

# Advancing Pharmacist Roles in Aged Care: Findings from a National Stakeholder Forum

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## Abstract

Ensuring safe use of medicines is a significant challenge in Australia's aged-care sector. Pharmacists can play an essential role in optimising medication practices, yet their integration into these settings requires deliberate design and coordination. To present the outcomes of a national stakeholder forum in Australia that explored strategies for embedding pharmacists into aged care to strengthen medication safety for older residents. In July 2023, a stakeholder forum brought together 73 pharmacists alongside general practitioners (n = 5), geriatricians (n = 3), industry representatives (n = 3), researchers (n = 3), a student pharmacist, and a nurse. Participants worked across four groups addressing: medicines management, pharmacist education and training, role definition, and development of a community of practice. The study was approved by the University of Western Australia Human Research Ethics Committee (Ref: 36895) and conducted in line with the National Statement on Ethical Conduct in Human Research. Written informed consent was obtained from all participants, who were free to withdraw at any stage; none chose to do so. The medicines management group emphasised the need for system-level reforms, improved facility resources and staff capability, and stronger collaboration across the health system. The training group recommended a workplace-based learning model that emphasised communication, geriatric pharmacotherapy, and medication review, supported through mentorship, workshops, and peer learning. The role definition group outlined key responsibilities for pharmacists in aged care, including medication reviews, deprescribing, reducing errors, and contributing to care planning, with credentialing regarded as a prerequisite. The community of practice group proposed an ongoing collaborative network for sharing knowledge, supporting professional growth, and building workforce capacity through online forums, case-based learning, and resource development. The forum identified clear directions for embedding pharmacists into aged-care services in Australia. Implementing these strategies could lead to safer medication use and improved health outcomes for aged-care residents.

**Keywords:** Aged care, Pharmacist integration, Medication safety, Geriatrics, Pharmacy practice, Australia

## INTRODUCTION

Medication safety is a critical issue in the care of Australians aged 65 years and older, a demographic projected to account for one quarter of the national population within the next five decades, with 7% aged over 85 years [1-5]. Safe and appropriate medicine use has been recognised as the tenth National Health Priority Area [6]. Ensuring safe prescribing and administration in residential aged care is particularly complex. Evidence indicates that nearly three-quarters of residents use nine or more medicines, placing them at considerable risk of drug-related complications, falls, and avoidable hospital admissions [7-9].

Collaboration among pharmacists, nurses, general practitioners, and other health professionals is vital to ensure precise information flow and reduce risks associated with medication mismanagement. This is especially important during care transitions, where communication gaps often lead to errors [10]. A systematic review has demonstrated that pharmacist-led medication reviews are effective in improving

medicine-related outcomes for aged-care residents [11]. Traditionally, pharmacists in Australian aged care have worked mainly as external consultants, conducting reviews, dispensing, and supporting medicine management programs

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[12]. However, the scope of practice has been expanding rapidly. The 2021 Royal Commission into Aged Care emphasised medication safety as a major area requiring reform [13]. In response, from July 2024, the Australian Government has allocated AUD \$333.7 million to embed pharmacists on-site in aged-care facilities, replacing the external consultant model [14, 15]. This policy aims to enhance access to pharmacist expertise and strengthen medicine management for residents and providers alike.

While this represents a significant reform, embedding pharmacists in aged care presents challenges. Barriers may include unfamiliarity with interdisciplinary aged-care environments, limited exposure to system-level medication initiatives, and practical implementation issues [16].

To address these questions, a national stakeholder meeting was held in June 2023, utilizing a hybrid format (in-person and online). The purpose of the meeting was to consider strategies for successfully integrating pharmacists into aged-care facilities, with the overarching goal of improving medication safety and quality of care for older residents. This paper reports the key outcomes from that meeting.

## MATERIALS AND METHODS

### Study Design

The stakeholder meeting, held in June 2023 in a hybrid format (online and face-to-face), aimed to explore the integration of pharmacists into aged care and strategies to enhance medicines management. Attendance was open to the public via online registration, and the event was widely promoted through professional organisations, newsletters, social media, and other health-related conferences.

