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An Australian Government Initiative

Unlock the power of Medication Advisory Committees (MACs) to drive safer, smarter aged care!

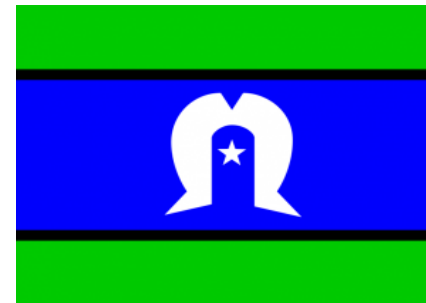
Monday, August 25 2025

The content in this session is valid at date of presentation

Acknowledgement of Country

We would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping – Zoom Meeting

All attendees are muted

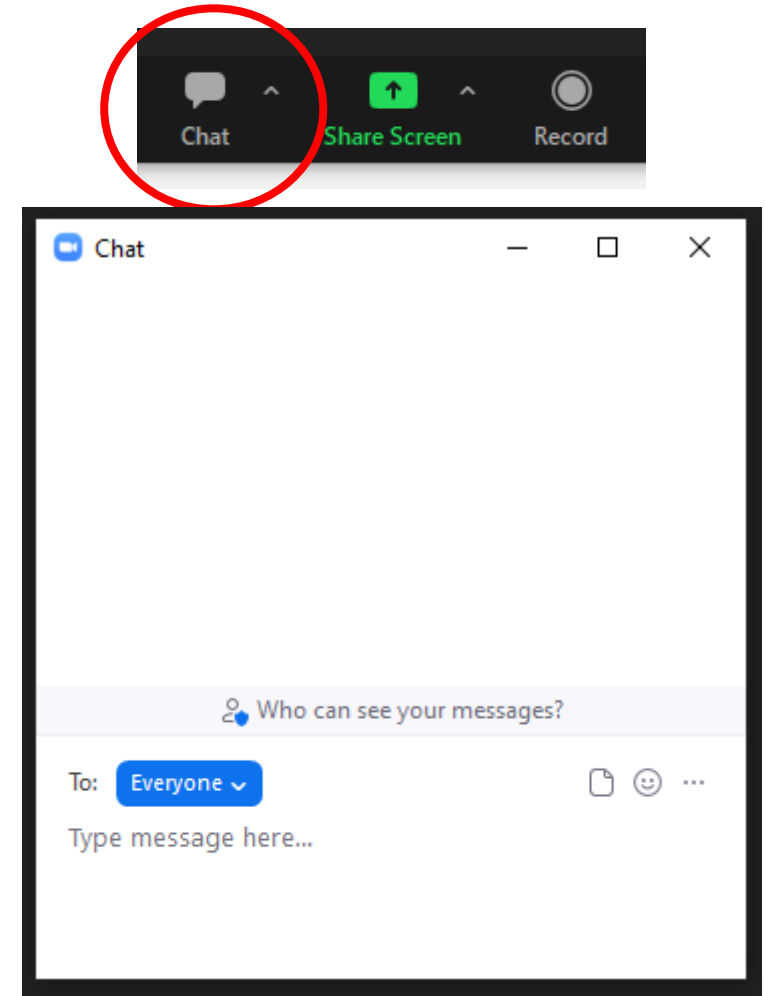
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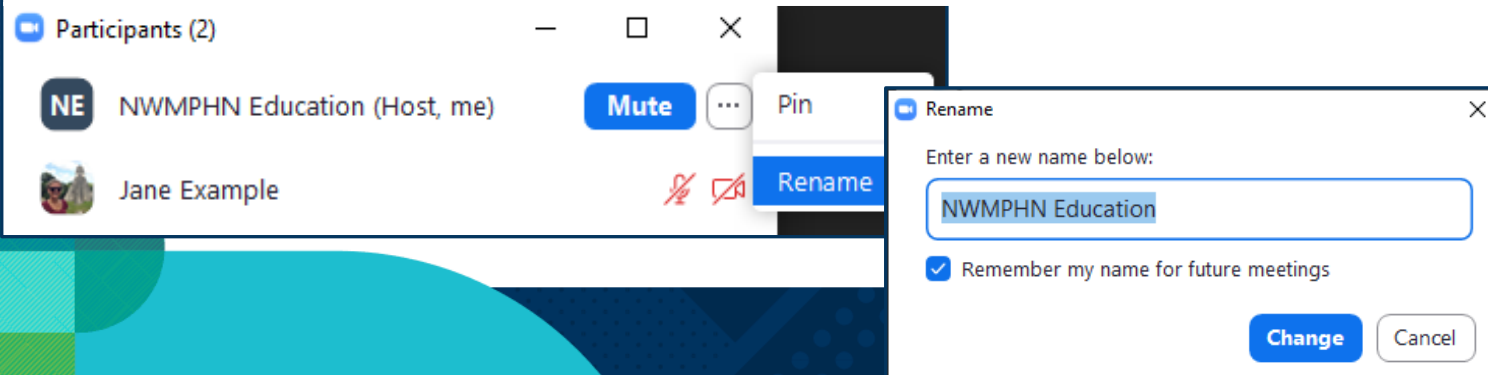
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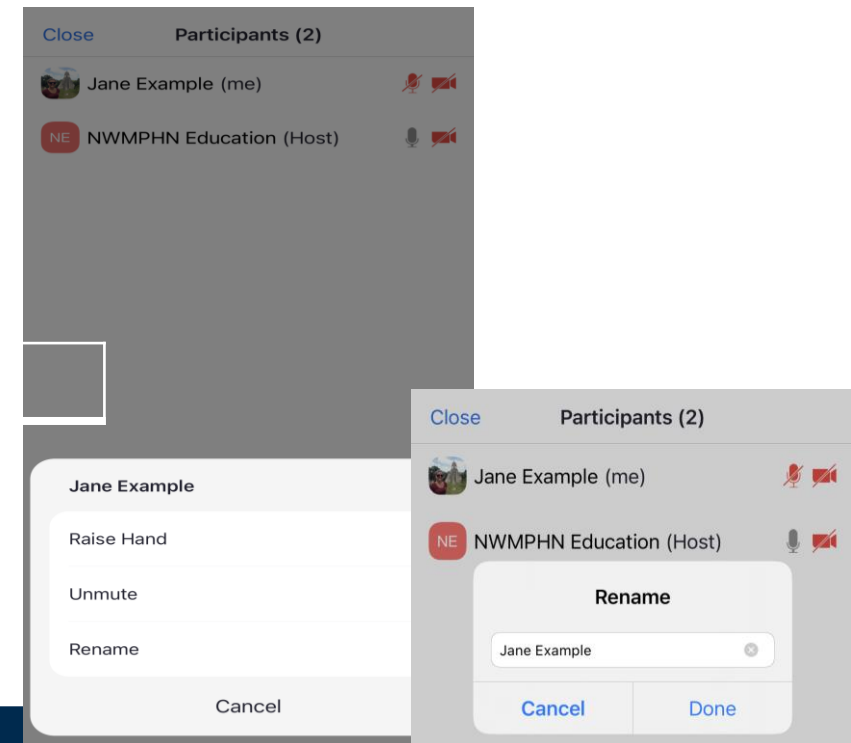
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1. Click on **Participants**
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 - Mac:** hover over your name and click More
3. Click on **Rename**
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When using computer



