Australian Government
Department of Health, Disability and Ageing

Electronic National Residential Medication Charts (eNRMC) and My Health Record (MHR) Webinar Update – 12 August 2025

Responses to frequently asked questions

The Department of Health, Disability and Ageing (department) scheduled a webinar for 12 August 2025. However, due to technical difficulties, the live session was cancelled. Residential Aged Care Homes (RACHs) were subsequently invited to register for a recorded informational session regarding the upcoming changes to eNRMC systems.

During the recorded session, the Chair and speakers addressed most of the pre-submitted questions received from registrants. Due to time limitations, not all questions could be covered. This document provides responses to frequently asked questions we received that were not addressed during the session, and a summary of the answers discussed in the recording.

Rollout and implementation of eNRMC systems which have Electronic Prescribing (eP) capability

What actions do Residential Aged Care Service Providers need to take who already have an eNRMC product?

As the national rollout of eNRMCs progresses, aged care providers must prepare for the end of the Transitional Arrangement. RACHs should contact their eNRMC software vendors to determine their timeline for achieving conformance and rollout completion. This will enable RACHs to identify any new procedures required to ensure that prescriptions are being generated appropriately.

In summary, RACHs must:

- contact their software vendor to confirm that they will be using a conformant system by 1 October 2025. If not, they must plan for alternative prescribing arrangements to ensure PBS compliance; and
- work with their supplying pharmacy to ensure they are fully informed of these timeframes and requirements.

For more detailed information on software vendor readiness and next steps for RACHs, please see our eNRMC Aged Care fact sheet.

Is the government aware that eNRMC software vendors may require additional time to transition their clients after they achieve conformance, and is there flexibility in implementation timelines to accommodate this?

The government revised timeframes for the end of the Transitional Arrangement and provided interim flexibility to allow enough time for RACHs to transition to the conformant versions of their eNRMC software once available.

If a software vendor does not have a conformant version of their product approved by the Australian Digital Health Agency (Agency) by 30 September 2025, they will need to make sure that prescribers are generating separate paper or electronic prescriptions to support PBS claiming and supply.

Where a conformant version is available, RACHs can continue to use their current Transitional eNRMC system until they upgrade to the conformant version of their system. RACHs must upgrade by 1 March 2026.

However, the Department will monitor the roll out and adoption of conformant eNRMC systems over the coming months and will consider timeframe changes, if and when necessary.

Speak with your software vendor to determine their advised timeframe for achieving conformance and rollout completion.

Are eNRMC or electronic medication management (EMM) systems mandatory in RACHs?

While eNRMC systems are not currently mandatory in RACHs, the department strongly encourages their adoption to support safe and accountable medication management. The Royal Commission into Aged Care Quality and Safety recommended that all aged care providers delivering personal or clinical care adopt a digital care management system including an electronic medication management system as soon as possible (Recommendation 68).

The use of eNRMC systems also support wider system interoperability and integration improving continuity and quality of care.

Interoperability

Is there any possibility that all RACHs will be required to utilise the same eNRMC system?

No, RACH can choose their own preferred conformant eNRMC system, and there is no mandate for a single national platform. The government has deliberately taken a non-

interventionist approach, allowing the market to offer a range of solutions that best suit individual facility needs. This promotes innovation, flexibility, and vendor competition while ensuring safety and compliance.

While upcoming changes are expected to enhance pharmacist access to eNRMC, what measures are being implemented to improve prescriber access—linking to hospitals, specialists, and locum GPs—and to reduce the use of multiple software platforms?

The department continues to work with the clinical software industry to encourage integration between eNRMC and the following systems:

- GP prescribing software, including PBS Authorities
- Health Provider Online Services
- RACH clinical information systems (CIS)
- Hospital clinical systems such as electronic Medical Record (eMR)
- My Health Record (MHR).

Once achieved, increased interoperability will provide many benefits to prescribers, aged care homes and pharmacists. Interoperability will streamline the prescribing and supply process and ensure seamless clinician access to a resident's important information at the point of care.

The introduction of the eNRMC within electronic prescribing represents an important first step in a broader digital health journey. The department is committed to advancing interoperability across systems to ensure that medicines information is accessible across healthcare settings and ultimately improve patient safety and outcomes.

As eNRMC adoption increases, how will outdated medication lists from sources like MHR be managed? Will there be a way to mark certain lists as superseded to ensure the eNRMC is the single source of truth?

The department recognises the complexity of managing multiple sources of medication information for residents – a challenge that extends beyond residential aged care and also affects the broader healthcare community.

