

Frequently Asked Questions: 24/7 registered nurse responsibility

Version 5, 8 July 2024

This document contains Frequently Asked Questions about the 24/7 registered nurse (RN) responsibility, including answers to questions received from webinars hosted by the Department of Health and Aged Care (the department) on 15 March 2023, 12 April 2023 and 1 June 2023, and the webinar hosted by the Aged Care Quality and Safety Commission (ACQSC) on 18 April 2023. Where appropriate, the department has simplified questions and consolidated similar ones.

For more information see the following resources:

- [24/7 RN responsibility](#)
- [24/7 RN supplement](#)
- [24/7 registered nurse reporting](#)
- [Care minutes and 24/7 registered nurse responsibility guide](#)
- [Care minutes and 24/7 registered nurse responsibility resources](#)

[24/7 RN responsibility: provider readiness checklist](#)

- [Webinar: 24/7 RN exemption webinar 15 March 2023 – video recording](#)
- [Webinar: Residential aged care 24/7 registered nurse responsibility: reporting, supplement and other information 1 June 2023 – video recording](#)

[Webinar: Regulation of workforce-related responsibilities including 24/7 RN and care minutes 18 April 2023 – video recording](#)

- [Regulatory Bulletin: Workforce-related responsibilities – including 24/7 RN and care minutes 13 April 2023](#)

Contents

| | |
|--|----|
| 1. General | 2 |
| 2. Reporting | 3 |
| 3. 24/7 RN supplement and reduced rate supplement..... | 6 |
| 4. Registered nurse coverage | 7 |
| 5. Compliance | 8 |
| 6. Workforce..... | 10 |
| 7. Exemption from the 24/7 RN responsibility | 10 |

1. General

Why did the Government introduce the 24/7 RN responsibility for providers to have at least one RN on-site and on duty at each residential facility at all times?

The Australian Government is committed to making sure all aged care residents can access care from a registered nurse at all times, whatever aged care home they live in. Having an RN on-site and on duty 24 hours a day, 7 days a week at every residential facility is a key part of the [Government's plan](#) to improve aged care.

The 24/7 RN responsibility aims to raise the quality of care being delivered in residential facilities.

It responds to Recommendation 86 of the Royal Commission into Aged Care Quality and Safety's [final report](#), which identified staffing levels are vital to the quality of residential care, and recommended at least one registered nurse on site per residential aged care facility at all times.

Evidence from Emergency Medicine Australasia also indicates that almost half of all ambulance transfers from a residential aged care home to a hospital emergency department occur after hours. This is a time when staffing levels in aged care facilities can be reduced, with access to nursing care, particularly registered nurse skills, limited.

The 24/7 RN responsibility helps ensure that more residents receive and have access to the highest level of clinical care that's available to meet their individual needs at all times.

It will allow RNs to manage some issues as first responders, ensuring the safety of residents and reducing the risk of harm that can occur when other qualified and experienced care staff are not available at the facility.

How is the Government helping providers meet the 24/7 RN responsibility?

The Government is committed to supporting the aged care sector meet the 24/7 RN responsibility through a number of measures. These include:

- Committing \$800.9 million (over 4 years from 2023-24) to fund the [24/7 RN supplement](#). This payment helps residential facilities with an average of up to 60 residents on average over the month to meet the cost of providing 24/7 RN care, that is not covered through the [Australian National Aged Care Classification](#) (AN-ACC) funding model.
- Committing \$15.7 million (over 4 years from 2024-25) to fund a [reduced rate supplement](#). This separate supplement is paid at half the rate of the 24/7 RN supplement and is available to smaller facilities with up to an average of 30 residents that is providing at least 50% RN coverage (but less than the level required for the full rate supplement).
- Establishing an [exemptions framework](#) for residential facilities with up to 30 operational places in [Modified Monash Model](#) (MMM) 5, 6 and 7 locations (small rural towns, remote communities and very remote communities) where appropriate alternative arrangements are in place. If eligible, providers may be granted an exemption from the new responsibility for up to 12 months at a time, in respect of the residential facility. Exemptions are available until 30 June 2026.
- Initiatives to grow the [aged care workforce](#) and boost the skills of aged care nurses.

