



Pharmacist Factsheet: Electronic National Residential Medication Charts (eNRMC)

Electronic prescribing capability for residential aged care

The Department of Health, Disability and Ageing and the Australian Digital Health Agency are working with eNRMC software vendors to ensure electronic prescribing enabled eNRMC systems are available during October 2025.

Why the Government invested in eNRMC and what happens next?

An **electronic National Residential Medication Chart (eNRMC) system** is an electronic medication management system used in residential aged care homes (RACH) to electronically prescribe, supply, and track medicine administration. eNRMC systems provide **increased flexibility, coordination, and access to real-time medicine information across multiple care settings**, reducing the burden on care teams and patient safety risks.

In response to the Royal Commission into Aged Care Quality and Safety, the government invested significantly in eNRMC adoption through a grant supported by a temporary **Transitional Arrangement** in 2022. This allowed RACHs to begin using eNRMC systems before full electronic prescribing functionality was available.

However, the **Transitional Arrangement is ending soon** (more details on the following page), and only eNRMC systems that meet all **legislative and technical conformance requirements for electronic prescribing** will be permitted for continued use for prescribing purposes. RACH can continue to use non-conformant systems for medicine administration, however separate paper or electronic prescriptions will be required for PBS claiming.

What's changing and why it matters?

The Department of Health, Disability and Ageing and the Australian Digital Health Agency have

worked closely with software vendors over the past three years to develop electronic prescribing capabilities and enhanced safety features.

Electronic prescribing conformant eNRMC systems will:

- reduce manual transcription for pharmacists
- extend chart duration from 4 to 6 months
- improve coordination between aged care homes and pharmacies and enhance resident safety.

These improvements are critical for enhancing care delivery, reducing risks to residents, and ensuring systems meet national technical and security requirements.

Benefits of electronic prescribing (eP) conformant eNRMC systems

Streamlined dispensing for pharmacy

Chart-based electronic prescriptions v available via the National Prescription Delivery Service (NPDS) eliminate manual transcription. Pharmacists can now scan a token or barcode.

Fewer interruptions to dispensing workflows

Longer chart durations (6 months instead of 4) reduce gaps in prescribing and the need to follow up on telephone orders or urgent supplies.

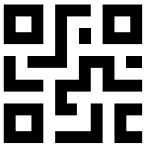
Staggered chart updates

Charts no longer have to end uniformly at month's end, allowing resident reviews to occur more naturally and easing pharmacy workload.

Improved accuracy and safety

Through updated clinical and system functionality.

What is changing for Pharmacists?

	✓ No manual transcribing - Pharmacists will no longer need to transcribe prescription information into their dispensing software from eNRMC systems. - Prescription information will be stored in the NPDS similarly to community based electronic prescriptions.
	✓ Availability of Tokens or barcodes - As with community electronic prescriptions, to retrieve chart based electronic prescriptions from the NPDS into dispensing software, pharmacists will scan either the chart ID to view all prescriptions or an individual prescription ID to dispense against a single prescription. - If a prescription is for a single supply of a medicine (for example, Schedule 8), sending the dispense record to the NPDS will extinguish the token so that it cannot be dispensed again.
	✓ Chart duration extended eNRMC chart duration will be increased from 4 months to 6 months, reducing the administration burden, particularly for prescribers.
	✓ Access and annotations - Dispensing processes from an eNRMC are consistent, regardless of whether the pharmacist is contracted by the RACH. - The process for accessing the eNRMC and making any annotations will vary depending on whether the pharmacist has access to the live eNRMC or is using a copy of the chart.
	✓ Claiming remains the same - Most dispensing systems support chart-based electronic prescriptions for eNRMC. - Check with your software vendor or refer to the Agency's Electronic Prescribing – External Conformance Register to confirm your system's compatibility.
	⚠ Potential need for separate duplicate scripts - The Department and the Agency are working closely with eNRMC software vendors and expect the majority of vendors will achieve conformance with the technical and legislative requirements for electronic prescribing within the required timeframe (see table 2 for key dates below). - If your eNRMC software vendor does not meet the deadline, separate paper/electronic scripts will be required for medication orders created from 22 October 2025 (details below).

Key dates – When will electronic prescriptions for eNRM be available?