As part of our commitment to improving medicines safety and continuity of care, we are working towards establishing a single, reliable source of medicines information. This work is central to our broader digital medicines strategy and aims to ensure that accurate, up-to-date medication data is accessible across all healthcare settings.

The eNRMC is a foundational step in this journey. Ongoing efforts are focused on ensuring support for clinicians at the point of care. The department will continue to explore and implement solutions that promote interoperability, reduce duplication and improve the quality and safety of medicines management.

Prescribing medicines

Will there be any changes to opioid prescribing and what are the differences between States and Territories?

No, there are no changes specific to opioid prescribing under the eNRMC. However, Schedule 8 prescribing remains subject to State and Territory regulations, which vary across jurisdictions.

Practitioners must be aware of the rules that apply in their jurisdiction, including prescribing approvals, dose indicators, and validity periods. For detailed legal requirements by jurisdiction, you can refer to the Agency's Schedule 8 Quick Reference Guide for Electronic Prescriptions.

General Practitioner Engagement and Support

Is there a communication strategy in place to engage and inform General Practitioners (GPs) regarding the implementation and use of eNRMC systems?

The department is committed to engaging with GPs on policy decisions related to the development and enhancement of the eNRMC.

Consultation occurs through Advisory Committee meetings, Working Group, and regular individual discussions with peak bodies such as the Royal Australian College of General Practitioners (RACGP) and the Australian Medical Association (AMA), ensuring diverse stakeholder representation and practical insights.

We also engage with GPs directly, who provide ongoing insights into what works effectively in the field and the emerging challenges they identify. Their valuable expertise therefore helps inform and refine our policies and strategies, improve quality and safety and address any inequalities and inequities.

To support awareness, engagement and understanding, the department is developing targeted resources for all eNRMC users including a fact sheet for prescribers, which will be made available through the eNRMC collection of resources.

Please also refer to our eNRMC User Resource document which brings together all the key information relevant to all eNRMC users including pharmacists, prescribers and residential aged care management and care staff.

Are there any changes being introduced as part of this transition that would support GPs?

Electronic prescribing conformant eNRMC system benefits for GPs include:

- **Chart duration extended** - eNRMC chart duration will be increased from 4 months to 6 months, reducing the frequency of chart renewals.
- **Flexible chart management options** - Charts no longer have to cease at the end of the month, enabling staggered chart reviews and reducing administrative burden.
- **Alignment of chart review and renewal to bi-annual care planning sessions** - Funded by the General Practice in Aged Care Incentive.
- **Streamlined prescribing and dispensing** - With conformant systems, prescriptions are automatically transmitted to the NPDS. Prescribers can be confident that medication orders are securely and accurately delivered to the pharmacy
- **Improved Medication Safety** - Conformant systems include enhanced safety features, such as alerts for expiring charts, drug interactions and allergies. These features support safer prescribing decisions and reduce the risk of medication errors.

Can a Prescriber refuse to use a RACH's eNRMC and continue with paper charts and scripts?

Prescribers may choose to issue prescriptions outside eNRMC system - for example, using an NRMC or different electronic prescribing conformant clinical software). However, they will still need to access the eNRMC system to create medication orders for administration and to review the whole chart when prescribing.

The eNRMC provides a comprehensive view of a resident's current medications, along with relevant health information, and is accessible to prescribers, pharmacists and RACH. This supports safer and more coordinated care.

Prescriptions created outside eNRMC can also be added as administration-only orders by a pharmacist subject to system functionality and their professional discretion.

Prescribers are strongly encouraged to use the eNRMC system where available as it:

- Improves safety and accuracy by reducing transcription errors and ensuring real-time access to current medication orders.
- Supports continuity of care by enabling seamless communication between prescribers, pharmacists, and aged care staff.
- Enhances compliance with national electronic medication management standards and facilitates integration with other digital health systems, such as MHR.

Paper-based prescribing may limit visibility, increase administrative burden, and delay timely medication administration—particularly in urgent or after-hours scenarios.

Specialist and Registered Nurse (RN) prescribing

What is the recommended approach for entering medicines prescribed by specialists into the RACH's nominated eNRMC, particularly when they are unable or unwilling to prescribe on the eNRMC system?

Specialists can be provided access to the eNRMC system to prescribe medicines. All eNRMC systems include processes to support access.

However, some specialists may be unwilling or unable to use an unfamiliar system for a rare prescribing event. In such cases, prescriptions may be generated outside the eNRMC (for example, paper or electronic prescriptions). This presents an issue for medicine administration, as state and territory legislation generally require a valid medication chart order for any medicine to be administered to a resident in a RACH.

