INVITATION LETTER TO GENERAL PRACTITIONER

Dear General Practitioner or Practice Manager,

Subject: Medication Advisory Committee

Our Residential Aged Care Service has decided to implement the Australian Pharmaceutical Advisory Council’s ‘Guidelines for medication management in residential aged care facilities,’ as part of our ongoing commitment to improving care for residents. These guidelines have been embraced by the residential aged care industry as providing a meaningful framework for best practice in medication management in such settings.

Recommendation 1 of the guideline states that each residential aged care facility should establish or have direct access to and utilise the services of a Medication Advisory Committee **(MAC)** to facilitate the quality use of medicines. We are currently in the process of establishing a MAC which will be an integral component of the quality improvement and safety framework for the quality use of medicines for residents of this service.

The Terms of Reference for the MAC are:

• To advise on the implementation of national standards, guidelines and policies and relevant legislation on medicine use.

• To develop policies and performance indicators on medicine use and evaluate their implementation.

• To assist in the development and evaluation of indicators for quality use of medicines as part of a quality assurance framework.

• To make recommendations to the Board and management of the service on any matters relating to medicine use with the view to optimize health outcomes through the quality use of medicines.

We would be grateful for your involvement on the MAC, which will also include representation from the management of our service, nurses, direct care staff, pharmacists, and resident advocates. Representatives with additional expertise or advice may also be co-opted as required.

Meetings will initially be held monthly at **[insert RACS name]** and it is expected that they would run for two hours. Should you agree to be a member of the MAC, I would be grateful if you could indicate in the table below the days and times that would best suit your busy schedule, and fax to [insert fax number] at your earliest convenience.

Yours sincerely,

**[Name, designation]**

**[Contact telephone number and email address]**

GP Name: **[Insert name]** I am / am not interested in attending.

Availability to attend MAC Meetings

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Preferred times** **(7am to 10pm)** | **Day** | **Preferred times** **(7am to 10pm)** |
| Monday |  | Friday |  |
| Tuesday |  | Saturday |  |
| Wednesday |  | Sunday |  |
| Thursday |  | Other |  |