

2025 Progress Report on implementation of Aged Care Royal Commission recommendations

Submission to the Office of the Inspector-General of Aged Care

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Purpose of this submission

The Pharmaceutical Society of Australia (PSA) takes this opportunity to provide feedback on the implementation of Aged Care Royal Commission recommendations. PSA's comments relate to selected recommendations on improving the care of residents through medication safety and quality use of medicines activities which pharmacists contribute to.

About PSA

PSA is the only Australian Government-recognised peak national professional pharmacy organisation representing all of Australia's 40,000 pharmacists working in all sectors and across all locations.

PSA is committed to supporting pharmacists in helping Australians to access quality, safe, equitable, efficient and effective health care. PSA believes the expertise of pharmacists can be better utilised to address the health care needs of all Australians.

PSA works to identify, unlock and advance opportunities for pharmacists to realise their full potential, to be appropriately recognised and fairly remunerated.

PSA has a strong and engaged membership base that provides high-quality health care and are the custodians for safe and effective medicine use for the Australian community.

PSA leads and supports innovative and evidence-based healthcare service delivery by pharmacists. PSA provides high-quality practitioner development and practice support to pharmacists and is the custodian of the professional practice standards and guidelines to ensure quality and integrity in the practice of pharmacy.

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Comments on specific recommendations

Recommendation	PSA's response
<p>23: Using quality indicators for continuous improvement</p>	<p>PSA notes that in the Aged Care Quality and Safety Commission sector performance report (Q1 Jul - Sep 2024), medication management and administration remained the highest complaint issue in residential care. Medication errors (e.g. medication given to the wrong person, administering the wrong dose, late/missed medication) were attributed to 46% of clinical neglect incident cases.</p> <p>The Residential Aged Care Quality Indicators report (Jul - Sep 2024) shows there has been a decrease in antipsychotic medication use. However, of the total proportion of care recipients who received an antipsychotic medication (17.3%), less than half (8.6%) had a diagnosis of psychosis.</p> <p>PSA continues to seek to understand how quality indicators and performance reports are being used to effectively implement changes for continuous improvement in quality of care. Pharmacists have a fundamental role in supporting and working with other health professionals and workers in aged care to improve medication safety and quality use of medicines for residents.</p> <p>PSA is keen to pursue opportunities to partner with government agencies and aged care providers to further progress this Recommendation. For example, PSA has long advocated for the development of a standard comprehensive set of safety and quality use of medicine indicators for aged care facilities (Recommendation 10 of PSA's Medicine safety: aged care report).</p> <p>In addition, PSA suggests consideration should be given to current status and outcomes of relevant research, including the Pharmacists Actioning Rational use of Medicines in Aged Care (PHARMA-Care) quality monitoring program funded through the Medical Research Future Fund. The aim of this work is to develop and validate a national quality framework to support pharmacists to improve safe and effective use of medicines in residential aged care facilities and optimise resident outcomes.</p>
<p>38: Residential aged care to include allied health care</p>	<p>PSA fully supports the Aged Care Onsite Pharmacist (ACOP) measure which commenced in July 2024, albeit with some delay.</p> <p>In relation to the ACOP program, PSA has significant concerns that uptake to date has been slow, partly due to inadequate approach to implementation as well as inadequate remuneration for pharmacists. These issues are compounded by the 'rigidity' of the FTE rules and inability of the measure to integrate flexibility such as contribution to some aspects of the ACOP role from offsite. The absence of an appropriate implementation strategy is also regarded as a significant gap.</p> <p>For many aged care facilities and pharmacists, this is a new arrangement or area of practice, and very little has been done to:</p>

	<ul style="list-style-type: none"> • communicate the program's purpose and intent to all aged care 'participants' (including facility staff, pharmacists, prescribers and other health practitioners); for example, some ACOPs have reported the need to educate facilities and local community pharmacies about their role, while they themselves navigate how best to implement the measure • inspire, inform, support and mentor generations of pharmacists to engage with the program, noting that different pharmacists are at varying stages of interest or adoption of the ACOP role • create a pathway that incentivises facilities and credentialed pharmacists to transition from the Residential Medication Management Review (RMMR) service approach (where pharmacists' recommendations are largely advisory) to an ACOP arrangement (where pharmacists are more responsible and accountable for medicine management i.e. leading an area of clinical governance). In many instances, the ACOP role is broader and more comprehensive when compared to the delivery of RMMR and/or QUM services, and this is not reflected in transitional support or the level of remuneration. <p>Aged care is a key priority for Primary Health Networks (PHNs). PSA is aware the Aged Care On-site Pharmacist Measure: Residential Aged Care Home Support Grant Program, as part of the response to this Recommendation, provides funding for PHNs to assist aged care facilities to engage ACOPs. At this stage, PSA is unaware of what allocations have been made or activities progressed by PHNs that have received grant funding. PSA would welcome the opportunity to partner with PHNs and progress work on implementation of the ACOP measure.</p>
<p>64: Increased access to medication management reviews</p>	<p>PSA is aware this Recommendation was previously marked as completed by the Australian Government (July 2023) and that the Inspector-General considered it to be 'accepted in part' and 'finalised' (June 2024 Progress Report).</p> <p>However, PSA believes there is still significant scope to improve access to medication management reviews (MMRs) generally (i.e. Home Medicine Reviews (HMRs) and RMMRs). It is observed that several factors continue to impact on timely access to MMRs, for example:</p> <ul style="list-style-type: none"> • monthly caps on pharmacist-delivered HMRs (originally imposed to control spending against limited budget allocation), despite there being no caps on GPs (MBS Item 900) to refer to pharmacists • lack of implementation of annual indexation of MMR professional service delivery fees for pharmacists • lack of incentives and reasonable support (e.g. rural loading) for practitioners to deliver MMRs to people living in rural and remote locations