If a specialist cannot access the resident's eNRMC, or it is not practical to do so, they should:

- contact the resident's regular GP or pharmacist
- provide the prescription (paper or electronic) and any associated token to the pharmacist for dispensing.

There are two options for ensuring the medicine can be administered safely and legally:

1. The GP or pharmacist can enter the medicine into the resident's eNRMC as an **administration-only order**.
2. **Prescribing by the GP** (in consultation with the specialist).

For more information on these processes, please refer to the eNRMC User Resource.

Is RN prescribing being considered in preparations as the Commonwealth framework now exists?

RN prescribing is being introduced under a new registration standard: The Registration Standard: Endorsement for Scheduled Medicines – Designated Registered Nurse Prescriber will take effect by September 2025. This allows suitably qualified RNs to prescribe Schedule 2, 3, 4, and 8 medicines in partnership with authorised health practitioners under a prescribing agreement and clinical governance framework. This is a significant step toward improving access to care, especially in rural and remote areas. More information is available on Aphra's website.

However, only doctors, dentists, optometrists, midwives, and nurse practitioners are currently authorised to prescribe PBS medicines under the National Health Act 1953. Legislative changes would be required to expand PBS access to designated RN prescribers.

Further to this, functionality for RNs prescribing using an eNRMC may be dependent on the product.

Are nurse practitioners authorised to prescribe on the eNRMC, and can their chart-based prescription be dispensed and supplied?

All authorised PBS Prescribers are legally able to prescribe PBS medicines in accordance with their scope of practice from both a paper NRMC or an eNRMC system. Any relevant jurisdictional requirements or restrictions must also be observed when prescribing PBS medicines, which may modify prescribing rights.

Transitions of Care

Will hospital doctors be able to access eNRMC for hospital avoidance service?

Hospital doctors may access an eNRMC system if they are granted appropriate access - either the software vendor or, depending on the product, the RACH. However, in most situations the hospital do not typically have direct access to eNRMC systems.

Only health practitioners who are legally authorised to prescribe under the PBS can create PBS prescriptions within an eNRMC system. If a prescription (paper or electronic) has been issued outside the eNRMC system – such as by hospital doctor or specialist – it can be recorded in the eNRMC by a pharmacist or GP for medicine administration purposes only. This record:

- must include all relevant prescription information (prescriber details, date of prescribing, medicine details, instructions, relevant authority details etc)
- is solely for the purpose of enabling administration of the medicine to the resident
- does not constitute a new prescription or medication order
- must clearly indicate that it is for administration only
- will not generate an electronic prescription or enable supply.

This approach supports continuity of care while maintaining compliance with prescribing and supply regulations. See the eNRMC User Resource for more information.

What is the future planning for Home Care and MHR/eNRMC?

The department and Agency are working to define potential use cases and implementation models to support medication management for people receiving care at home. This includes exploring how eNRMC and MHR can be integrated to improve continuity of care across settings.

MHR already shares key healthcare information that would support people in home care. As appropriate, additional key healthcare information may be shared with MHR to support coordinated care for people in Home Care.

How can the risk of medication mismanagement during the transition of care (hospital discharge or external reviews) be managed without relying on internal processes?

The MHR and Residential Care Transfer Overview document provides a secure and nationally accessible platform to support safe transitions of care. It compliments internal processes by enabling aged care staff to upload key documents – such as transfer reason, transfer summary and medication information (from eNRMC/eMMS or pdf) – to MHR. This allows the receiving facility to access the resident's information securely and conveniently at any time via their conformant software or the National Provider Portal.

My Health Record

What do we need to do as an organisation to have MHR enabled?

Key steps are outlined on the Agency's webpage 'Implementing My Health Record in your healthcare organisation '. The Agency's Digital Adoption Support team is available to assist with registration and setting up access.

Email: digitaladoptionsupport@digitalhealth.gov.au

Phone: (02) 6223 0741 (Option 1)

Will there be any financial support to providers to update software applications to support the transition the Health Record?

The Agency has already invested in the uplift of the sector through the Aged Care Software Industry Offers (Aged care industry offers - ADHA) that supports aged care vendors in uplifting their software so that enhanced products (i.e. My Health Record access) are available to the Residential Aged Care Homes (RACHs). The RACH using that software will now have the benefit of their products being My Health Record conformant.

Will accurate medication summaries be available (with appropriate permissions) for download via API from MHR?

The medicines view document is available for download from a patient's My Health Record if required, however please consider the privacy and security of the patients' information in the document prior to downloading and storing locally.