The Government understands that in some circumstances workforce shortages may affect a provider's ability to maintain an adequate number of staff to meet its workforce-related responsibilities, including the 24/7 RN responsibility.

The [Aged Care Quality and Safety Commission](#) (ACQSC) has released [Regulatory Bulletin 2023-19](#) with information on how it will regulate workforce-related responsibilities, including where workforce shortages limit a provider's ability to meet their care minutes targets.

Why is the 24/7 RN responsibility mandated for residential facilities and not residential care services? What is the difference between a residential facility and a residential care service?

The *Aged Care Act 1997* provides that the 24/7 RN responsibility applies to an approved provider in respect of a residential facility.

For the purposes of the 24/7 RN responsibility, a residential facility is 'a building or complex of buildings (inclusive of their immediate surrounds) used to provide residential aged care'.

This means a residential facility relates to a physical site and is different to the concept of a residential care service, the entity through which subsidy is paid to the approved provider.

The 24/7 RN responsibility at a residential facility aligns with Recommendation 86 of the Royal Commission into Aged Care Quality and Safety's [final report](#) that an RN must be on-site (that is, at a physical location) and on duty at all times.

How does the definition of a residential facility apply to services that are co-located or split across multiple locations?

Generally, one residential care service aligns to one residential facility.

However, some services are located with one or more other services at a single facility. These are considered co-located services for the purposes of the 24/7 RN responsibility.

Services that deliver care at multiple physical locations are considered split services for the purposes of the 24/7 RN responsibility.

Applying the 24/7 RN responsibility at the facility level means that:

- Co-located services that make up a single facility will only be required to have one RN on-site and on duty across their 2 (or more) services
- Split services will be required to have at least one RN on-site and on duty at each site associated with the one service, as the different locations are considered to host different facilities.

Consistent with the 24/7 RN responsibility applying at the residential facility level, the exemption also applies at the residential facility level. This means that where there are 2 or more co-located services comprising a residential facility, they will only be eligible for an exemption where they have 30 or fewer combined operational places.

Does the 24/7 RN responsibility apply to Multi-Purpose Services (MPS)?

No. However, the 24/7 RN responsibility is being trialled in MPS from 1 July 2024. For further information please contact the MPS team via mpsreforms@health.gov.au.

2. Reporting

Are there reporting requirements for the 24/7 RN responsibility? If so, are providers required to report if their residential facility has been approved for an exemption?

Yes. All approved providers are required, under subsection 44B(2) of the [Accountability Principles 2014](#), to submit a monthly report for each residential facility they operate. This includes facilities for which an exemption from the 24/7 RN responsibility is in place.

What do providers have to report?

The approved provider must confirm in their monthly reporting for each day if the facility has:

- an RN on-site and on duty at all times; and
- any gaps by exception only, including:
 - every period of 30 minutes or more that an RN was not on-site and/or not on duty
 - who had been delegated responsibility for nursing practice and clinical care delivery when an RN was not on site or on duty (e.g. enrolled nurse or personal care worker)
 - whether that staff member had access to on-call support/alternative arrangements (e.g. on-call RN, general practitioner or telehealth service)
 - whether the on-call support had access to resident's clinical records
- For any reported 30 minute gaps in RN coverage, the approved provider must also respond to monthly questions (only need to complete once) about:
 - whether the alternative arrangements included a option to transfer residents to a local health facility
 - if there was an RN vacancy, whether the provider was actively recruiting to fill it.

This information will be used to support ACQSC's regulatory activities relating to the 24/7 RN responsibility and, importantly, to support 24/7 RN policy development to target workforce supports in the future.

Approved providers must complete and submit their monthly 24/7 RN report in the [Government Provider Management System](#) (GPMS) by 11.59pm AEST/AEDT on the 7th calendar day after the end of the month.

Where can providers find out more information about GPMS and set up access?

