



## The National Residential Medication Chart (NRMC)

In 2014, the Department of Health and Aged Care (the Department) introduced the NRMC, a paper-based medication chart for use in residential aged care homes. The NRMC collates all of a resident's medicine information in a single document and enables prescribers to stop providing separate paper-based prescriptions to support medication chart orders.

Following the success of the paper NRMC, the Department commenced a trial of electronic NRMCs (eNRMCs) in 2018. eNRMC systems are used to electronically prescribe, supply, claim and track administration of medicines, provide greater flexibility, coordination, and access to real-time information across multiple care settings and reduce patient safety risks. eNRMC systems promote quality use of medicines and reflect the Guiding Principles for Medication Management in residential aged care homes under Australia's National Medicines Policy. eNRMC systems also allow doctors to prescribe medicines on a medication chart remotely, which supports continuity of care and telehealth consultations.

The Department approved national use of eNRMC systems within residential aged care homes in 2022, under the eNRMC Transitional Arrangement (TA). This arrangement is an interim measure which enables the use of eNRMC systems without connection to a prescription delivery service, while broader electronic prescribing environment delays are addressed.

The Department is working with the Australian Digital Health Agency to ensure that full electronic prescribing functionality (known as electronic prescribing conformance) is available within eNRMC systems and fully implemented from late 2024.

## Maximum NRMC/eNRMC Duration

The maximum duration of all NRMCs is currently 3 full months after the month the first pharmaceutical benefit is prescribed (i.e. a maximum of 4 months). This chart duration was specifically determined by the Australian Commission on Safety and Quality in Health Care (ACSQHC) as the optimal duration to ensure resident safety while not impeding administrative workflows. This has been the legal maximum duration for both paper NRMCs and Transitional eNRMC systems since 2014.

In recognition of the benefits eNRMC systems provide through real time access to a resident's medication chart, the Department in consultation with the ACSQHC and industry, has extended the maximum duration for electronic prescribing conformant eNRMCs to 5 full calendar months following the first month of prescribing (i.e. a maximum of 6 months). The duration for paper NRMCs will remain unchanged.

In summary, NRMC/eNRMC chart durations are as follows:

- Paper based NRMC – maximum of 4 months.
- Transitional eNRMC- maximum of 4 months.
- Electronic prescribing conformant eNRMC (not yet available) - maximum of 6 months.

**At the end of the NRMC and eNRMCs duration ALL medication chart prescriptions must also cease.** No prescriptions can be generated with a duration longer than the medication chart duration and no supplies or administrations can occur from an expired medication chart.



## Prescribing Schedule 8 (S8) medicines from an eNRM

S8 medicines can be prescribed from an eNRM but are not eligible for ongoing supply like other medicines. In accordance with PBS requirements, prescriptions for these medicines must include relevant streamline authority numbers and cease dates consistent with a single pack (e.g., 20 day supply).

If prolonged treatment with a S8 medicine is required for a chronic condition, an authority approval for a longer duration supply is required. Where an authority has been sought and issued, a cease date which aligns with the authority duration approved should be specified. All state or territory requirements for S8 medicines must also be met (including treatment durations).

When prescribing a S8 medicine using an eNRM, Prescribers should:

- Ensure prescription cease dates for S8 medicines align with PBS and State/Territory requirements (including maximum durations).
- Seek the relevant authority for increased supply from Services Australia where longer-term prescribing or increased quantity of an S8 medicine is clinically necessary.
- Where an authority for increased supply is not provided, prescribers must reassess their patient once the previous supply has been administered to determine whether additional treatment is appropriate and clinically necessary. If necessary, prescribers can re-prescribe and chart the same medicine from the eNRM for a further single supply.

S8 medicines cannot be prescribed or dispensed from a paper NRM and prescribers are required to generate separate paper PBS prescriptions, in line with the PBS maximum quantities and authority approval requirements. However, these medicines must still be recorded on the NRM to enable medicine administration.

## FAQs

### Is the maximum medication chart duration new?

No. This maximum duration has applied for all paper and electronic medication charts used as PBS prescriptions in residential aged care since 2014. The decision to extend the duration of the eNRM (once vendors are Electronic Prescribing Conformant) was made in 2020, following extensive consultation with the ACSQHC and industry.

### Can I prescribe on an expired medication chart?

No. Creation of a medication chart prescription after the medication chart has expired, or creating a prescription which extends beyond the medication chart's expiration breaches PBS legislative requirements for medication charts.

### Can I still supply or administer a medicine from an expired medication chart?

No. Once a medication chart has expired no further medicine supply or administration can occur from that chart. This is a legislative requirement under Sections 41(h), 45(2)(b)(i) and 45(3) of the *National Health (Pharmaceutical Benefits) Regulations 2017*, the NRM legislative instrument of approval and legislative instrument which authorises the eNRM TA. It is essential that prescribers create a new medication chart for residents (paper or electronic) prior to the expiry of the old chart, to ensure patient safety, continuity of care, medicine supply and administration.