Participants were organised into four themed discussion groups, each tasked with exploring priority issues related to pharmacist roles in aged care. These streams focused on: (1) medicines management systems, (2) pharmacist role description, (3) Community of Practice activities, and (4) pharmacist training. The chief investigators—comprising pharmacists, geriatricians, medical practitioners, researchers, and representatives from professional organisations—identified these topics as most relevant to the implementation of on-site pharmacists in aged care.

Each workshop session ran for 60–90 minutes, with breaks provided between sessions. Discussions were facilitated in hybrid mode: in-person participants contributed using microphones, while online attendees engaged through Microsoft Teams. Facilitators ensured that online voices were included and given dedicated opportunities to feed into the broader discussions.

During registration, participants nominated their preferred working group based on expertise, but they were also free to move between groups during the event. This format allowed

for both focused contributions and flexible cross-pollination of ideas.

### Working Group Objectives

The overarching aim of each working group was to devise strategies that would support the integration of pharmacists into aged-care settings and strengthen medicines management, aligning with their designated topic. The specific objectives were:

- **Medicines management system:** to examine key considerations, barriers, and opportunities related to improving medicine use through the inclusion of embedded aged-care pharmacists, as viewed by major stakeholders.
- **Training:** to capture pharmacists' perspectives on the design of a professional development program tailored for pharmacists working in aged care.
- **Role description:** to collaboratively outline the responsibilities of pharmacists embedded in aged-care facilities, with accountability to a senior pharmacist employed by the organisation.
- **Community of practice:** To propose a framework for a collaborative network that supports and mentors pharmacists, while fostering knowledge exchange and skills development.

Each group was led by two facilitators with relevant clinical or research expertise in aged care. At the beginning of discussions, facilitators introduced the objectives for the session and guided conversations. Insights and contributions were documented in real time on a shared screen, ensuring accessibility for both in-person and online participants.

## RESULTS AND DISCUSSION

A total of 84 individuals contributed to the national stakeholder meeting, with equal numbers attending face-to-face ( $n = 42$ ) and virtually ( $n = 42$ ). Participants brought expertise from multiple disciplines, including pharmacists ( $n = 73$ ), general practitioners ( $n = 5$ ), geriatricians ( $n = 3$ ), industry representatives ( $n = 3$ ), researchers ( $n = 3$ ), a student pharmacist ( $n = 1$ ), and a nurse ( $n = 1$ ). Several participants had overlapping expertise across domains.

### Medicines Management in Aged Care

This group consisted of pharmacists, nurses, general practitioners, geriatricians, and policy representatives. At the outset, participants identified the main stakeholders influencing medicine use both within aged-care homes and at a broader system level. Discussions were then divided into three main areas: health policy, the aged-care environment, and the broader healthcare sector.

- **Health policy:** Participants emphasised the importance of political leadership in embedding on-site pharmacists. Resource constraints in aged-care homes, particularly in rural and regional settings, were viewed as significant challenges. Nonetheless, opportunities were identified in

advocating for sustainable funding models and adopting interprofessional, team-based approaches to care.

- **Aged-care environment:** Conversations highlighted the value of culturally sensitive resources, staff training in multiple languages, managerial support, and resident empowerment. Challenges included establishing a clear career pathway for pharmacists in aged care, building capacity, and fostering trust among pharmacists, residents, and care staff. The group underscored the need for secure and long-term funding structures to underpin these initiatives.
- **Healthcare sector:** Effective communication across providers was identified as both critical and complex. Participants noted that inconsistency in technology systems across aged-care homes created barriers. They recommended enhanced interprofessional collaboration, supported by real-time communication platforms, to strengthen medical safety.

### Training

The training group was comprised mainly of pharmacists with professional interests in aged care, education, and practitioner development. Their task was to conceptualise a workplace-based training model tailored to pharmacists practicing in aged-care facilities.