Information about GPMS, including how to set up [staff profiles](#), is available on our [Government Provider Management System](#) webpage.

Organisation Administrators in GPMS have a number of new roles available in the system. The specific role for 24/7 is the 'Reporter' role and this will need to be assigned to staff who will be completing the submission.

Failure to set-up staff roles in GPMS may prevent services from being able to meet their reporting obligations and this may in turn impact payment of the supplement for eligible providers.

More information about what you need to do is available on the department's website:

- [Government Provider Management System](#) - how to login, user guides, troubleshooting tips
- [Government Provider Management System resources](#)
 - [User Guide: 24/7 registered nurse reporting](#)

For further assistance, providers can call the My Aged Care service provider and assessor helpline on 1800 836 799, Monday to Friday (8am to 8pm) and Saturday (10am to 2pm) local time across Australia.

To follow up on incidents that have been logged with regards to GPMS, email: GPMS.project@Health.gov.au.

Can providers submit 24/7 RN reporting information direct from software so it is not necessary to log into another portal or upload an excel sheet template to improve the efficiency of upload?

Providers will not be able to upload a template or spreadsheet into GPMS at this time.

However, the Business to Government (B2G) gateway is now available to support 24/7 RN reporting. This enables streamlined reporting direct from the provider to government systems.

Providers who are interested in connecting to B2G, should discuss this with their software vendor or IT operations team. To find out more, visit [Aged care Business to Government \(B2G\) initiative](#).

Will reporting be required for every lunch break where an RN is not ‘on duty’? What reporting requirements are expected when RNs have a 60 minutes meal break rather than 30 minutes?

For the purpose of the 24/7 RN responsibility, an RN is considered to be ‘on duty’ when taking breaks during a continuous period of work if those breaks are prescribed in their employment conditions.

If an RN goes off-site during a mandated break (meaning beyond the building or complex of buildings including its surrounds), then that RN is not contributing to meeting the responsibility. The provider must report this period of break (of 30 minutes or more) **only** if another RN was not on-site and on duty.

The department notes that the particular employment conditions and staffing arrangements at each residential aged care facility to meet the 24/7 RN responsibility are matters for the relevant approved provider.

What are providers required to do if an RN is absent unexpectedly for a shift or part of a shift and how is this reported?

In instances where an RN was not on-site and/or on duty for a shift or part of a shift, the provider must report this in the monthly report including the alternate arrangements that were made to ensure clinical care needs were met (or that alternate arrangements were not made) for each period of absence of 30 minutes or more.

If an RN was ‘sleeping over’ but was available to be woken to provide care, would this be counted as ‘on-site and on duty’?

In general, the department considers ‘sleepover’ arrangements where RNs are only required to provide care to a resident when called upon to be an on-call arrangement. Therefore, an RN that is on-call, even if they are on-site, is not on duty for the purposes of the 24/7 RN responsibility.

While this sleepover on-call arrangement does not count towards meeting the 24/7 RN responsibility (because the RN is not considered to be on duty), this arrangement ensures they remain easily accessible for the delivery of emergency care.

Can the managers, such as the Facility Manager, Nursing Unit Manager or Director of Nursing count towards meeting RN coverage when they are on-site and on duty?

In order to count towards the 24/7 RN responsibility an individual needs to be engaged by the provider as an RN with their prime purpose for that shift being to provide care to residents and oversight of the care provided by other staff.

Managerial staff that are qualified as an RN can count towards meeting the 24/7 RN responsibility only during the times they stand-in to deliver care when a rostered RN is absent due to unforeseen circumstances (such as personal leave or illness). That is, they do not count as being on-site and on duty during the times they are undertaking their ordinary managerial duties even if they are qualified RNs.

The department has published scenarios in the [Care minutes and 24/7 registered nurse responsibility guide](#) to help providers understand whether an RN counts as on-site and on duty, particularly where they work in more than one role.

Why would the system default to capturing 15 minute increments when the requirement is to report gaps of 30 minutes?

