Strengthening medication administration in Victoria's residential aged care homes

October 2025 consultation

VICTORIA State Government | Department of Health

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In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.

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<www.engage.vic.gov.au/RACF-MM-Consult>

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Overview

The Department of Health (the department) is working with aged care providers and other key stakeholders to strengthen legislation and contribute to improving medication administration in residential aged care.

The Victorian Government is committed to continuously improving the care of older people and reducing the risk of medicine-related problems in residential aged care.

People living in residential aged care often have complex health needs and medications that require clinical skills when administering.

On 9 September 2025, the Victorian Government passed the *Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Act 2025* < https://www.legislation.vic.gov.au/bills/drugs-poisons-and-controlled-substances-amendment-medication-administration-residential-aged-care>. The Act amends the *Drugs, Poisons and Controlled Substances Act 1981* (DPCSA) to place a new requirement on registered aged care providers to ensure only nurses (and other registered health practitioners) administer prescribed and dispensed Drugs of Dependence and Schedules 4, 8 and 9 medications.

The new requirement will commence on 1 July 2026.

Consultation with the sector undertaken in 2022 and 2024 fed into the development of the Bill.

Purpose of this consultation

This consultation paper aims to assist residential aged care homes to complete a survey about their current medication administration practices. The survey builds on the 2024 survey that asked Victorian residential aged care homes which direct care workers were administering prescribed and dispensed medication.

This survey will provide the department with updated data to assist in refining change management supports and regulations. The department encourages a single representative (for example a nurse manager or Director of Nursing or equivalent) from Victorian residential aged care homes to complete the survey regarding current medication administration practices.

About the new requirement

As of 1 July 2026, all Victorian registered residential aged care providers will be required to:

Ensure, unless there is reasonable excuse, that only a registered nurse or an enrolled nurse (or other registered health practitioners) administers prescribed and dispensed Drugs of Dependence and Schedules 4, 8 and 9 medications.

The new requirement builds on existing Victorian legislative requirements that a registered nurse (RN) manages the medication administration process and is consistent with national Guiding Principles for Medication Management in Residential Aged Care Facilities <https://www.health.gov.au/resources/publications/guiding-principles-for-medication-management-in-residential-aged-care-facilities?language=en>.

The obligation will only apply when a resident is on the premises of the residential aged care home. It will also only apply to residents who do not administer their own medication.

The Health Regulator will adopt a responsive and educative approach to monitoring and enforcement, with a priority focus on addressing significant harms from non-compliance. Criminal penalties (100 penalty units) will apply for non-compliance with the new requirements without reasonable excuse.

'Reasonable excuse' is a common provision in law and allows providers to defend the reasonableness of their actions if they are found non-compliant with the requirement.[1]

The Victorian Government has committed to a 90-day grace period – a policy position where no enforcement action will be pursued until 29 September 2026 to give providers additional flexibility as they implement these changes.

What the amendment will not do

The new requirement in the DPSCA will not:

- Prescribe models of care or how Commonwealth Government mandated direct care minutes are used: how homes implement the reform is up to providers.
- Change health practitioners' existing authorisation under the DPSCA or Drugs, Poisons and Controlled Substances Regulations 2017 to administer medication within their scope of practice (for example general practitioners, dentists, pharmacists, and paramedic practitioners)
- Include mandated reporting requirements or have routine audits
- Apply to unscheduled and Schedules 2 and 3 medications
- Change the voluntary assisted dying legislation
- Impact existing reforms underway to enable registered Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) to administer Schedules 4 and 8 medications across all Victorian healthcare settings.

Exemptions and safeguards

Temporary exemptions to the requirement that only a nurse administers medication will be prescribed in the Regulations. The department will consult with unions, peak bodies, government and non-government providers in the development of the Regulations in 2026.

Prior to the new requirement taking effect, an exposure draft of the proposed Regulations will be released for sector feedback.

Consultation to date has informed the current policy intention of temporary exemptions to account for:

unforeseen circumstances that impact nursing availability and where there is risk of harm from delayed medication.

[1]. Reasonable excuse is a common defence featured in Victorian legislation where criminal provisions apply. It allows the accused to provide evidence of the reasonableness of their actions in the circumstances, to an objective standard. Reasonable excuse operates as an effective and transparent safeguard against improper application of the criminal offence and is determined by circumstances of individual cases and by the courts based on the nature of the provision of the offence.

It is proposed that temporary exemptions will apply to individual residents and in limited circumstances. For example, if there is risk of harm to one resident from delayed medication, the RN managing medication administration may delegate administration to someone who is not a nurse (for example a personal care worker). The exemption does not apply if there is not a risk to the individual resident if medications are administered later than scheduled.

Change management supports for Victorian residential aged care providers

While most of the time nurses are already administering medication in Victoria's residential aged care, change management supports will be available to assist the government and non-government sectors transition to the new requirement. The survey will assist the department to identify additional supports.

In addition, the department has identified supports available to both government and non-government providers.

Time to prepare

The Victorian Government recognises that while in most cases medication is already administered by nurses in residential aged care, some providers will need to make changes that may be challenging. The new legislative requirement will not commence until 1 July 2026, with a grace period where no enforcement action will be pursued until 29 September 2026. The intention is to give providers time to prepare and make changes to how medication is administered.

