



Australian Government
Department of Health and Aged Care

The Aged Care On-Site Pharmacist Measure

Pharmacist and Residential Aged Care Home Guide



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Introduction

The Australian Government is providing funding for credentialed pharmacists to work on-site in residential aged care homes (RACHs) in a clinical role.

This is a direct response to the Royal Commission into Aged Care Quality and Safety which recommended that aged care providers actively seek to engage allied health practitioners, including pharmacists, by no later than 1 July 2024 (Recommendation 38).

This document is intended to assist:

- Credentialed pharmacists in their role as Aged Care On-Site Pharmacists (ACOP) under the Measure, and
- Residential Aged Care Homes (RACHs) in their understanding of the ACOP Measure.

ACOP MEASURE CLAIMS AND PAYMENT ADMINISTRATION

The Pharmacy Programs Administrator (PPA) is an agency responsible for administering, processing, and paying claims for the ACOP Measure, funded by the Australian Government Department of Health and Aged Care (the Department). The PPA also undertakes monitoring and compliance activities in relation to the ACOP Measure.

This document must be read in conjunction with the ACOP Tier 1 and Tier 2 Measure Rules which set out the Measure eligibility, registration and claiming requirements and can be found on the PPA webpage through the links below.

- Tier 1 [Aged Care On-site Pharmacist \(ACOP\) Measure Tier 1 - Community Pharmacy claims and receives payments](#)
- Tier 2 [Aged Care On-site Pharmacist \(ACOP\) Measure Tier 2 - RACH claims and receives payments](#)

1 Background

The Measure aims to:

- improve medication use and safety in the residential aged care home, including safe and appropriate use of high risk medications
- provide for continuity in medication management, such as day-to-day review of medications and prompt issue resolution
- provide easy access to pharmacist advice for residents and staff
- integrate on-site pharmacists with the health care team, including local general practitioners, nurses and community pharmacy
- increase understanding and response to individual resident needs.



2 Overview of the Aged Care On-site Pharmacist Measure

2.1 Funding Entitlement

A ratio of one ACOP per 250 beds in a RACH is funded under the Measure.

Funding is blocked into 50 bed increments, equivalent to an ACOP one day per week. This means funding is in full days per week to support pharmacists building a presence on-site, even in smaller facilities.

Example: if a RACH has 61 beds, an ACOP is funded for two full days per week (0.4 FTE).

Based on total bed numbers, each RACH will have a maximum monthly entitlement for ACOP salaries funded which is directly linked to days funded under the Measure. Refer to table 1 below. A RACH is assigned to a bed band based on the maximum capacity of beds at the RACH.

Table 1: Pharmacy and Residential Aged Care Home (RACH) Payment Rates

RACH Bed Band	Full-time equivalent rate, per eligible home†	Maximum on-site days per week‡	Maximum on-site days per month	Maximum on-site days per financial year*	Maximum annual payment amount based on FTE (ex GST)
1-50	0.2	1	5	45.5	\$ 27,595.75
51-100	0.4	2	10	91	\$ 55,191.50
101-150	0.6	3	15	136.5	\$ 82,787.25
151-200	0.8	4	19	182	\$ 110,383.00
201-250	1.0	5	23	228	\$ 138,282.00
251-300	1.2	6	28	273.5	\$ 165,877.75
≥301	1.4	7	33	319	\$ 193,473.50

† based on 1FTE ACOP per 250 beds

‡ on-site days are as per regular schedule with RACH

*This is to ensure that pharmacies (Tier 1) and RACHs (Tier 2) are not paid over their maximum annual entitlement. If the ACOP works the maximum on-site days each month, then the maximum days which can be worked per financial year will be reached before the end of the financial year.

2.2 The Credentialed Pharmacist

2.2.1 What is a Credentialed Pharmacist?

Credentialed pharmacists (previously known as Accredited pharmacists) are pharmacists who have completed an Australian Pharmacy Council (APC) accredited education program. Pharmacists may become credentialed for Medication Management Reviews (MMR) and/or the Aged Care On-site Pharmacist (ACOP) role.

- The MMR Credential is required for pharmacist participation in Residential Medication Management Review (RMMR) and Home Medication Review (HMR) Programs
- The ACOP Credential is required for pharmacist participation in the ACOP Measure.

APC accredited education programs provide assurance that pharmacists are appropriately trained or credentialed to undertake these roles.

Information regarding APC accredited pharmacist education programs can be found on the [APC website](#).

WHAT IS THE AUSTRALIAN PHARMACY COUNCIL?

The Australian Pharmacy Council (APC) is the national accreditation authority for pharmacy education and training. Further details regarding [Accreditation Standards for MMR and Aged Care On-site Pharmacist education programs](#) can be found on their website.

2.2.2 Training

- Pharmacists participating in the Measure are required to:
 - be a registered pharmacist with a valid Australian Health Practitioner Regulatory Agency (AHPRA) number
 - be credentialed having completed an APC accredited ACOP training program.
- At commencement of the Measure, pharmacists that hold the MMR credential will be accepted as ACOP credentialed until 30 June 2025.
 - MMR credentialed pharmacists participating in the Measure will need to complete an APC accredited ACOP training program or recognition of prior learning process prior to 30 June 2025.
- Before commencing in an ACOP role, the credentialed pharmacist may be required by a RACH to complete additional training or provide additional information. These requirements may vary depending on the RACH's policies and procedures and may include the following:
 - Confirmation of professional indemnity insurance
 - Police check(s)
 - National Disability Insurance Scheme (NDIS) Worker Screening Check
 - Vaccination history
 - Other mandatory RACH specific training.

