Australian Government
Department of Health, Disability and Ageing

Aged Care On-site Pharmacist Measure Consultation Feedback

16 November 2022



The Australian Government is providing funding for pharmacists to work on-site in residential aged care homes in a clinical role as part of the professional aged care team. The initiative aims to improve medication management and safety for aged care residents.

The department invited stakeholders to provide feedback on a funding model, the role of the on-site pharmacist, training requirements, development of health outcome indicators and associated reporting, and transition from Seventh Community Pharmacy Agreement Pharmacy Programs between 29 July and 16 September 2022.

The department also held an online stakeholder forum on 7 September 2022.

Thank you to all for getting involved.

What we heard

Overall stakeholders welcomed the valuable role of an on-site pharmacist.

Funding Model

The two models outlined in the consultation paper included funding being provided directly to aged care homes, or via Primary Health Networks (PHNs). There was no consensus on a preferred funding model, but stakeholders had preferences for each of the models and also made suggestions for variations, combinations and alternatives.

During the forum, stakeholders acknowledged that consensus on a preferred funding model was highly unlikely and that government will have to determine the most appropriate funding arrangement.

Role of the Pharmacist

Most stakeholders agreed on the key responsibilities of the role, including those identified in the consultation paper. Stakeholders made further suggestions about what the role could involve and how it could be undertaken.

A common theme was the importance of collaboration and integration, including the need for strong communication skills to work with nurses, GPs, specialists and others involved in residents' care, both within and outside the aged care home. Stakeholders said the role should not be 'siloed' and stressed the importance of flexibility in the role based on the aged care home's needs.

Stakeholders suggested remuneration should be appropriate to attract pharmacists to the role. Some stakeholders were concerned with whether the proposed ratio of 'one full time pharmacist per 250 beds' would be able to deliver the role, and the impact this might have in rural and remote areas.

Training Requirements

Stakeholders noted the need for:

- appropriate and effective training to be role ready
- education in issues specific to the aged care setting (e.g. frailty and falls, dementia, palliative care)
- a role for employers in the orientation of pharmacists in residential aged care settings
- mentoring, communities of practice and support networks
- a framework for professional competency requirements that could be used to help pharmacists identify and fill gaps.

Some stakeholders suggested implementing a dedicated and independently funded oversight body/team to establish and implement training for the role, to ensure the ongoing quality and consistency of training.

Development of health outcome indicators and associated reporting

Stakeholders considered what outcome indicators should be included in addition to the National Aged Care Mandatory Quality Indicators for medication management, and noted:

- there are many factors impacting medication management, including prescriber, family and resident preferences
- an evidence-based approach using stakeholder views should be used to inform development and evaluation of indicators
- there must be a strong effective clinical governance framework in place to support indicator collection and reporting
- indicators should be specific in their definitions
- indicators should reflect patient-centred care, safety and satisfaction, and focus on patient preferences and quality of life
- indicators should draw on routinely collected data to reduce reporting by aged care homes
- data collected should be reported back to relevant health professionals in a meaningful way to drive behaviour change
- indicators should be consistent with national medicines policy.

Stakeholders also made many suggestions for outcome indicators.

Transition from the Seventh Community Pharmacy Agreement (7CPA) Quality Use of Medicines (QUM) and Residential Medication Management Review (RMMR) Programs

Stakeholders considered transition arrangements, where QUM and RMMR services funded under the 7CPA are replaced by on-site pharmacists, and the implementation of the new measure.

Feedback from stakeholders noted:

clarity, coordination and time are critical to effective implementation and transition

the need to coordinate with the significant amount of change currently happening in residential aged care

the importance of enough capacity in the pharmacy industry to continue home medicine reviews for older persons living at home

the need to address knowledge gaps to ensure fitness to work in the aged care space

practical issues around contracts residential aged care homes may already have in place with providers of 7CPA, RMMR and QUM Program services

the time needed to bring pharmacists on-site in regional and rural services.

What we're doing

This valuable feedback will help inform further development of the following:

- a suitable payment model
- the role of the on-site pharmacist
- the option of an independent training oversight body and development of appropriate training
- transition from services funded under the 7CPA and implementation of the new measure
- indicators and reporting.