Participants envisioned a program that would facilitate progressive and continuous development, equipping pharmacists with the skills and knowledge required to deliver optimal care to residents. While issues such as credentialing, mandatory training, and minimum entry-level competencies were acknowledged as necessary, they were considered outside the scope of this session.

The group identified a core set of competencies, skills, and knowledge areas viewed as essential for aged-care pharmacy practice. They also proposed a range of activities to support the acquisition and refinement of these competencies. The group agreed that training should be iterative, flexible, and designed to evolve, with future work needed to ensure comprehensive coverage of all relevant elements.

During the workshop, participants acknowledged several factors that might hinder active participation, such as time pressures, financial constraints, and feelings of isolation, particularly in rural and remote areas. To ensure successful implementation, the facilitators recommended program flexibility, provision of online support, establishing strong links with the Community of Practice, and engaging professional organisations. Furthermore, the workshop participants expressed their support for establishing an advisory group to guide the design of the training program. This advisory group was envisaged to play a crucial role in ensuring the program's successful integration into practice and achieving the desired goals.

### Role Description

Participants in this group included pharmacists, medical professionals with an interest in aged care, people currently working in aged care, and industry partners. The aged-care pharmacist, in this capacity, would carry out a diverse range of responsibilities aimed at enhancing medicine management and overall healthcare quality for elderly residents (**Table 1**).

**Table 1. Proposed roles and responsibilities of the aged-care pharmacist.**

| Category                | Description  |
|-------------------------|--|
| <b>Responsibilities</b> |  |
|                         | Initiating and maintaining deprescribing processes   |
|                         | Reviewing and auditing medication charts   |
|                         | Safely disposing of unneeded medications   |
|                         | Managing the supply and storage of medications (e.g., proper storage and administration)             |
|                         | Enhancing accuracy in medication processes for aged-care facilities and pharmacies                   |
|                         | Collecting accurate medication histories during admission or transitions between healthcare settings |
|                         | Creating and updating quality indicators for medication management                                   |
|                         | Analyzing medication errors and implementing quality improvement strategies to reduce them           |
|                         | Supervising the adoption of electronic medication management systems                                 |
|                         | Supporting the development of behavior management plans  |
|                         | Collaborating on a shared medication list for pharmacists  |
|                         | Evaluating the necessity and appropriateness of as-needed medications                                |
|                         | Investigating medication-related incidents   |
|                         | Administering vaccines and injectable or infusion therapies  |
| <b>Roles</b>            |  |
|                         | Coordinating with other allied healthcare professionals  |
|                         | Engaging with patients, family members, or next of kin   |
|                         | Educating aged-care staff on medication-related topics   |
|                         | Participating in the Medicine Advisory Committee (MAC) meetings                                      |

### Role Description

Two fundamental requirements were identified as prerequisites for pharmacists working in aged-care settings. First, practitioners must be registered with the Australian Health Practitioner Regulation Agency. Second, additional credentialing in aged care was considered essential, signifying advanced expertise and the ability to address the distinct healthcare needs of older adults in residential care.

### Community of Practice

This working group, comprised exclusively of pharmacists with experience and a strong interest in aged-care practice, explored the role and design of a Community of Practice. The group envisioned this platform as a means to support

consistent, high-quality medicines management, improve resident outcomes, foster professional learning, and showcase the value of pharmacists in aged care.

Participants identified a broad range of proposed activities to meet these objectives. These included monthly virtual meetings that provided opportunities for both professional dialogue and informal networking, rapid peer-to-peer support through clinical case discussions, and access to practical guidance on tools, resources, and emerging technologies. The group also recommended incorporating updates on sector-wide developments, career guidance, mentorship opportunities, and structured discussions on interprofessional and intraprofessional communication.

Another essential function of the Community of Practice was seen as advocacy and visibility: facilitating communication with employers and other stakeholders to highlight the critical contribution of pharmacists in aged care. Collectively, these activities were expected to build clinical and non-clinical capabilities, strengthen collaboration, and ultimately improve consistency and quality in care delivery.