	<ul style="list-style-type: none"> • removal of provisions to allow pharmacists to deliver MMRs via telehealth • possible missed opportunity to conduct an MMR for a person in residential respite care (i.e. the person may experience unnecessary delay and harm in being directed to receive an HMR on return to the community) • delayed implementation of the Aged Care Onsite Pharmacist (ACOP) measure (see also PSA comments under Recommendation 38) • lack of access to pharmacists for people in NDIS care homes to monitor and advise on quality use of medicines and to conduct HMRs for those requiring support with medication use and management • access barriers for people in multipurpose services due to ACOPs not being employed or contracted to state health services (and therefore outside of eligibility criteria). <p>Timely investment and effective implementation are critical in achieving program objectives and maximising use of the total allocated funds. Ineffective implementation will mean older Australians continue to have their health placed at risk.</p> <p>PSA urgently seeks the Government to work effectively in partnership to advance this Recommendation (and related Recommendation 38) as intended and to their full potential to deliver safe, high-quality care.</p> <p>PSA also believes that there has been limited consideration to improve access to MMRs for vulnerable population groups or settings, for example, Aboriginal and Torres Strait Islander peoples, points of transition of care, people with mobility issues, people living with disability or people living in rural and remote locations. This may require consideration of novel or more contemporary approaches to the MMR service model, going forward.</p> <p>PSA is aware that Recommendation 64(c) had been ‘rejected’ in the context of plans to progress broader elements of Recommendation 64 under Recommendation 38 (July 2023 Progress Report published by the Interim Inspector-General). Nevertheless, PSA remains committed to ‘monitoring quality and consistency of MMRs’. To this end, the Australian Commission on Safety and Quality in Health Care has indicated plans to partner with PSA around encouraging appropriate use of MBS Item 903 and developing a standardised template for review documents. This partnership work has yet to commence but would expect to contribute towards progressing Recommendation 64(c).</p>
<p>114: Immediate funding for education and training to improve the quality of care</p>	<p>PSA notes the Inspector-General considered this Recommendation to be ‘accepted in part’ and ‘finalised’ (2024 Progress Report).</p> <p>Acknowledging cost-free Certificate III courses could not be delivered as envisaged by the Royal Commission, PSA remains keen to understand how implementation of this Recommendation (even if only partially implemented)</p>

	<p>has been progressing through states and territories, including any budget allocation spent, particularly in relation to the 15,000 places prioritised nationally for aged care.</p> <p>PSA also seeks to understand the uptake of the Equip Aged Care Learning Packages (delivered as an outcome of this Recommendation) and whether they are meeting the needs of the direct care workers in aged care, or if there are any gaps in topics covered (e.g. medication management) that could help to further improve the quality of care for residents. PSA notes additional modules were flagged to be released in 2022 and 2023, but it is not clear if this has occurred.</p> <p>PSA also has feedback from pharmacists working in aged care that advanced training for nursing staff on how to manage people with dementia and behavioural disturbances would be helpful. This would be an appropriate role for pharmacists and will help to improve quality use of these medicines. PSA has experience in developing resources to support pharmacists deliver information and education to other members of the healthcare team.</p>
<p>127: Fees for residential aged care – ordinary costs of living</p>	<p>PSA is aware that, in July 2023, this Recommendation was marked as 'in progress', to be considered by the Aged Care Taskforce.</p> <p>PSA remains concerned that ordinary costs related to medication administration are not specified in the <i>Quality of Care Principles 2014</i> (Cth). Health-related provisions for care and services for residential care services (Schedule 1) include, for example:</p> <ul style="list-style-type: none"> • special dietary requirements, including for medical need (Item 1.10(b)) • eating aids (Item 2.1(c)) • treatments and procedure, including supervision and assistance with taking medications (Item 2.4) • support for care recipients with cognitive impairment e.g. supporting individual therapy activities for people living with dementia (Item 2.9). <p>The use of medicines is critical to the health and wellbeing of a high majority of aged care residents. PSA strongly suggests that costs associated with a resident's requirement for a dose administration aid or other items that support medication administration (e.g. <i>Gloop</i> medication lubricant gel) should be considered as an eligible component of ordinary costs of living. This may be relevant for consideration by the Independent Hospital and Aged Care Pricing Authority.</p>

(End of submission)