The reporting function allows providers to edit the start time ('Time from') to the correct time, if necessary. The availability to select a 15 minute incremental time from/to value from the drop down list may reduce the need to edit values. This means providers will be able to report the exact amount of time of 30 minutes or more where an RN was not available on-site.

Will GPMS allow providers to complete reporting for days in advance, or only 'open' the day when it has passed?

Providers cannot enter data for prospective days. This is to ensure that data reported accurately captures RN coverage that was provided for each day, rather than planned future coverage.

What happens when RNs are not available for a particular shift on an ongoing basis? Do providers need to report this each day?

Yes. Providers must report any gaps in RN coverage of 30 minutes or more for each day of the reporting month. This includes when an RN is not available to cover a particular shift on an ongoing basis. GPMS allows entries to be copied, which will facilitate data entry where there is a regular period without RN coverage.

3. 24/7 RN supplement and reduced rate supplement

How long will the 24/7 RN supplement and the reduced rate supplement be available for?

Both supplements are ongoing payments to help eligible providers meet the cost of delivering 24/7 RN care.

Is eligibility for either supplement determined at the residential facility level or at the service level?

Consistent with the 24/7 RN responsibility applying at the residential facility level, eligibility for and the amount of the supplements are based on facility-level characteristics. The supplements are, however, paid through services, as with all other supplements through Services Australia each month in respect of services that include an eligible facility (or facilities) that meet the criteria.

Eligible providers will receive either the full rate supplement or reduced rate supplement, not both.

See [24/7 RN supplement](#) for more information about eligibility for each supplement.

When will the supplement be paid?

Providers should submit their correctly completed 24/7 RN report for each facility before they submit their monthly claim to Services Australia for the related service(s), to ensure the supplement, if eligible, is paid for the current claim cycle and included in service advance payment calculations.

Where the 24/7 RN report for the facility is submitted by the 7th calendar day, but after the provider has made their monthly claims to Service Australia, the supplement (if eligible) will be reflected as an adjustment in the subsequent claim month.

However, if the 24/7 RN report for the facility is not submitted by the 7th calendar day, the supplement will not be paid for the relevant reporting period.

See [24/7 RN supplement](#) for more information, including the supplement rates.

How does the department calculate the supplement threshold hours?

The average hours per day for the supplement threshold is calculated from the total RN hours divided by the number of days in the month x 24, then multiplied by 24 to get the daily average. Another way to express the threshold is that an RN needs to be RN on-site and on duty for:

- 87.5% of the hours in the month for the full rate supplement; or
- 50% of the hours in the month, but less than 87.5%, for the reduced rate supplement.

For example, for the month of August which has 744 hours (24 hours x 31 days), a provider will need to provide:

- At least 651 hours (equivalent to 87.5%) in order to meet the RN coverage threshold for the full rate supplement; or
- At least 372 hours (equivalent to 50%), but less than 651 hours (87.5%), in order to meet the RN coverage threshold for the reduced rate supplement.

Can a residential facility receive either supplement if they are granted an exemption from the 24/7 RN responsibility?

No. An approved provider exempt from the 24/7 RN responsibility in respect of a residential facility will not be eligible to receive either the full rate or reduced rate supplement for that facility.

However, approved providers may opt out of the exemption at any time if circumstances change. After the provider has opted out of the exemption, they will receive the [24/7 RN supplement](#) if they meet the eligibility criteria for either supplement. The supplement is paid automatically to eligible services.

Are approved providers of eligible residential facilities required to apply for either of the supplements?

No. Approved providers that may potentially be eligible for an exemption but opt to provide 24/7 RN care do not need to apply for either of the supplements.

An approved provider exempt from the 24/7 RN responsibility in respect of a residential facility will not be eligible to receive the supplement for that facility.

4. Registered nurse coverage

Why are facilities only required to have one RN on-site and on duty at all times, including co-located services?

Recommendation 86 of the Royal Commission into Aged Care Quality and Safety's final report recommended that there should be at least one RN on-site and on duty at each residential facility at all times.