Sector communications

Sector communications about the requirement – and exemptions - will be ongoing, available online and sent directly to providers by the department, along with peak bodies and unions. A webinar will provide an opportunity for providers to ask questions and for the department to further refine communication materials. The department will also share how individuals can confidentially raise concerns of non-compliance with the Health Regulator.

Exchanging best practice

Prior to the commencement of the new requirement, and pending sector appetite, the department proposes to host an in-person forum to bring together government and non-government providers to share best practices in medication management and administration. This opportunity may assist in improving efficiencies, quality and safety.

Voluntary insights survey

While there is no mandatory reporting, the department intends to issue a voluntary and anonymised survey to gather insights on sector preparedness and compliance with the reform. The survey will provide an opportunity for providers to share benefits or concerns with the new requirement and will contribute to the department's five-year review.

Supporting workforce growth

The Victorian Government has ongoing initiatives, incentives and policies to support and increase the State's nursing workforce. This includes the Diploma of Nursing available under the Victorian Government's free TAFE initiative, which will increase the pipeline for additional enrolled nurses for government and non-government health and care sectors.

The landmark 28.4% increase (over 4 years) to Nurses and Midwives' Enterprise Agreement 2024-2028 for nurses in the public sector, along included pathways for diploma of nursing students to be employed as Registered Undergraduate Students of Nursing (RUSONs - Bachelor students) and Registered Enrolled Nurse Students (RENS - Diploma students) whilst they complete their studies.

The 2025 survey seeks to understand appetite for other workforce initiatives in the non-government sector – including supporting nursing graduate programs and personal care worker to enrolled nurse pathways.

2025 survey

The department encourages government and non-government providers to contribute to the voluntary and anonymous survey that will assist refining change management supports.

Access the survey <https://victoriandepartmentofhealth.snapforms.com.au/form/2025-medication-administration-in-victorian-residential-aged-care>

Residential aged care homes are encouraged to have one representative to respond on behalf of the home – for example a Director of Nursing or Nurse Manager. It is estimated the survey will take approximately 15 to 20 minutes to complete and be **open from 24 October to 17 November 2025**.

This survey builds on a 2024 sector wide survey that asked residential aged care homes how frequently registered nurses, enrolled nurses, and personal care workers were administering prescribed and dispensed Schedule 4, 8 and 9 medication. The survey revealed that most of the time nurses were administering schedule 4,8 and 9 medications.

This new 2025 survey will refresh the data from 2024 to ensure the department has the most up to date information as part of supporting the sector to implement the new legislation. The new survey will also assist in refining draft exemptions to be prescribed in the regulations and change management supports.

Contribution from the sector is essential to design and deliver a reform that is fit for purpose and continues to drive improvements in care for older people in Victoria. Your participation is greatly appreciated.

Definitions

Medication

Amendments to Division 10A of Part II of the *Drugs, Poisons and Controlled Substances Act 1981* will require registered providers to ensure a registered nurse or enrolled nurse administers prescribed and dispensed drugs of dependence and Schedules 4, 8 and 9 medications.

Schedule 4 medications are prescription-only for example antibiotics, local anaesthetics, and strong analgesics (for example Panadeine Forte®).

Schedule 8 medications are those that have a higher risk of abuse, misuse, or physical or psychosocial dependence (for example for example oxycodone (OxyContin® or Endone®), morphine MS-Contin® and some benzodiazepines (flunitrazepam and alprazolam).

Schedule 9 medications are prohibited substances and are rarely used for a person living in a residential aged care setting. Schedule 9 medications may include clinical trial medications.

Drugs of dependence are medicines that have a higher potential for dependence – they include all medicines in Schedules 8 and 9 and some from Schedules 4 (such as benzodiazepines). Drugs of dependence should be treated with a higher degree of caution.

Medication administration

Based on previous consultations, mediation administration assumes three key activities: retrieval of medication, conducting quality checks and the actual physical administration. It is understood that different direct care workers can conduct different activities within the administration process.

Retrieval of medication

Retrieval of medication involves collecting the medication from their safe secure storage space. In many homes this task involves packing a medication trolley for all people living in the home (or on the ward) ahead of medication rounds. This task may involve reconciliation of listed medicines against residents' medication charts. It should also involve checking medication is in code (i.e., not expired). Some homes store medication securely in a resident's room – with a direct care worker arranging medication storage, usually on a weekly basis.

Quality checks

Quality checks in the context of this consultation refers to checking the medication is the correct dose at the correct time for the correct resident. Some homes may use check lists to manage quality checks. The 'rights' of medication administration is a widely adopted quality and safety standard that ensures the medication is going to be administered to the 'right person', at the 'right time', via the 'right route', and for the 'right dose' of the 'right drug', for the 'right reason for administration' and with the 'right documentation'.

Physical administration

Physical administration is the actual giving of the medication. This may involve opening the container, removing the prescribed dosage, and giving the medication to the resident as per instructions. It includes administering medication both in, and not in, Dose Administration Aids such as webster or blister packs if utilised.

Contact

If you would like to discuss the reform, or the survey, with the department, please email the Older People and Aged Care Policy team via Vic_AgedCare@health.vic.gov.au.