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Speakers

Dr Amanda Cross is a National Health and Medical Research Council (NHMRC) Emerging Leader Research Fellow at the Centre for Medicine Use and Safety, Monash University. She is a recognised leader in medication safety research for older populations, particularly those at risk of or living with dementia. Dr Cross has authored over 40 peer-reviewed publications, including 20 as first author, and her work is regularly profiled in professional and public media for its impact on improving aged care practices. Dr Cross maintains an active role as a credentialled medication review pharmacist, driving improvements in medication management on the ground. She serves as a national Board Director for the Pharmaceutical Society of Australia (PSA) and, in 2024, she was elevated to the status of Fellow of the PSA in recognition of her contributions to the pharmacy profession.

Dr Atish Manek is an experienced and compassionate general practitioner (GP) with over 15 years of medical practice in the United Kingdom's National Health Service, including more than a decade as a GP in the south east of England. Dr Manek is a senior lecturer at Monash University's Department of General Practice, serves as the educational lead for an aged care provider, and is a chief investigator on the MEGA-MAC project.

Ms Brooke Blakeley is a lecturer at Monash University's Centre for Medicines Use and Safety in Melbourne. She is a registered pharmacist with a strong commitment to improving care for older adults, people living with dementia and people with a lived experience of mental illness. Brooke is currently the project manager for the Medical Research Future Fund (MRFF) MEGA-MAC project, a national clinical trial that aims to use knowledge brokers supported by a national quality improvement collaborative to implement the Department of Health, Disability and Ageing new Guiding Principles for Medication Management in Residential Aged Care Facilities.

Unlock the Power of Medication Advisory Committees to Drive Safer, Smarter Aged Care!

Dr Amanda Cross, Dr Atish Manek and Ms Brooke Blakeley



Conflicts of interest

Dr Amanda Cross

- Chief investigator on the MRFF funded MEGA-MAC project
- Pharmaceutical Society of Australia Board Director

Dr Atish Manek

- Chief investigator on the MRFF funded MEGA-MAC project
- Owner and director of Aged Care GP

Ms Brooke Blakeley

- Project Manager on the MRFF funded MEGA-MAC project

The MEGA-MAC project is funded by MRFF 2022 Quality, Safety and Effectiveness of Medicine Use by Pharmacists Grant

Learning objectives

By the end of this session, you should be able to:

- Explain the structure and function of Medication Advisory Committees (MACs)
- Identify key strategies to establish and enhance MACs
- Describe the role of quality indicators to drive quality improvement initiatives led by MACs
- Explain how onsite aged care pharmacists can actively contribute to MACs

Have you attended a medication advisory committee (MAC) meeting before?



Slido code: 1985513

What is a MAC?



Slido code: 1985513

Medication Advisory Committees (MACs)

A MAC is a 'multidisciplinary committee that provides overarching governance of medication management to ensure the judicious, appropriate, safe and quality use of medicines'¹

- All residential aged care homes (RACHs) should establish and use (or have direct access to) a MAC
- MACs may also be known as a clinical advisory committee, medicine safety committee or medicines governance group



Previous research on MACs

There is limited research exploring the structure and function of MACs:

2004: MACs identified as key strategy to support implementation of best practice¹

2020: Exploration of Victorian MACs and 12 recommendations to optimise MACs³

2025: Strengthened Aged Care Quality Standards⁵

2017: MACs identified as a key intervention to manage polypharmacy²

2022: *'User Guide: Role of a MAC'* and *'Audit tool and checklist for a MAC'* released⁴



1. Cheek J, Drugs Aging. 2004.

2. Jokanovic N, Res Social Adm Pharm. 2017

3. Picton L, Res Social Adm Pharm. 2020.

4. Commonwealth of Australia (Department of Health, Disability and Ageing). 2022.

5. Australian Government (Department of Health, Disability and Ageing). 2022.

National guidance on MACs

In 2022, the Department of Health, Disability and Ageing published:

- Guiding Principles for Medication Management in Residential Aged Care Facilities (Guiding Principles)
- User Guide: Role of a Medication Advisory Committee
- Audit tool and checklist for a Medication Advisory Committee

In November 2025, the Strengthened Aged Care Quality Standards will commence:

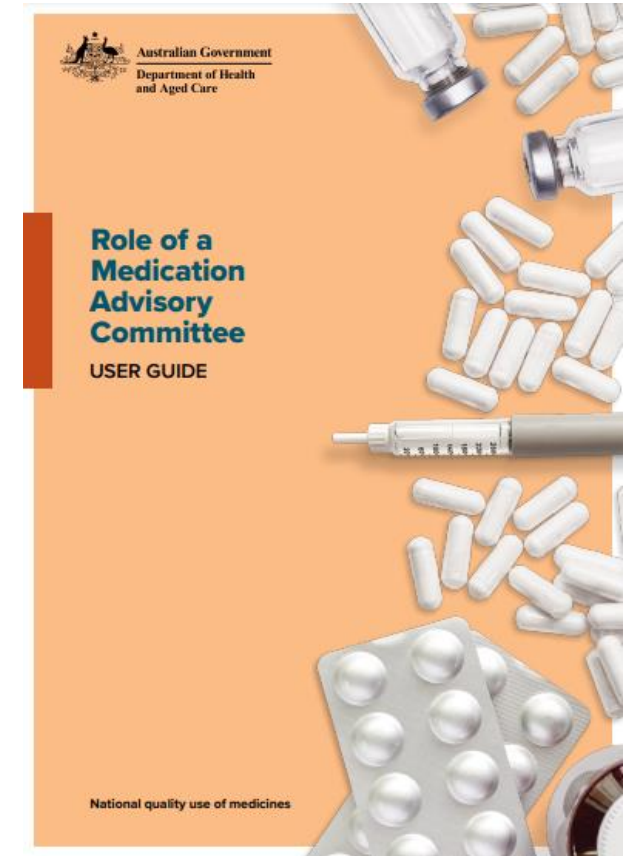
- Outcome 5.1: Clinical governance



National guidance on MAC structure and function

According to the User Guide: role of a Medication Advisory Committee, the role of a MAC is to:

1. Develop and endorse policies, procedures and guidelines, and advise on legislation and standards
2. Advise on risk-management systems associated with medication management
3. Identify education and training needs for medication management
4. Monitor effectiveness and performance as well as implement quality improvement strategies for medication management



What do your MAC meetings focus on?