A residential facility may consist of co-located services operating from the same building or complex of buildings inclusive of their immediate surrounds. In these circumstances and for the purpose of the 24/7 RN responsibility, the provider must ensure there is at least one on-site and on duty RN to provide care across the 2 or more services in the facility.

In practice, the provider must ensure that there is sufficient staff rostered to meet the care needs of all residents at the facility in line with their obligations under the Aged Care Act 2007 and Quality Standards.

Providers must also roster enough RNs to ensure that they meet the RN component of the mandatory care time requirements (i.e. a sector average of 40 RN minutes per resident per day). From 1 October 2024, these care time requirements are increasing to 44 RN minutes per resident per day and providers can also meet 10% of their RN target with care time delivered by an enrolled nurse (EN) from this date.

5. Compliance

What is ACQSC's approach to regulating the 24/7 RN responsibility?

See the following for detailed information about the ACQSC's approach to the regulation of providers' workforce-related responsibilities, including the 24/7 RN and care minutes requirements:

[Regulatory Bulletin](#)

- [24/7 registered nurse coverage and care minutes in residential aged care fact sheet](#)

What happens if an exemption from the 24/7 RN responsibility is not granted to a residential facility and the provider is unable to recruit sufficient RNs to provide 24/7 RN care?

Regardless of whether a residential facility has an exemption in place or not, including where a provider has applied for an exemption and this has not been granted, all approved providers must comply with existing responsibilities in relation to maintaining an adequate number of appropriately skilled staff, in order to ensure that the care needs of residents are met, and to deliver safe and effective clinical care. These requirements currently exist under the Aged Care Act and the Quality Standards and are detailed in the ACQSC's [Regulatory Bulletin](#).

Approved providers must demonstrate a willingness to comply with their responsibilities. Where a provider shows that it is actively working to comply with its responsibilities, ACQSC will consider this, along with the level of risk posed by the non-compliance, in determining what action it will take. Where a provider has not demonstrated this, ACQSC will respond in a way that is proportionate to the issues identified and risks posed to consumers.

A provider may also make a new application to the department for an exemption from the 24/7 RN responsibility if they have subsequently established appropriate clinical care arrangements.

Can approved providers roster their own experienced enrolled nurse or a graduate agency RN to address unplanned absences? Will this meet quality and safety requirements?

The *Health Insurance Act 1973* defines 'registered nurse' as a person who is registered under the National Law in the nursing profession as a registered nurse – this is the relevant definition for the purposes of the 24/7 RN responsibility.

An enrolled nurse therefore, no matter how experienced, will not meet the 24/7 RN responsibility. However, a graduate agency RN, if they meet the relevant definition, will satisfy the 24/7 RN responsibility.

In terms of appropriate alternative clinical care arrangements for the purposes of an exemption from the 24/7 RN responsibility, an experienced enrolled nurse or a graduate RN to cover absences may

make up a valuable part of a provider's strategy to ensure the clinical care needs of their residents are met.

Whether or not the steps taken by a provider to meet the clinical care needs of residents are deemed reasonable will depend on the individual circumstances of the facility, including the care needs of its residents, and the roles, responsibilities, and scope of practice of care and nursing staff.

Are telehealth services considered an acceptable alternative to in-person support and consultations?

The steps the provider takes will be dependent on the individual circumstances of the facility and will take into account the care needs of its residents.

It is unlikely a single strategy or alternative clinical care arrangement will be a sufficient substitute for on-site RN expertise, and facilities may need to implement a combination of strategies in order to mitigate the risks to resident care and safety that can arise when an RN is not present.

Telehealth is one means of improving a resident's access to timely clinical care. The availability of the telehealth, including after hours and overnight, needs to be determined if it is to be used as an alternative to having an RN on-site and on duty. Other arrangements need to be explicitly in place when telehealth is unavailable. There also needs to be sufficient technology support for telehealth consultations, including the skills of on-site staff. This includes ensuring residents and relevant family can participate, including access to the facility's language interpretation and hearing aids and other support where required. Staff need to have the required skills and knowledge to provide sufficient clinical information to the telehealth practitioner during the consultation.

