

By email to: *MOH-MPTG-Submissions@health.nsw.gov.au*

19 December 2023

Submission by the NSW Aged Care Roundtable to the Exposure Draft Medicines, Poisons and Therapeutic Goods Regulation (Draft Regulation) and its Regulatory Impact Statement

The NSW Aged Care Roundtable (Roundtable) consists of organisations representing medical, clinical, and nursing workforces, aged and health care consumer and carer advocacy organisations. A full list of members and supporters can be found at www.10questions.org.au.

The Roundtable are pleased to have the opportunity to respond to this public consultation. Medication safety, particularly in residential aged care facilities (RACF) has been a long-standing concern and has been a top area of complaint brought to the Aged Care Quality and Safety Commission for several years, without resolution. In the latest Complaints Report, it remains a top complaint issue.¹ We believe the NSW Ministry of Health, through this draft Regulation has an obligation to ensure the safe and quality administration of medications to older people receiving formal care services in NSW.

Two fundamental principles must underpin the draft Regulation. Firstly, that aged care is a context in which health care is delivered. Secondly, that making a regulation which provides for a lesser standard of care in aged care settings is inconsistent with the Federal Government commitment to a human rights-based approach to care of older people to be embedded in the new Aged Care Act and revised Aged Care Quality Standards.²

In addition to these principles, it is recognised that the majority of RACFs in NSW are privately owned facilities and may lack the complex clinical governance structures found within NSW Health agencies. In addition, lower skills mix more generally and numbers of workers to provide and oversee care for some of the most vulnerable people in our community has the potential to create much higher risk relative to medication safety.

Polypharmacy and increasing co-morbidities combined with high levels of cognitive impairment are common features of older people receiving care. At present medications are often administered, and in some cases, managed by a largely unregulated and poorly skilled workforce.

For these reasons we make the following recommendations for amendments to the Regulation to ensure appropriate safeguards for older people are contained within the proposed Regulation.

¹ Aged Care Quality and Safety Commission (2023), Complaints about aged care services – Insights for providers July 2022 – June 2023.

² <https://www.health.gov.au/resources/publications/the-new-aged-care-act-rights-based-approach>

1. The draft Regulation must clearly provide that authority to possess and administer a scheduled medication in a RACF must only be granted to specified classes of registered health practitioners, where that possession and/or administration is within the scope of practice for their profession.
2. There must be clear distinction in the draft Regulation between the administration of medications, and assistance with self-administration of medication. Definitions of administration and assistance must be included to ensure clear information is available to employers, workers, and people accessing aged care to ensure the safe and quality provision of care.
3. Where dose administration aids (DAA) are used, there must be equivalent safety measures to ensure safe medication practices e.g. warning labels regardless of where the DAA is intended to be utilised. The current draft Regulation proposes to not require specific physical warning labels on DAAs, where the DAA is to be used in a RACF. Where DAAs are regularly handled by different people (e.g., RACF staff), there is a greater need for additional safety mechanisms to be embedded within the draft Regulation.
4. Any ambiguity around who can possess and who can administer medication in each setting to which the Regulation applies must be resolved.
5. Any authority for the administration (not including self-administration) of medications in RACFs must be given to classes of persons based on their professional registration, education, skill, and knowledge. It is not appropriate for a prescriber to have accountability for naming appropriate person(s) who are to administer medication in an RACF where they do not have any professional oversight of that worker.

On Behalf of the following NSW Aged Care Roundtable organisations:



Dimity Pond, Clinical Professor,
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