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Overview of Australian MAC structure and function

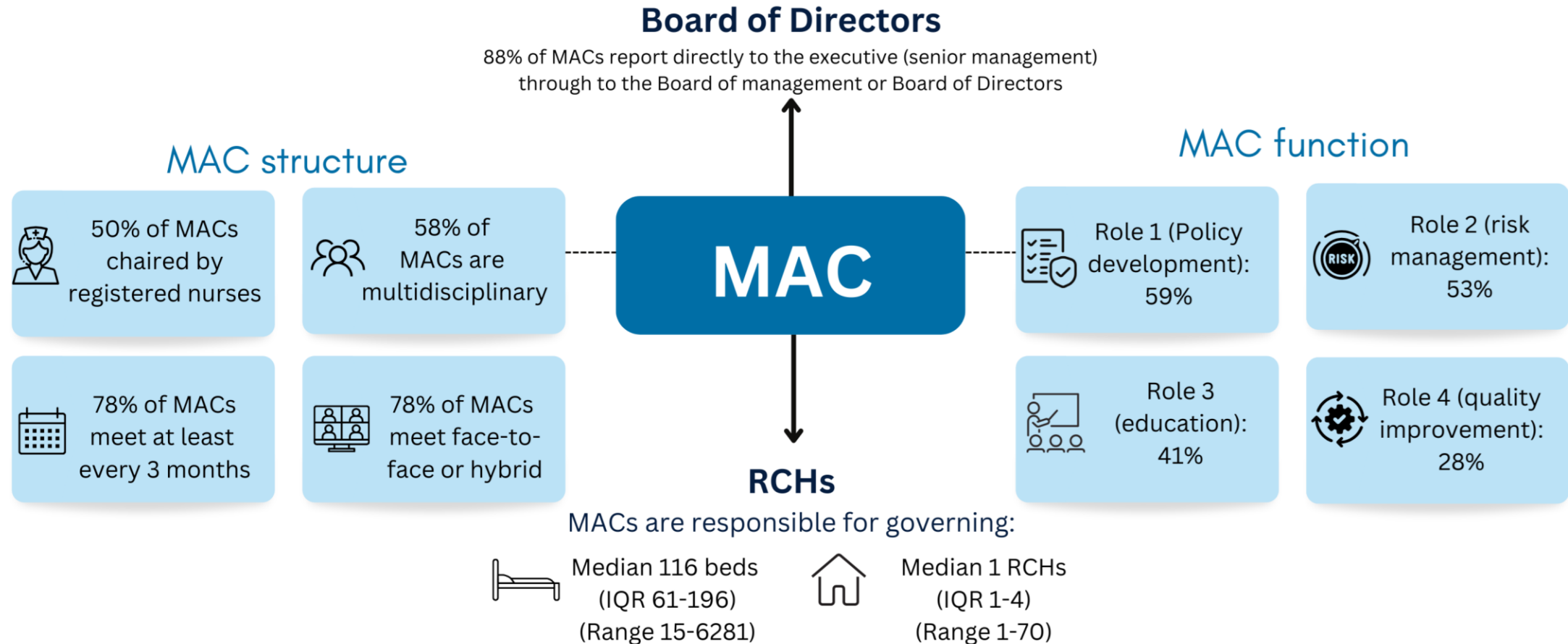


Figure 1. Overview of Australian MAC structure and function

Structure and function of MACs

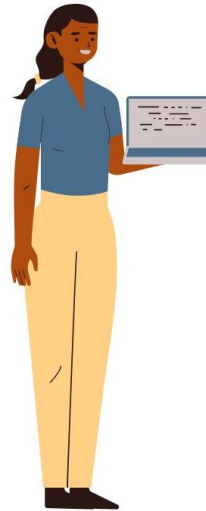
MAC Membership



RMMR pharmacist
111 (92.5%)



Registered nurse
105 (87.5%)



Senior management
103 (85.8%)



Community pharmacist
100 (83.3%)



GP
70 (58.3%)

Structure and function of MACs

Role 1: Develop and endorse policies, procedures and guidelines, and advise on legislation and standards

- 78.3% of MAC reported developing and/or endorsing policies, procedures and guidelines relating to medication management
- 91.7% of MACs reported they ensure policies, procedures and guidelines are accessible to all RACH healthcare professionals and external healthcare providers
- 75.8% of MACs reported they have documented communication strategy for new, revised or update policies, procedures and guidelines