Participants agreed that the Community of Practice should be adaptive and responsive to the needs of its members, offering information exchange, collaborative resource development, and workforce support. They emphasised its potential as a key mechanism to develop and sustain aged-care pharmacy practice, with the ultimate aim of improving resident health outcomes and demonstrating the impact of pharmacists within aged-care services.

The national stakeholder meeting brought together pharmacists, general practitioners, geriatricians, researchers, industry representatives, a student pharmacist, and a nurse to deliberate on four core themes: medicines management, the definition of the pharmacist's role, training, and the development of a community of practice.

Across the discussions, participants emphasised that embedding pharmacists into aged-care services requires a structured and systematic approach. Key elements included clearly defined responsibilities for pharmacists, competency-based training programs to prepare them for this specialised environment, a sustainable community of practice to promote peer learning and professional growth, and stronger interprofessional communication, particularly at transitions of care where the risk of medication errors is most significant.

The competencies, knowledge, and activities identified during the meeting are consistent with recent expansions in the pharmacist's scope of practice in Australia. Ongoing state-based trials are already testing extended roles, such as pharmacist-administered vaccinations, prescribing for limited conditions, and the management of common ailments such as urinary tract infections [17]. These reforms, supported by policy and research, reflect a broader

recognition of pharmacists' capacity to improve quality of life and reduce disease burden in older populations [16].

Pharmacists' expertise in medicines management and collaborative practice is particularly relevant in aged care, where residents often present with complex regimens and require coordination across multiple providers [13]. The findings of this meeting suggest that on-site pharmacists could strengthen medication governance, reduce inappropriate prescribing, and improve resident outcomes.

The outcomes also align with recent policy and professional recommendations, including those from the Australian Government Department of Health and Aged Care [18] and the Australian Pharmacy Council [19]. Both sources highlight the importance of embedding pharmacists to address polypharmacy, adverse drug events, and communication gaps during care transitions. Our findings reinforce these priorities, underscoring the value of consistent, culturally sensitive communication and interprofessional collaboration. Governance, accountability, and ongoing evaluation were also identified as essential to the success of this reform.

Training and workforce development emerged as recurring themes. Aged-care pharmacists must be equipped not only with advanced clinical knowledge but also with the ability to adapt to the unique operational and cultural contexts of aged-care facilities. This is particularly relevant in rural and remote areas where resources are limited and workforce shortages are common. Previous consultations have similarly stressed the need for flexible and adaptive approaches to support pharmacists moving into aged-care practice [18, 19].

### Strengths and Limitations

A major strength of this initiative was its timeliness, taking place shortly after the Federal Government announced substantial funding to introduce on-site pharmacists into aged-care facilities. A direct outcome of the meeting was the establishment of a community of practice to support pharmacists entering this field and to assist those seeking to specialize [20].

However, several limitations must be acknowledged. The structure and governance of the community of practice were not discussed in detail, leaving questions regarding its long-term sustainability. While the meeting included a wide range of stakeholders, pharmacists represented the majority of participants. For example, the training group consisted solely of pharmacists, which limited input from other disciplines. Broader participation from health professionals and consumer representatives would strengthen future work, particularly in shaping training frameworks.

Data on participant demographics were not collected beyond age and occupation, restricting the ability to assess the representativeness of the group. Furthermore, the event was confined to a single day, which may have curtailed the depth of some discussions. To mitigate this, participants were



invited to provide additional reflections by email after the meeting.

## CONCLUSION

The stakeholder meeting generated expert-informed recommendations to guide the integration of pharmacists into aged-care facilities in Australia. Central to these recommendations were the establishment of clear role descriptions, structured training pathways, and the development of a community of practice to sustain workforce growth and professional collaboration.

By taking a systematic approach to pharmacist integration, there is significant potential to improve medicines management, reduce harms associated with polypharmacy, and enhance the overall quality of care for older Australians. Continued investment in research and policy implementation will be essential to ensure these strategies are successfully embedded and sustained.

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