



SHPA response to consultation on the Electronic National Residential Medication Chart (eNRMC) fact sheet, May 2024

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 7,000+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA welcomes the opportunity to provide feedback to the Electronic National Residential Medication Chart (eNRMC) fact sheet which was developed in response to concerns from industry regarding Pharmacist and Prescriber understanding of the requirements of the eNRMC.

SHPA have consulted their leadership committee members in varying specialty practice groups including Pharmacy Informatics and Technology, Geriatric Medicine, Dispensing and Distribution and Transitions of Care and Primary Care seeking their expert opinion and advice regarding the eNRMC fact sheet.

Please see below questions and further concerns raised by SHPA for your consideration.

Page 1 – Maximum chart duration, clarification regarding identification of the first pharmaceutical benefit prescribed

The current eNRMC fact sheet states the expiration date of the chart aligns with the first pharmaceutical benefit prescribed. SHPA queries the definition and appropriate interpretation of the first pharmaceutical benefit on a paper, transition or electronic NRMC. There will be instances where identification of the first pharmaceutical benefit may be ambiguous and cause confusion amongst practitioners due to prescription changes including dose changes and cessation of medicines.

For instance, if a medication that is clearly identified as the first pharmaceutical benefit prescribed is ceased, SHPA queries if the expiration date of the chart stays the same in reference to the first pharmaceutical benefit prescribed on the eNRMC, or whether the expiration date is extended in reference to the second pharmaceutical benefit prescribed now that the first pharmaceutical benefit was ceased.

Page 3 - Use of 'owing prescriptions and definition of emergency supply

Owing prescriptions, or better termed medication supply without a valid PBS prescription and requiring a follow-up prescription by a prescriber for PBS claiming and legal purposes, are not to be construed as emergency supply arrangements as they are not the same type of supply with respect to drugs and poisons legislation.

The fact sheet refers to prescribers giving authority to pharmacy to continue supplying medications for residents in cases where they cannot attend the facility in person to prescribe PBS medicines or renew a paper chart as an emergency supply requiring owing prescriptions. SHPA understands that this circumstance does not comply with the known emergency supply arrangements given the prescriber is contactable and communicates, either verbally or by other means, a prescription to a pharmacist to ensure continuity of care.

Following a phone or fax order, depending on state and territory legislation, the prescriber is required to supply a prescription within a strict timeframe, usually 72 hours which aligns with the information in the fact sheet stating the prescriber provides authority to the pharmacy.



Alternatively, emergency supply arrangements do not require a follow up prescription (referred to as 'owing prescription' in the fact sheet) by a prescriber and allows a pharmacist to supply no more than three days' worth of medication or the smallest commercially available pack size having satisfied the strict and well-defined criteria for its provision when a valid prescription is not available. SHPA seeks clarity regarding the use of correct terminology throughout the fact sheet and highlights the need to recognise the varying options available for a pharmacist to ensure continuity of care when a valid prescription is not available to prevent further confusion and uncertainty.

Additional comments

Given active ingredient prescribing is required for eNRMC, when multiple PBS medicine strengths are prescribed for the same medicine, we query how this is reflected in the eNRMC. For example, is there one single medicine order for venlafaxine 225mg, oral, daily OR are there two separate orders to reflect the PBS medicine strength available to make up the total dose i.e 75mg and 150mg dose forms? Current medication charting practice shows that in this scenario, often venlafaxine 225mg is charted, however we seek clarification if such a medication order on the eNRMC would enable dispensing of two different venlafaxine products.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on [jyik@shpa.org.au](mailto: jyik@shpa.org.au).