There also needs to be a clear mechanism for the result of the consultation, including any instructions, to be communicated, recorded and responded to. Where the telehealth consultation recommends transfer to hospital or urgent review in person, how this will occur needs to be clarified.

Prior to any telehealth consultation, how the telehealth practitioner will have access to the clinical record, or to clinical information, needs to be understood. Similarly, how the telehealth practitioner communicates with the person's regular GP also needs to be clarified. Additionally, telehealth consultations have other requirements and rules which must be complied with.

Is there a process to evaluate or spot check whether the reports received from residential facilities about the 24/7 RN responsibility are accurate and not embellished?

The department has an ongoing program of reporting assessments to monitor data submitted for compliance with legislated responsibilities. This involves cross checking the information submitted in QFRs and the ACFR against other information sources.

If non-compliance is identified, the department may take action to protect the integrity of the Commonwealth's expenditure and the accuracy of information published through the residential aged care Star Ratings system.

Will the department publish 24/7 coverage information reported by providers about how they are progressing with their compliance with the 24/7 RN responsibility?

Sector and facility level 24/7 RN coverage information has been available on the department's website since August 2023. Facility level information is also published alongside Star Ratings on the [Find a provider tool](#).

6. Workforce

Many providers are unable to recruit RNs due to workforce constraints yet they do not meet the exemption criteria. Will there be an extension to the exemption period after 30 June 2026 to help?

Any extension of the exemption period is a Government decision.

What initiatives are available to providers to help manage their workforce strategy?

There are programs available to support growing, skilling and enabling the aged care workforce, many with a focus on support for regional, rural and remote areas.

Visit the department [aged care workforce initiative and program](#) webpage for more information.

Can staff who are not currently an RN (but were previously registered) and who have qualifications such as a Bachelor of Nursing, Gerontology Certificate or Diploma of Applied Science, contribute towards meeting the 24/7 RN responsibility?

No. Only an RN, who is a person registered under the Health Practitioner Regulation National Law in the nursing profession as a 'registered nurse', may contribute towards meeting the 24/7 RN responsibility.

Is the department considering how to assist people in rural areas to get re-certified if they are no longer registered?

The National Nursing and Midwifery Board is responsible for setting requirements around nurses seeking re-registration: Nursing and Midwifery Board of Australia – Re-entry to practice (nursingmidwiferyboard.gov.au).

More broadly the Commonwealth, partnering with Victoria and in collaboration with all jurisdictions, is developing Australia's first [National Nursing Workforce Strategy](#) (the Strategy).

The Strategy will provide a national-level strategic approach to nursing policy, seeking to fully realise the value of nurses, and the need to ensure this highly qualified and skilled workforce is supported in Australia. Its development will be supported by extensive stakeholder engagement and collaboration.

A strategy that supports the ongoing development of the profession is particularly important, given the critical role of nursing in the response to the COVID-19 pandemic, and the need to ensure nurses are available to support implementation of key Government commitments.

The Strategy is expected to look at workforce sustainability, diversity of the profession and the challenges of regional, rural and remote nursing, plans to address the pathway from novice to expert, and workforce planning and data sharing.

7. Exemption from the 24/7 RN responsibility

Is an exemption with the approved provider or residential facility?

An exemption from the 24/7 RN responsibility is granted to the approved provider of the residential facility through which residential care is provided.

How long can an exemption be granted for?

If eligible, providers may be granted an exemption from the 24/7 RN responsibility for up to 12 months at a time from 1 July 2023 to 30 June 2026, in respect of the residential facility.

If a residential facility has been granted an exemption, does this mean it will also be exempt from the RN component of the care minutes requirement (that is, the target minutes of RN time per resident per day)?

No. An exemption from the 24/7 RN responsibility for a facility does not remove any of the approved provider's other obligations under the *Aged Care Act 1997*, including the provider's obligations to meet the mandatory [care minutes responsibility](#).

Are residential facilities with an exemption in place expected to work towards meeting the 24/7 RN responsibility during the exemption period?