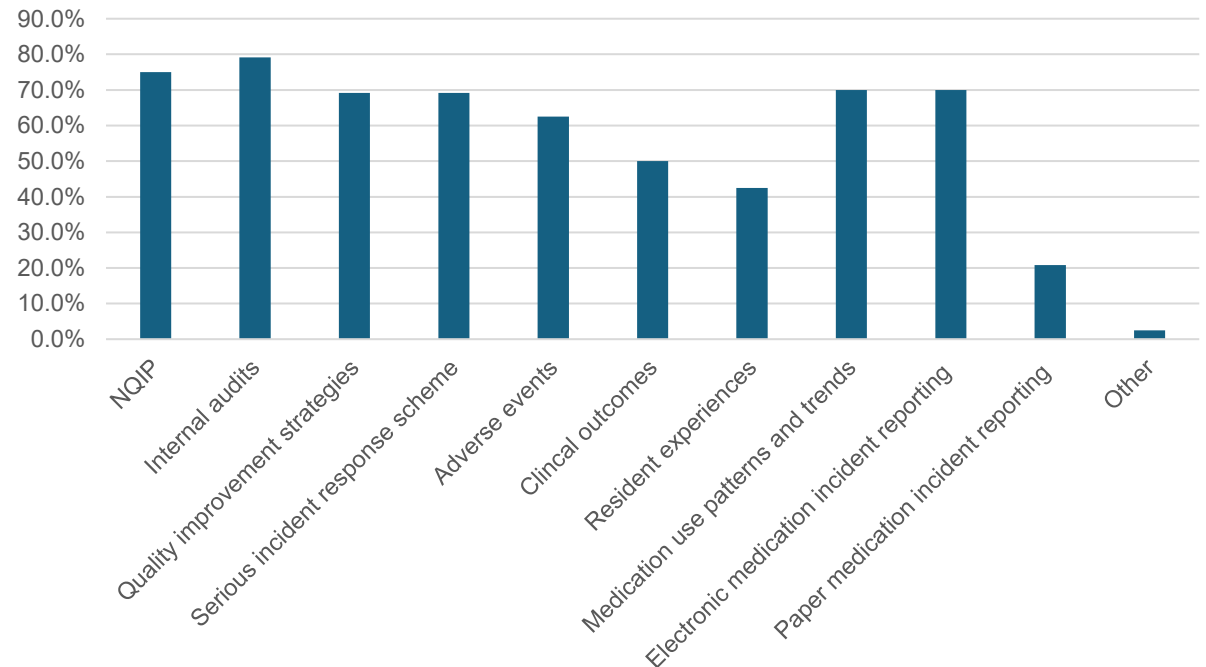


Structure and function of MACs

Role 2: Advise on risk-management systems associated with medication management

- 97.5% of MACs reported collaboratively developing strategies to control, reduce or eliminate medicines-related risks
- 62.5% of MACs had reviewed and self-reported they were adherent with the 2022 Guiding Principles for Medication Management in Residential Aged Care Facilities (Guiding Principles)

Information sources to inform and update risk assessment and the risk management system



Structure and function of MACs

Role 3: Identify education and training needs for medication management

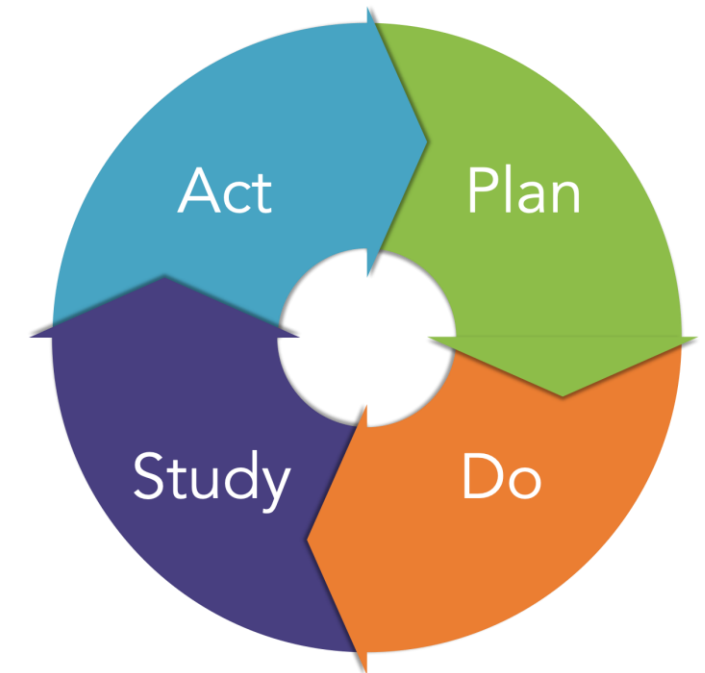
- 93.3% of MACs reported they support provision and access to education and training on medication management
- 58.3% of MACs reported they implement processes to assess competency and training needs of RACH workforce regarding medication management
- Respondents reported education was most commonly delivered via:
 - Face-to-face (88.3%)
 - E-learning (71.7%)
 - Virtually (53.3%)



Structure and function of MACs

Role 4: Monitor effectiveness and performance as well as implement quality improvement strategies for medication management

- 95.8% of MACs reported they were proactive and responsive to medication management issues and risks
 - However, only 75.0% developed action plans in response to identified medication management issues and risks
- 83.3% of MACs reported they review medicine utilisation trends and usage patterns
- 47.5% of MACs reported they measure and improve individuals' experiences with medication management



What makes a MAC successful?



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Going back to basics

Ensure the purpose and value of the MAC is clear

- **Terms of reference** – clear purpose, reporting structure, membership, reviewed annually
- **Agenda** – standing items that meet needs of the RACH and is responsive to emerging issues

Get the right people in the room

- **Clinical** – multidisciplinary clinical representation
- **Management** – to ensure implementation of action items
- **Chair** – inclusive, prepared, leader (?independent)
- **Size** – get the right number of members, and consider rotation

Prepare for success

- **Planning** – flexible meeting times and format, circulate documents early
- **Set expectations** – meeting papers should be read in advance to allow for discussion
- **Communication** – circulate minutes, and close the loop on discussions

Data has been presented at the MAC – now what?

- MAC members are well placed to use data to design, implement and evaluate quality improvement initiatives tailored to local context and needs
- Data sources include:
 - National or State Quality indicators e.g. polypharmacy, antipsychotics, proton-pump inhibitors, and more than four administration times
 - Medication incident reports e.g. trends & root-cause analysis
 - Audit and feedback based on local priorities
 - Other quality indicators e.g. MEGA-MAC indicators



MEGA-MAC indicators

Indicator 1 – the RACH's MAC meeting

Purpose: assess the presence of processes that promote appropriate governance of medicine-related activities in RACHs

Guiding Principles covered: 2, 3, 4, 6, 13

Indicator 2 – the RACH's policies, procedures and guidelines

Purpose: assess policies, procedures and guidelines for medicine management in RACHs

Guiding Principles covered: 2, 3, 5, 7, 8, 9, 10, 12, 13

Indicator 3 – the RACH's admission process

Purpose: assess the presence of processes that promote the quality use of medicines for newly admitted residents to RACHs

Guiding Principles covered: 1, 6, 14, 15

Indicator 4 – the RACH's medication review processes

Purpose: assess the provision of comprehensive medication review processes for residents including those at high risk of medication harm (polypharmacy and antipsychotic use)

Guiding Principles covered: 6, 10, 11

MEGA-MAC indicators

Each MEGA-MAC indicator includes:

1. Indicator specification document
 - Purpose: support data collectors to find the relevant information and answer indicator questions
2. MEGA-MAC data collection tool
 - Purpose: support data collectors to collect data, provide a visualisation of the RACH's progress over time, inform goals for improvement and monitor effectiveness of quality improvement activities