	Electronic prescribing conformance for eNRM (21 Oct 2025) • Deadline for all eNRM vendors to achieve electronic prescribing conformance. Some vendors may achieve conformance sooner. • Conformant vendors will be listed on the Agency's Electronic Prescribing – External Conformance Register.
	Implementation phase (Oct 2025 to Feb 2026) • Transitional Arrangement remains active only for eNRM systems that have approved electronic prescribing conformant versions available. These eNRM systems can continue to operate under the Transitional Arrangement until RACHs can safely upgrade to the new electronic prescribing conformant version.
	Transitional Arrangement ends (01 Mar 2025) All RACHs using an eNRM system must either: • Use an electronic prescribing conformant version of their eNRM systems OR • use non-conformant version of eNRM for administration purposes only and revert to using separate paper/electronic PBS prescriptions or revert to paper NRM.

Understanding eNRM product types during roll out

Until 01 March 2026, pharmacists may encounter three different versions of eNRM systems when dispensing prescriptions.

1. eP conformant eNRM system (available from 2025)

- Has been approved by the Agency as conformant with the technical and legislative requirements for electronic prescribing.
- RACHs are expected to transition to this version of their Transitional eNRM systems by 01 March 2026.

2. 2025-26 Transitional eNRM system

- Meets the legislative and technical requirements to operate under the temporary Transitional Arrangement between 22 October 2025 and 28 February 2026.
- Has a more recent eP conformant version approved by the Agency by 21 October 2025.
- Does not connect to the NPDS or have prescription QR codes or tokens.
- Does not meet all of the requirements for electronic prescribing.
- Can operate under the Transitional Arrangement until 1 March 2026 when RACHs are expected to have upgraded to the eP conformant version of the system.

3. 2022-25 Transitional eNRM system (or non-conformant system)

- Meets the legislative and technical requirements to operate under the temporary Transitional Arrangement between 2022 and 21 October 2025.
- Does not have an eP conformant version approved by the Agency by 21 October 2025.
- Does not meet all of the requirements for electronic prescribing.
- Must be used in parallel with separate prescriptions (paper/electronic/NRM) from 22 October 2025.

Identifiable features of these three systems are outlined in Table 3 below.

Table 3: Understanding eNRM systems during roll out (October 25 – March 26)

eNRM System Status	Identifiable features	Impact
✓ eP Conformant eNRM system	QR codes or tokens are available to scan (either the whole chart or individual prescriptions). Listed in Table 3 of the Department's Conformance status tracker and Agency's Electronic Prescribing Conformance Register .	Functions similarly to community-based electronic prescriptions using the NPDS. RACH has completed upgrade from Transitional eNRM version. You can electronically prescribe and dispense via eNRM.
✓ 2025-26 Transitional eNRM system	No QR codes or tokens available. Listed in Table 2 of the Department's Conformance status tracker and Agency's Electronic Prescribing – Transitional eNRM Conformance Register	Legal to dispense from during the implementation phase (see Key dates table above). RACHs must transition to conformant system version by 1 March 2026.
✗ 2022-25 Transitional eNRM system (non-conformant system)	No QR codes or tokens available. NOT listed on Table 2 or 3 of the Department's Conformance Status Tracker or on either of the Agency's conformance registers .	Only legal for medicine administration purposes. PBS supply requires a separate paper or electronic prescription or NRM. RACHs must revert to using NRMs or separate paper/electronic prescriptions for PBS compliance.

For guidance on legal dispensing requirements for the different eNRM system types, see **Diagram 1: eNRM supply decision tree** below.

Pharmacists' responsibilities during rollout

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

Review the Department's [Conformance status tracker](#) and Agency's [conformance registers](#) regularly.

When using a 2025-26 Transitional eNRM system:

- medicine orders added to the chart on or before 28 February 2026 are valid prescriptions for dispense.
- for any medicine orders on or after 1 March 2025, a separate supporting PBS prescription (paper, electronic or NRM) will be required for dispense.

When using a 2022-25 Transitional eNRM system (non-conformant system):

- medicine orders added to the chart before 21 October 2025 are valid prescriptions for dispense.
- for any medicine orders on or after 22 October 2025, a separate supporting PBS prescription (paper, electronic or NRM) will be required for dispense.
- Pharmacists must still review the resident's eNRM for clinical assessment and quality use of medicines - even when using supporting prescriptions.

