 3rd edition, by David Sless and Ruth Shrensky (2006)⁶)

A. Medicine Identification:

1. What is the name of the medicine?
2. What form does this medicine come in? (e.g. tablets, liquid ...)
3. What is the active ingredient of this medicine? (optional)
4. How much of the active ingredient is in one tablet (or in each dose)? (optional)
5. What are the other ingredients in this medicine? (optional)
6. What is the Australian Register number of this medicine? (optional)
7. What is the name and address of the manufacturer of this medicine? (optional)

B. What the medicine is used for and how it works:

8. What does this medicine do?
9. How does it work?
10. Can this medicine be used for anything else? (optional)

C. Advice before using the medicine:

Precautions:

11. Can you take this medicine if you are allergic to [active ingredient/s]? (see Q 1.3)
12. If you have been taking [an/other medicine], when your doctor prescribes [this medicine], what should you do?
13. Can you take this medicine if you are (e.g. pregnant/breastfeeding/taking a medicine that may interact with it), or have (e.g. asthma/kidney disease ...)?
14. Are you able to drive a car while taking this medicine? Why or why not?
15. Are you able to operate machinery while taking this medicine? Why or why not?

Food and drink:

16. Can you take this medicine with food?
17. Can you drink alcohol while taking this medicine? Why or why not?
18. Do you need to make changes to your diet while taking this medicine? Why or why not?
19. Is there anything you should avoid eating or drinking while taking this medicine?
20. Is there anything you should eat or drink more of while taking this medicine?

Interactions with other medicines:

21. If you have a condition (such as a tummy upset), is it okay to take this medicine?

Activities to avoid:

22. Can you do some activities in the sun while taking this medicine?

D. How to use the medicine properly?

23. What is the normal dose for this medicine?
24. What is the dose for you/what is the dose your doctor or pharmacist gives you?
25. What would you do if your doctor or pharmacist tells you to take a different dose than that given in the leaflet/Medicine Information Resource?
26. Is there anything you need to do before you take the medicine?

Appendix 4: Sample Questions for Step 4 - User Testing 2/2

27. How would you take this medicine? (swallowing, chewing, dissolving, ...)
28. What would you do if your doctor or pharmacist tells you to take this medicine differently from that described in the leaflet/Medicine Information Resource?
29. Is there anything you need to do after you take the medicine?
30. How often do you have to take this medicine?
31. What time of day do you have to take this medicine?
32. How long would you have to take this medicine for?
33. Are there any ways that you should not take this medicine?

Missing a dose:

34. What should you do if you forget to take a dose?

Modifying and stopping:

35. Suppose you have been feeling great for the last month, can you stop taking the medicine?
36. What check-ups do you have to have?
37. Do you need a doctor's prescription to obtain the medicine, or further courses of medicine, or a different strength of the medicine?

E. Side effects:

38. What are the side effects of this medicine?
39. When are these side effects likely to happen?
40. What would you do if you developed a side effect of this medicine?

F. In case of overdose

41. What are the signs that you have taken too much of this medicine or have overdosed?
42. What does this leaflet/Medicine Information Resource tell you to do if you overdose this medicine?
43. How soon should you do anything?

G. Storage

44. What is the expiry date (use-by date) of this medicine?
45. What should you do with this medicine if the expiry date has passed?
46. How should this medicine be stored?
47. Why does it need to be stored this way?
48. How would you know if this medicine had gone off?
49. What should you do if you think the medicine has gone off?
50. What should you do with any medicine that is left over after you finish your treatment?

H. Further information

51. If you want more information about this medicine, from whom could you get it, or where would you go to get it?
52. When was this Medicine Information Resource prepared or last updated?