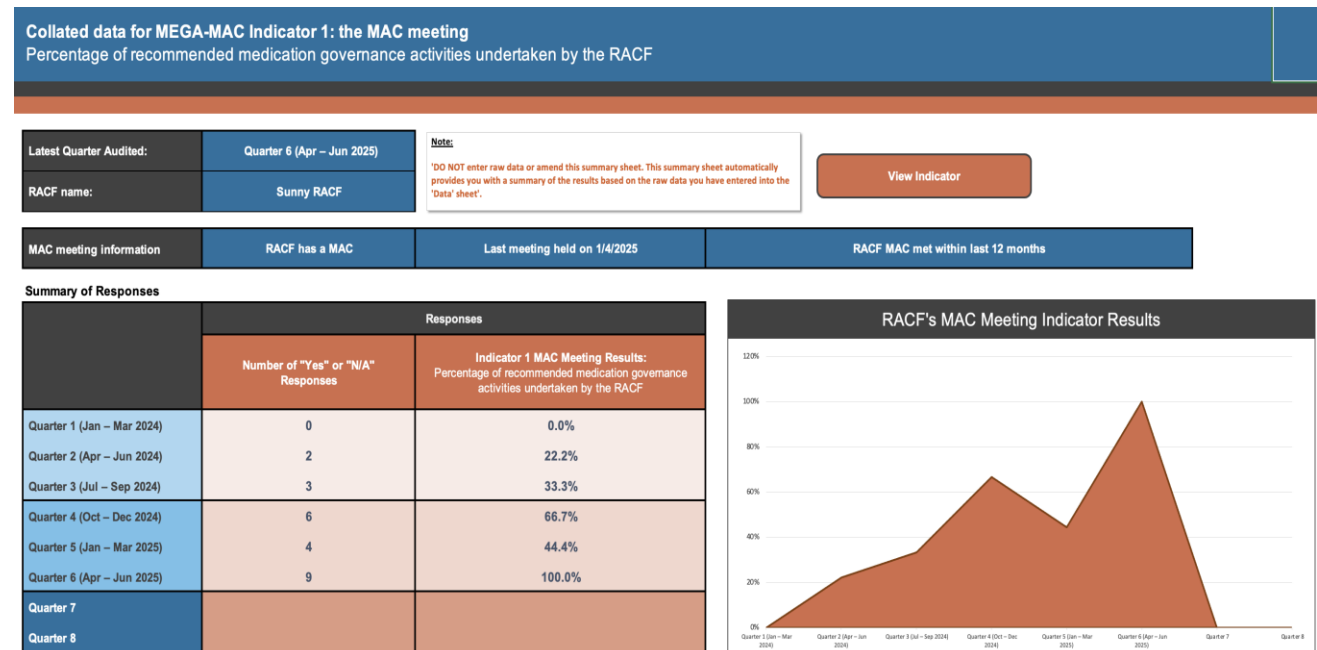


Figure 2. 'Summary page' of the MEGA-MAC data collection 1: The RACH's MAC meeting and QR code to the MEGA-MAC indicators webpage

Agenda items that can generate buy-in

- Including agenda items that are relevant/topical to MAC members can generate buy-in. This could include:
 - Strengthened Aged Care Quality Standards
 - Psychotropic stewardship
 - High-risk medications
 - Antimicrobial stewardship



Case study

*Your residential aged care home's MAC **meets quarterly** and **presents data** around:*

- *medication incidents, and*
- *national quality indicators.*

*Despite this, it is **a challenge to encourage multidisciplinary MAC meeting attendance.***

*External healthcare professionals (e.g. GP and community pharmacist) report that **MAC meetings are very administrative and not clinical.** They feel it is easier to just read the minutes when they have time rather than attend the **in-person MAC meeting.***



What steps could be made to improve multidisciplinary MAC meeting attendance?

Case study discussion in breakout rooms



Areas for improvement

Establish a clear structure for the MAC using a Terms of Reference

- Engage with the MAC chair and MAC members to decide on:
 - Who should be MAC members (e.g. identify the right MAC members who can promote robust discussion that results in change),
 - What is the ideal MAC meeting duration,
 - How should MAC members meet (e.g. face to face, virtual or hybrid)
 - When the MAC should meet (e.g. when the GP is on site)
- Explore if there are any additional resources required for the MAC to perform its role e.g. better equipment to host hybrid meetings



Areas for improvement

Prepare an agenda that addresses the RACH's needs

- Engage MAC members and identify the needs of the RACH and how the MAC can make a difference from their perspectives
- Identify what agenda items interest MAC members and discuss relevant topics to help generate buy-in
- Ensure MAC meeting agenda and papers are circulated well in advance to support attendees to be familiar with agenda items for discussion



Areas for improvement

Continue to engage key stakeholders

- Engage with experts from your organisation for support and advice e.g. clinical governance executives, compliance managers, education team, quality team
- Share achievements and success stories of the MAC to all MAC members and other key stakeholders
- Highlight to GPs that MAC meetings could contribute to their CPD hours



The role of aged care onsite pharmacists on the MAC

The aged care onsite pharmacist (ACOP) role began on 1st July 2024 where two key roles of an ACOP include:

1. Clinical governance

- *“**advise, attend and report to the Medicines Advisory Committee (MAC) as part of governance and oversight in the residential aged care home, and help set up a MAC where one is not established**”*

2. Quality use of medicines

- *“**undertake whole of facility** quality use of medicines activities, such as medicine use evaluations and **implementation of changes** identified in audits to improve the use of psychotropics, antimicrobials and other high-risk medications”*



Figure 3. Five key areas of the ACOP according to the Australian Pharmacy Council

ACOPs as knowledge brokers

- Health professionals working in residential aged care (e.g. pharmacists) can act as system level knowledge brokers to assist with translation of evidence into practice
- **Knowledge brokers** are individuals or groups (e.g. pharmacists, nurses) that help to move knowledge from those who create it to those who use it