Diagram 1: eNRMC supply decision tree

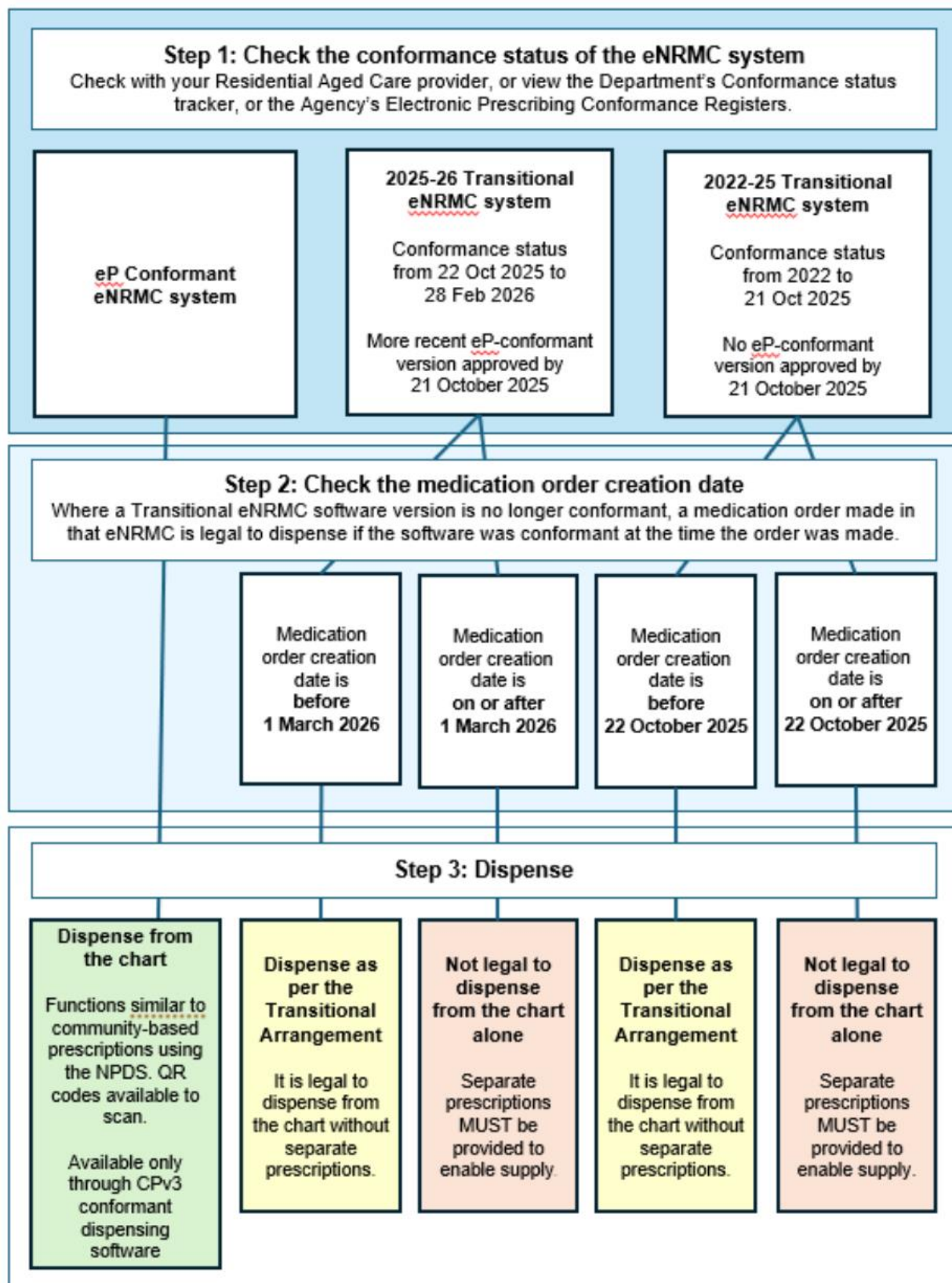


Figure 1: eNRMC supply decision tree

Checklist for Pharmacists servicing residential aged care homes	
☐	Speak to your contracted RACH to verify which eNRMC system they are using. The RACH may also be able to advise if their eNRMC system has achieved electronic prescribing conformance or is likely to by the 21 October deadline.
☐	Check the Department's Conformance status tracker to verify the conformance status of that eNRMC system.
☐	Ensure you have access to the required eNRMC system. If servicing multiple aged care services, this may be more than one eNRMC system.
☐	Find out through your RACH what the available training and support is being offered via eNRMC software vendors to ensure a safe and smooth transition.
☐	Print the workflow and decision tree above for easy access and to familiarise yourself with the new processes for dispensing from electronic prescribing conformant eNRMC systems.
☐	Bookmark the Agency's Electronic Prescribing – External Conformance Register and Department's Conformance status tracker to be able to easily see which eNRMC software vendors have achieved conformance.
☐	Explore the Department's eNRMC User Resource and other resources for comprehensive guidance on eNRMC, including a pharmacy-specific section to support safe and effective implementation.