## **Is an eNRMC a valid prescription for medicine supply and administration?**

Yes. Medication charts developed within eNRMC software approved under the eNRMC TA can be used to prescribe most medicines, including S8 medicines and those requiring PBS Authority Approval. No supplementary paper prescriptions are required for PBS claiming.

## **Are all medication charts able to be used to prescribe and supply medicines?**

No. A small number of residential aged care services are still using paper medication charts or electronic medication management systems which are not approved and do not meet the PBS legislative requirements to be a PBS Prescription. Where one of these medication charts or systems is used, separate PBS prescriptions must be provided to the pharmacy to meet PBS Prescribing, Supply and Claiming requirements. Only eNRMC systems approved on the Australian Digital Health Agency's [Transitional eNRMC Conformance register](#) can be used to electronically prescribe, supply and claim PBS medicines.

## **Does a Prescriber need to physically attend the aged care home to renew or amend a medication chart?**

As eNRMC systems provide remote access, Prescribers can use these systems to prescribe remotely (outside of the residential aged care home) to support telehealth consultations. Where paper medication charts are used, the medication charts must remain at the facility. In this case, Prescribers are required to attend the facility in person to prescribe PBS medicines or renew a chart, unless they do a telephone order and provide a PBS prescription to the pharmacy within 7 days to support PBS claiming.

## **Can a Prescriber start a new medication chart at any time?**

Prescribers can review a patient and start a new medication chart (and associated medication chart prescriptions) at any time. When prescribing a new medicine, Prescribers should consider the duration left on the medication chart and whether it would be helpful to review all prescriptions and start a new medication chart. This is especially important where an authority approval is required, and the duration approved by Services Australia would extend beyond the chart's remaining duration.

## **Can Residential Aged Care Homes restrict resident choice of pharmacy?**

No. Patient and resident choice of pharmacy is a core value under the PBS.

## **Why do medication charts in residential aged care expire at the end of the month?**

Medication charts are valid for 3 full months after the month the first pharmaceutical benefit is prescribed (i.e. a maximum of 4 months). For example, if the first prescription on an NRMC is created on 11 June, the medication chart expires on 30 September.

Under the paper NRMC trial, trial participants indicated that aligning the expiration of all medication charts to the end of a calendar month (rather than having all medication charts expire exactly 4 months after their creation) would best support administrative processes and the ease of monitoring residents' pending medication chart expirations.

## **How can I stop all my patients' medication charts expiring at the end of the same month?**

Some Prescribers are reporting alignment of residents' medication chart expirations to a single month. This is the result of the transition from paper charts to eNRMC and associated "go live" dates. While this issue will be resolved organically over time, to immediately reduce administrative burden, Prescribers can consider reviewing and starting new charts for a proportion of their patients early so charts will expire in different months.



## **What is the difference between a medication chart and a medication chart prescription?**

The medication chart is a grouping of individual medication chart prescriptions and provides capacity to record medicines administration events and additional information to support a resident's care. This information includes a resident's weight, allergies and adverse drug events and information to support the calculation of variable dose medicines (eg. INR blood test results).

## **Who sets the rules for how long a medication chart can operate? Why was four months chosen as an appropriate chart duration?**

PBS medication chart durations have been determined by the Department in consultation with the ACSQHC and industry. It was determined through the trial and design of the paper NRMC in 2012 that a maximum duration of 3 full months after the month the first pharmaceutical benefit is prescribed (i.e. a maximum of 4 months) struck the best balance between ensuring continuity of care, oversight and visibility of a resident's medicines, while supporting prescribing and administrative processes. However, due to the benefits eNRMC systems provide through real time access to a resident's medication chart, the Department (in consultation with the ACSQHC and industry) has extended the maximum duration for electronic prescribing conformant eNRMCs (not yet available) to 5 full calendar months following the first month of prescribing (i.e. a maximum of 6 months).

## **When can I access 6 month medication charts?**

Medication charts generated within eNRMC systems which include full electronic prescribing functionality (electronic prescribing conformant) will be valid for up to six months duration. The Department and the Australian Digital Health Agency are working with eNRMC system vendors to ensure the availability of electronic prescribing conformant systems which meet all technical and clinical expectations from late 2024.

## **How will eNRMC software becoming Electronic Prescribing Conformant benefit users?**

Electronic Prescribing Conformant eNRMC systems will be able to support seamless end-to-end electronic prescribing via the prescription delivery service. Pharmacists will no longer need to transcribe medication chart prescription information into dispensing software, reducing administrative burden, and removing the risk of transcription and claiming errors. It will also enhance visibility of medicines supplied for residents. The Department and the Australian Digital Health Agency are continuing to work with industry to support interoperability between GP prescribing software, eNRMC systems and the My Health Record.

### **Additional Resources:**

- Further information on the eNRMC TA is available on the Department's [website](#).
- A range of implementation support materials and user resources are provided via The Australian Commission on Safety and Quality in Health Care's [website](#).

If you have any questions, please email [eNRMC@health.gov.au](mailto:eNRMC@health.gov.au).