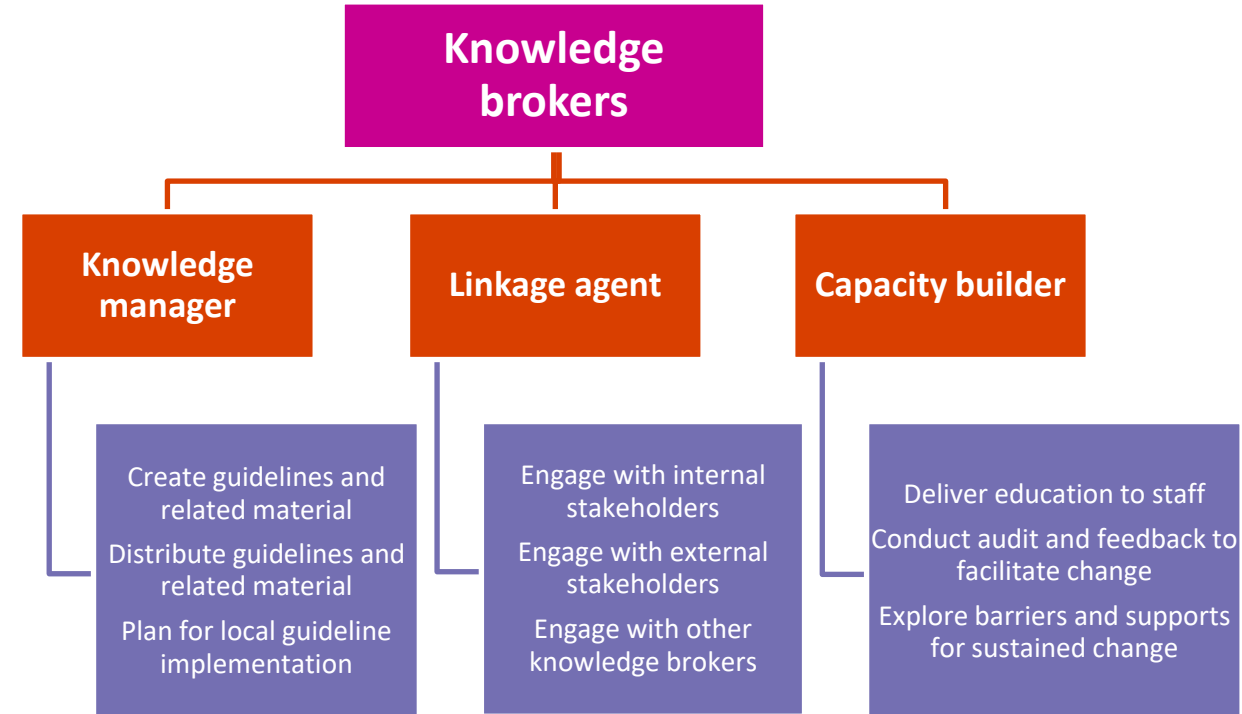


Figure 4. The roles of a knowledge broker

ACOPs as knowledge brokers

In addition to all MAC members, ACOPs and pharmacists working in aged care can support MACs in practical ways:

- Motivate and engage MAC members to promote multidisciplinary MAC meetings
- Before MAC meetings, review data and prepare possible quality improvement initiatives for discussion
- Conduct audits to inform possible quality improvement initiatives e.g. MEGA-MAC indicators
- Take the lead in developing, implementing and evaluating quality improvement initiatives



MEGA-MAC trial

Objective

- To evaluate the effectiveness and examine the relative net benefit of using knowledge brokers, supported by a national quality improvement collaborative, to implement Australia's new Guiding Principles¹

The intervention

- 9-month intervention from October 2024 until July 2025

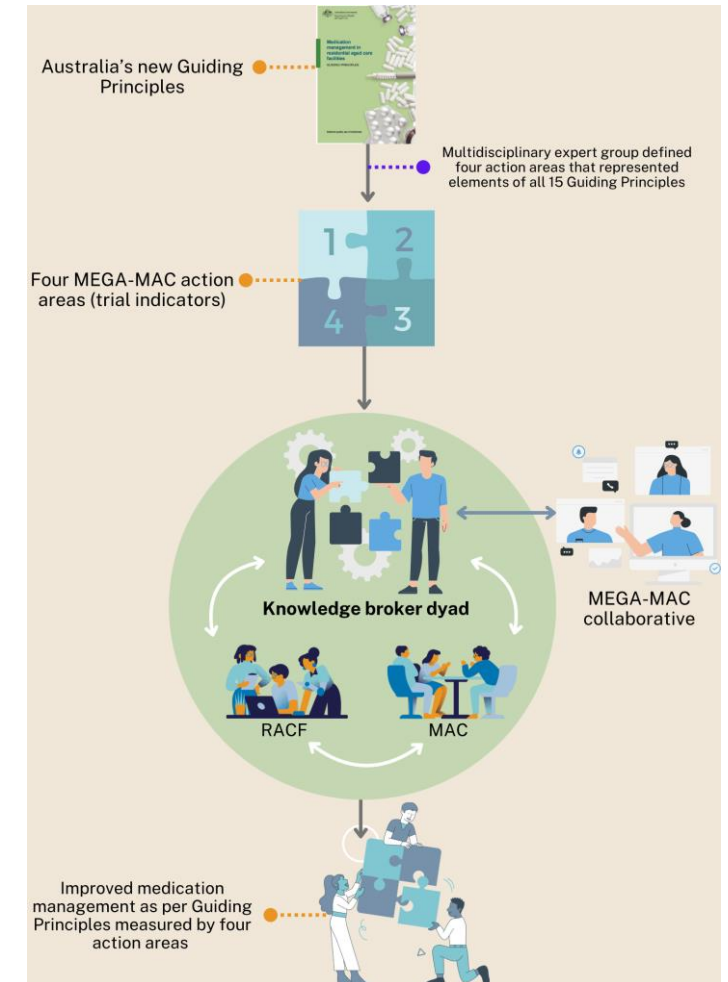


Figure 5. The MEGA-MAC intervention

Opportunities for ACOPs

- Opportunity to engage other MACs to support sharing of ideas between MACs
- Opportunity to engage internal stakeholders leading to a deeper understanding of internal systems and processes at the residential aged care provider organisation
- Opportunity to identify and lead quality improvement initiatives around medication-management
- Opportunity to resident and family input into MAC meetings
- Opportunity to engage with other ACOPs to support sharing innovative practice



Conclusion

- MACs are an important clinical governance tool to support quality improvement and quality use of medicines
- MACs should be tailored to address the local needs and priorities of the RACH(s) it governs
- There is scope for improvement in MAC structure and function
- ACOPs are well placed to be knowledge brokers and proactively drive medication safety initiatives through the MAC



Community HealthPathways

Melbourne

Older Adults' Health

Behavioural Disturbance in Older Adults

Carer Stress and Wellbeing

Delirium

Cognitive Impairment and Dementia

Depression in Older Adults

Elder Abuse and Neglect

Falls - Screening, Prevention, and Management

Frailty in Older Adults

Health Assessment for Older Adults (≥ 75 Years)

Medication Use in Older Adults

Weight and Nutrition in Older Adults

RACH Related Care

Before Entering a Residential Aged Care Home (RACH)

Comprehensive Medical Assessment (CMA) for RACHs


First 12 Months After Admission to a Residential Aged Care Home

Infectious Disease Management in Aged Residential Care

Transfer of Care - RACH to Acute Services

Unexpected Deterioration in an Older Adult

Older Adults' Referrals



Melbourne

HEALTHPATHWAYS

Latest News

8 August



Health.vic

Health alerts and advisories

8 August



TGA alerts

TGA alerts:

- Safety Alerts (for health professionals)
- Recall Actions (for health professionals)
- TGA Medicine Shortages (for health professionals)

2 July



Victorian Government investigation of sexual assault allegations

The Victorian Government is investigating sexual assault allegations involving a former childcare worker linked to multiple centres across Melbourne. See further information including support for concerned families and a dedicated advice line.