Further information about eNRMC

A range of targeted fact sheets about the [rollout of electronic prescribing and eNRMC](#) for prescribers, pharmacists and RACHs can be found on our website.

We have also published a comprehensive [eNRMC user resource](#) which brings together all the key information on using conformant eNRMC systems.

CONTACT

FOR FURTHER INFORMATION OR IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL
ENRMC@HEALTH.GOV.AU

Diagram 2: Workflow for dispensing and supplying from an eNRMC

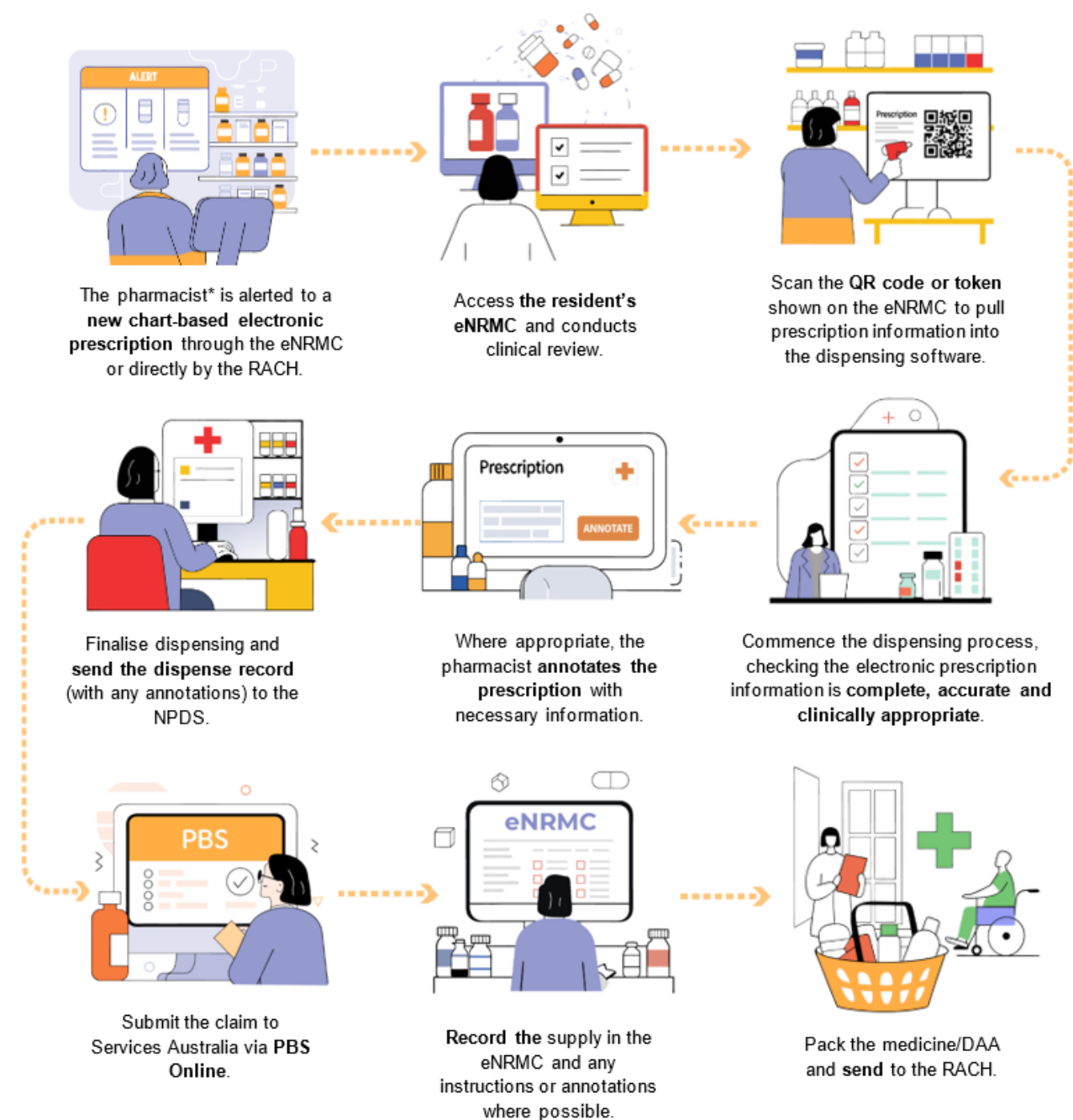


Figure 2: Workflow for dispensing and supplying from an eNRMC

* Please note, pharmacy technicians, assistants, interns or students may also undertake some of these tasks under the supervision of a pharmacist.