



**Australian Government**  
**Department of Health and Ageing**

## **Evaluation of the Diabetes Pilot Program – Diabetes Medication Assistance Service (DMAS)**

You have been invited to participate in the evaluation of the Diabetes Medication Assistance Service (DMAS).

Your participation in this evaluation is important. Its findings will help the Australian Government determine how pharmacists may best provide support with diabetes medication management to the Australian community in the future.

If you agree to participate, please complete the Consent Form. If you make medical decisions on behalf of the patient as next of kin, carer or guardian, please complete the Consent Form – Third Party.

### **Frequently asked questions**

#### **Am I required to participate?**

Participation in the evaluation is voluntary – if you do not wish to participate, you do not have to.

#### **Can I change my mind?**

If you participate, you may withdraw from the evaluation at any time.

#### **What will happen if I decide not to participate?**

Your choice to participate, or not participate, will not affect your access to health services or your local community pharmacist's willingness to continue to help you with your medication management needs.

#### **What information will my pharmacist provide to the evaluator?**

If you participate, your pharmacist will provide your age, gender, postcode, the number and type of medications you are taking and your diabetes control measurements to the evaluators (Health Outcomes International Pty Ltd). The information will not be used in any way that can subsequently identify you.

Your pharmacist will also provide a copy of your consent form to the evaluators to certify your participation.

However, this information will be stored separately and not linked to your diabetes information so you cannot be personally identified. This assures you that your participation is confidential.

#### **If I participate, what will I need to do?**

If you participate, you will be asked to complete 2 short surveys over the course of the evaluation (one at your first consultation and one at your last consultation to the pharmacist for this service).

#### **What should I do if I have further questions?**

If you have any questions, you should first ask your local community pharmacist. If your pharmacist is not able to answer your question, please contact the evaluator (Health Outcomes International Pty Ltd) or the Australian Government Department of Health and Ageing. Contact details are given below.

### **Contact Details**

#### **Your Pharmacist**

*[pharmacy to insert their address details here by attaching a label or using a stamp, for example]*

#### **Health Outcomes International Pty Ltd (the evaluator)**

Mr Jim Hales  
Chief Evaluator  
PO Box 1038  
KENTTOWN SA 5071  
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#### **Australian Government Department of Health and Ageing**

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