24 April



Antibiotic Guidelines Update

Pathway Updates

Updated – 8 August

Food Allergy and Intolerance in Adults

Updated – 8 August

Angioedema

Updated – 4 August

Immunisation - Childhood

Updated – 1 August

Immunisation - Adults

Updated – 1 August

Disclosure by Child or Young Person of Sexual Abuse

VIEW MORE UPDATES...

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HealthPathways – Unlock the power of Medication Advisory Committees (MACs) to drive safer, smarter aged care for GPs, Pharmacists, Aged Care Workers and other clinicians

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RACH Related Care

In This Section

[Before Entering a Residential Aged Care Home \(RACH\)](#)

[Comprehensive Medical Assessment \(CMA\) for RACHs](#)

[First 12 Months After Admission to a Residential Aged Care Home](#)

[Infectious Disease Management in Aged Residential Care](#)

[Transfer of Care - RACH to Acute Services](#)

[Home](#) / [Older Adults' Health](#) / [Medication Use in Older Adults](#)

Medication Use in Older Adults

[About medication use in older persons](#) ▼

See Primary Health Tasmania resources and guides for the use of:

- [antidepressants in older people](#) [↗](#).
- [benzodiazepines in older people](#) [↗](#).

In This Section

[Deprescribing](#)

[Medication Management and Polypharmacy in Older Adults](#)

[Medication Management Reviews](#)

See Also

[Medications for Depression in Older Adults](#)

[Medications for Dementia](#)

HealthPathways and the Dementia Support Pathways and Implementation Project - a little background

As part of the Government's response to the Royal Commission into Aged Care Quality and Safety (Royal Commission), Primary Health Networks (PHNs) are being funded to develop and enhance use of existing local dementia care support pathways for their region.

The aim of this initiative is to **support people living with dementia to live well in the community for as long as possible**. It will support clinicians, primary care and the allied health workforce to enhance the care and support provided to **people living with mild cognitive impairment or dementia, as well as their carers and family**.

The key objectives are to:

- Improve the **timeliness of dementia diagnosis**
- Increase the **uptake of post-diagnostic services and supports**
- Enhance the **ongoing care and support** provided to people living with dementia, their carers and families to support them to plan ahead and better navigate their dementia journey.

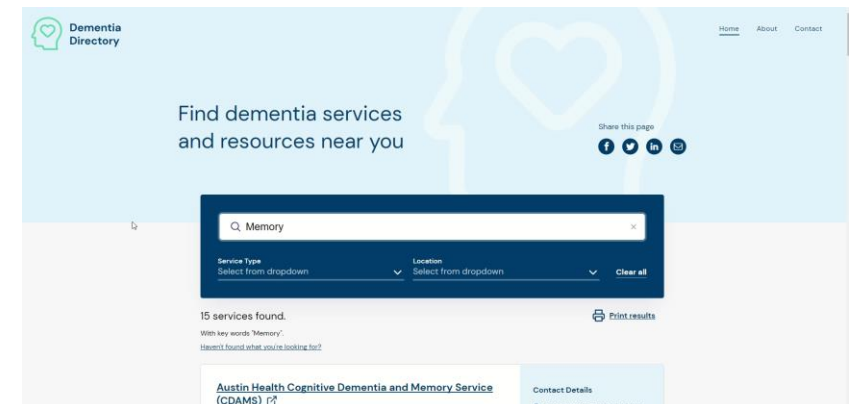
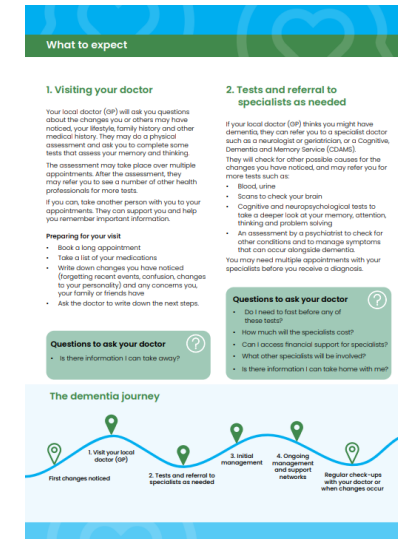
The Dementia Consumer Resource

The Dementia Consumer Resource provides information on "**what to expect**" in one's dementia journey:

- Visiting your doctor
- Questions to ask your doctor
- Initial management options
- Tests and referral to specialists
- Ongoing management and support networks
- Support services available such as Dementia Australia, Carer Gateway, My Aged Care, and the NDIS.

The resource is available in 2 or 4 page versions depending on the needs of the individual in English, Arabic, Italian, Greek, Vietnamese or Simplified Chinese [Download here](#)

The [Dementia directory](#) is a directory of local services and support for people living in the Northern, Western and Eastern suburbs of Melbourne with dementia, as well as their carers and families.



If you are interested in placing a print order for these resources, please email info@healthpathwaysmelbourne.org.au

HealthPathways- Relevant pathways and Related pathways


Relevant Pathways

- [Digital Health](#)
- [My Health Record](#)
- [Avoiding Hospital Presentations](#)
- [After-hours Services](#)
- [HIP – Health Independence Program](#)
- [Hospital in the Home \(HITH\)](#)

RACH Related care pathways

- [Residential In-Reach \(RIR\) Services](#)
- [Urgent Care Clinics](#)
- [Transfer of Care - RACH to Acute Services](#)
- [Infectious Disease Management in Aged Residential Care](#)
- [Advice and Emergency Services for Older Adults](#)
- [Before Entering a Residential Aged Care Home \(RACH\)](#)
- [Comprehensive Medical Assessment \(CMA\) for RACHs](#)

Older Adult's Health

- [Unexpected Deterioration in an Older Adult](#)
- [Falls - Screening, Prevention, and Management](#)
- [Frailty in Older Adults](#)
- [Palliative Care Overview](#)
- [Subcutaneous Fluid Administration in Palliative Care](#)
- [Symptom Control in Palliative Care](#)
- [Terminal Phase Management](#)
- [Catheter Management](#)
- [Catheter Removal \(Trial of Void\) or Change](#)
- [Dementia Support and Resources](#)
- [Advance Care Planning](#)
- [Aged Care Assessment Service \(ACAS\)](#)
- [Bereavement, Grief, and Loss](#)
- [Carer Resources and Support Services](#)
- [CPD hours for HealthPathways use](#) 

Melbourne

HealthPathways

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Medicines Information and Resources

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Carer Resources and Support Services

Community Health Services

CPD Hours for HealthPathways Use

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CPD Hours for HealthPathways Use

CPD Hours for HealthPathways Use

About Continuing Professional Development (CPD)

The aim of the continuing professional development (CPD) requirements of the [Medical Board of Australia](#) is to support quality, lifelong learning for doctors that is relevant, effective, and evidence-based.