Yes. The Government has committed to ensuring that all residential facilities will have at least one RN on-site and on duty at all times to allow residents to access clinical care when they need it.

The exemption framework for the 24/7 RN responsibility recognises that small residential facilities in rural and remote areas may be unable to recruit and retain a sufficient RN workforce to meet the responsibility, and aims to help alleviate these workforce challenges faced by providers as they transition to the new requirement.

However, the Government's expectation is that providers make every effort to boost their RN workforce during the time an exemption is in place, so that wherever possible, they can meet the 24/7 RN responsibility in the future.

Additionally, exempt facilities that are able to meet the 24/7 RN responsibility may opt out of the exemption and receive the [24/7 RN supplement](#) or reduced rate supplement instead; if eligible, to help meet the cost of providing 24/7 RN care.

Will an exemption be subject to regular reviews?

There is no formal review process once an exemption has been granted, however:

- It is a condition of an exemption that the approved provider must notify the department in writing if there has been any material change of circumstances that may impact on whether an exemption should remain in place. The department is developing a standard form to assist providers to report changes in circumstances.
- During the period of exemption, ACQSC will undertake a risk-based program of targeted monitoring to assess approved providers against relevant requirements of the Quality Standards and consider the alternative clinical care arrangements on the basis of which an exemption was granted.

Where monitoring activities identify concerns that an exempt facility is not appropriately applying alternative clinical care arrangements, or that a provider is not meeting its obligations, ACQSC will share information about the exempt facility with the department. This information will be considered by the Secretary's delegate and may lead to the review and subsequent revocation of an exemption.

Will a residential facility without sufficient RNs to provide 24/7 coverage but is co-located with a hospital need to apply for exemption? What about dual purpose facilities (i.e. a residential facility that is located adjacent to an acute service)?

Generally, co-located services that form a single residential facility operated by the same approved provider are not required to apply for an exemption from the 24/7 RN responsibility if residents have access to RNs that are employed to provide care to residents across the facility at all times.

However, in circumstances where a residential facility is located with a hospital or acute service, the provider should consider certain elements such as ownership, how the facility has been physically and operationally set up and whether the RN staffing roster is intended to cover all services provided at the site. For example:

- do the residential facility and sub-acute services operate as a combined dual-purpose facility?
- whether the ordinary duties of the RN staff involve providing care to both aged care residents and in-patients as required?
- whether residents' access to clinical care delivered by an RN is only available through admission to the hospital.

Why is one of the criteria for an exemption based on operational places and not occupied places?

Operational places (that is, allocated places excluding provisionally allocated and offline places) are used as a key criterion for exemption from the 24/7 RN responsibility to give more stability to providers as they transition to this new responsibility.

If occupied beds were used as a criterion it is possible that providers could find that some months they are eligible for an exemption and at other times they are not, because of changes to the number of residents in their care.

How long is the process expected to take from the time an application is submitted to when a decision is made?

Approved providers of eligible residential facilities can [apply for an exemption](#) at any time.

The department and ACQSC will work to consider all applications in a timely manner. However, factors such as the timing of applications received, and submissions of any additional information requested will affect processing time.

If an exemption is granted, will it be backdated to the date of application (for example 1 July 2024)?

If a decision is made to grant an exemption, it will take effect from the date of the delegate's decision.

The period of the exemption, including the date of commencement and the date of cessation, will be included in the Notice of Decision.

Can providers opt out of an exemption after it has been approved?

Yes. Providers can opt out of an exemption by emailing the department at exemptions@health.gov.au

Under what circumstances is an approved provider required to submit a new application for an exemption?

A new application for an exemption from the 24/7 RN responsibility is required if:

- A residential facility has been taken over by another approved provider. This is because an exemption is granted to an approved provider, not the residential facility.
- An approved provider that had opted out of a previous exemption, but later requires an exemption for the residential facility because they become unable to meet the responsibility due to changes in circumstances.

- An approved provider wants to apply for a renewal of an existing exemption prior to its expiry. A streamlined process has been established for renewal applications.