The 3 core elements of CPD are:

1. [CPD homes](#) – for quality assurance
2. [Professional development plans](#) – for purpose
3. [Different types of CPD](#) – for value

Using HealthPathways for CPD

HealthPathways is a source of contemporary and practical clinical information, localised to the geographical region of the medical practitioner. Application of knowledge contained within pathways to the individual patient provides an opportunity for reflection upon current understanding of the patient's clinical condition, and how it may be improved. This reflective learning can be self-reported as a CPD activity.

- Clinicians with an [individual HealthPathways account](#) can access a [CPD Reporting](#) tool to help log their HealthPathways CPD activity.
- Clinicians without an individual HealthPathways account can still self-report time spent in HealthPathways as a reflective activity. To help reporting, reflective learning templates have been developed for both colleges:
 - [ACRRM](#)
 - [RACGP](#)

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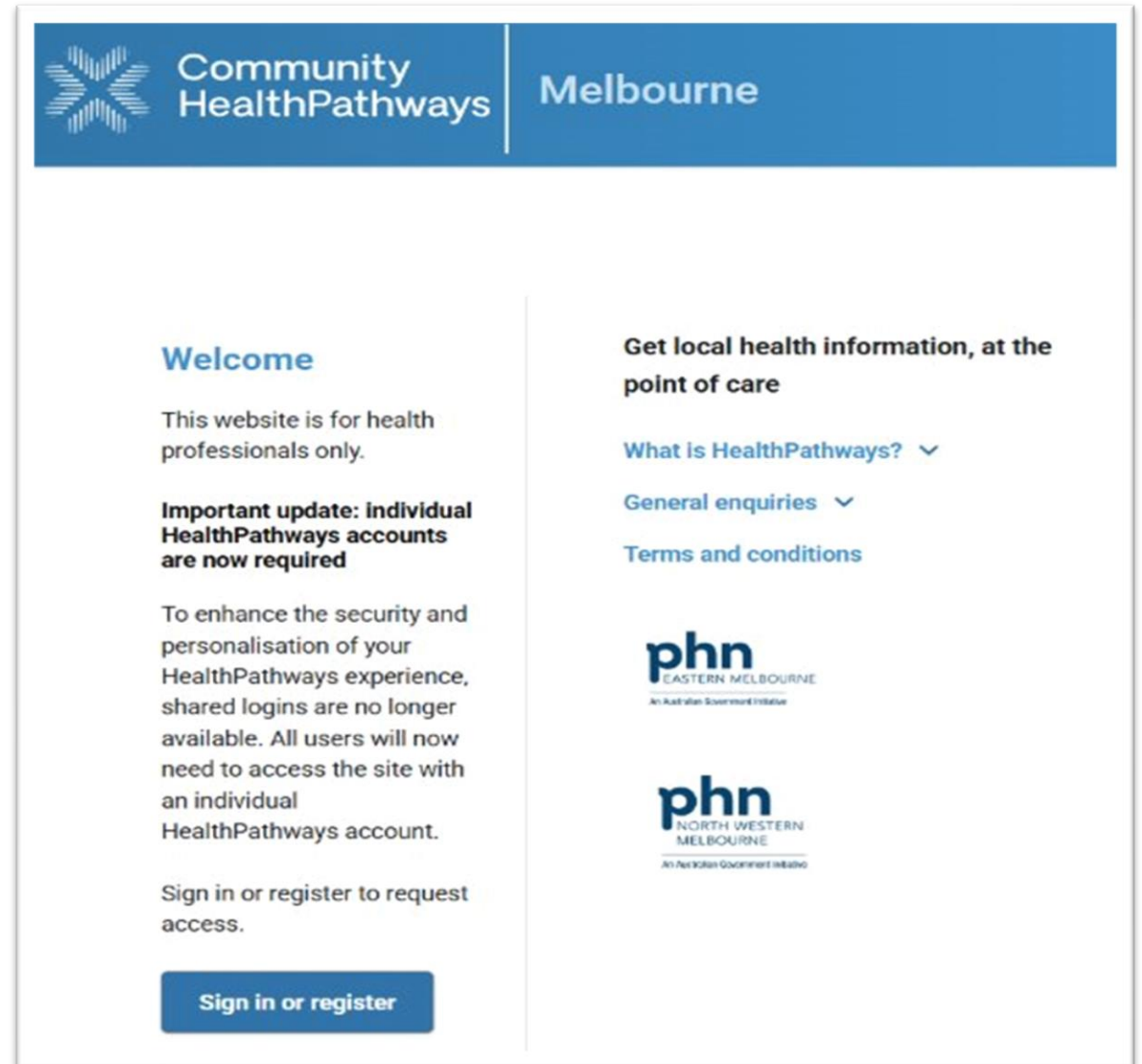
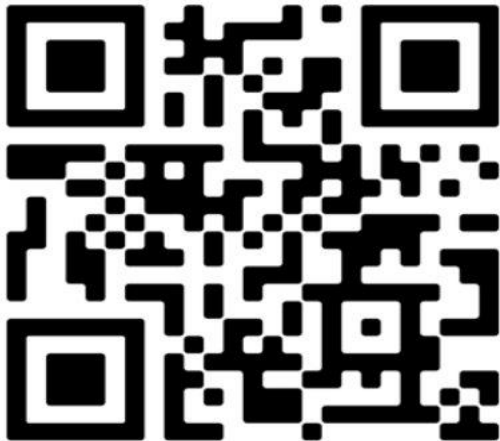
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Accessing HealthPathways

Please click on the **Sign in or register** button to create your individual account or scan the QR code below.

If you have any questions, please email the team
info@healthpathwaysmelbourne.org.au

A screenshot of the HealthPathways Melbourne website. The header is blue with a white star icon, the text "Community HealthPathways", and "Melbourne". The main content area is white. On the left, there is a "Welcome" section with a message for health professionals only, an "Important update" about individual accounts, and a "Sign in or register" button. On the right, there is a section for "Get local health information, at the point of care" with links for "What is HealthPathways?", "General enquiries", and "Terms and conditions". At the bottom right, there are logos for "phn EASTERN MELBOURNE" and "phn NORTH WESTERN MELBOURNE", both noted as Australian Government initiatives.

Q&A



Session Conclusion

We value your feedback, let us know your thoughts.

Scan this QR code



You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

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