2.3 Accessing a Credentialed Pharmacist

Detailed information about eligibility and ACOP Measure participation requirements can be found on the PPA website in the ACOP Measure Rules for Tier 1 and for Tier 2.

There are two pathways through which a RACH can access an ACOP:

- Pathway 1: Section 90 community pharmacies can engage ACOPs to work in eligible RACHs. This is referred to as Tier 1 on the Pharmacy Programs Administrator (PPA) website.

- Pathway 2: Eligible RACHs can engage ACOPs to work at the RACH. This option becomes available only if the RACH is unsuccessful in sourcing a credentialed pharmacist through at least one Section 90 community pharmacy (Tier 1). This is referred to as Tier 2 on the PPA website.

WHAT IS A SECTION 90 COMMUNITY PHARMACY?

A Section 90 community pharmacy refers to a community pharmacy with a pharmacist that has approval under section 90 of the [National Health Act 1953 \(the Act\)](#) to dispense pharmaceutical benefits from a particular pharmacy premises (approved premises). Approved pharmacists are issued with a unique Pharmaceutical Benefits Scheme (PBS) Pharmacy Approval Number for each approved premises.

2.4 Working Arrangements

- ACOPs are required to work at the RACH per a regular schedule as agreed with the RACH.
- The ACOP must be on-site in minimum time blocks of half days (3.8 hours).
- A RACH is not required to have an ACOP on-site for their maximum entitlement if it chooses, however funds can only be claimed for time worked by the ACOP up to the maximum RACH entitlement.
- Examples of flexible working arrangements include:
 - A RACH entitled to an ACOP for one day per week, chooses to have an ACOP on-site for two half days each week.
 - A RACH entitled to an ACOP for five days per week, chooses to have an ACOP on-site for only three days per week, meaning they would only claim and be paid those three on-site days.
- ACOPs working in RACHs located in Modified Monash Model categories 5-7 are entitled to extended flexible working arrangements, enabling the ACOP to work over a condensed period of time. Further details can be found in the ACOP Measure Rules. An example of this may include:
 - A RACH entitled to an ACOP for one day per week, chooses to have the ACOP on-site for four consecutive days each month.

3 The Aged Care On-site Pharmacist

3.1 ACOP Role

The ACOP role description can be found on the [APC's website](#).

The ACOP role has been developed in consultation with a wide range of stakeholders.

3.2 ACOP Activity Guidance

Guidance on example ACOP activities, based on the role description can be found on the [PPA's website](#).

3.3 ACOP Weekly Timesheet and Activities Summary

Under the Measure, it is mandatory that the [ACOP Weekly Timesheet and Activities Summary](#) is completed by the ACOP and signed by a RACH representative to support salary claiming and ensure the ACOP is working within their scope of practice per the role description (see 3.1) and the activity guidance (see 3.2).

The ACOP Weekly Timesheet and Activities Summary also aims to support collaboration between the ACOP and the RACH through the discussion of activities completed, relevant findings for the RACH arising from the activities and further identification of priority activities. The RACH, when engaging a pharmacist under pathway 2 (see 2.3), must ensure a copy of each ACOP Weekly Timesheet and Activities Summary is retained for seven years after claiming for audit and compliance purposes.

4 Integrating the ACOP into the RACH

The RACH is required to induct the ACOP into the RACH.

Capital Health Network (ACT Primary Health Network) commissioned the University of Canberra to undertake the [Pharmacists in Residential Aged Care Facilities \(PiRACF\) Study](#). The resources below have been adapted from the study as they may assist the ACOP in their role¹.

- Orientation checklist, page 6-7
- Introductory Letter for RACH staff, page 8
- Introductory Letter for GPs, prescribers and health care professionals, page 9
- Introductory Letter for residents, families and carers, page 10

¹ Adapted from: University of Canberra. Pharmacists in Residential Aged Care Facilities (PiRACF) Study — Final Evaluation Report. [Internet] Canberra: University of Canberra, 2022 [cited September 2024]. Available from: https://www.chnact.org.au/wp-content/uploads/2023/03/HRIPiRACFStudyFinreport_LR.pdf

Aged Care On-Site Pharmacist Measure

RACH On-site Pharmacist Orientation Checklist

Induction Activities

- Ensure the on-site pharmacist completes the RACH induction processes
- Identify who the on-site pharmacist's line manager is and discuss preferred communication processes e.g. regular face-to-face meetings
- Go through the pharmacist's activities (see section 3.1 and 3.2) and identify priority activities
- Discuss the ACOP weekly timesheet and activities summary to assist with collaboration, planning, improvement in medication management across the RACH and for audit purposes
- Introduce the on-site pharmacist to residents, families and carers:
 - Send the introduction template to residents, families and carers
 - Invite the on-site pharmacist to attend resident and family meetings
 - Invite the on-site pharmacist to contribute an article to any residents and families newsletter
- Introduce the pharmacist to RACH staff, including care managers, registered or enrolled nurses, care staff:
 - Introduce the on-site pharmacist to RACH staff at clinical and staff meetings
 - Discuss the activities the on-site pharmacist will be conducting in the facility
 - Send the introduction template to RACH managers and staff
- Introduce the pharmacist to clinical staff and discuss how the on-site pharmacist can collaborate with them, including:
 - GPs
 - Geriatricians and other specialists
 - Community/supply pharmacy
 - Nurse practitioners
 - Specialist palliative care team
 - Other relevant health care professionals such as dietitians, occupational therapists, speech pathologists, occupational therapists
 - Provide the pharmacist with contact details for GPs

- Introduce the pharmacist to GPs and prescribers when the GPs/prescribers visit the facility
 - Invite the on-site pharmacist to attend resident case conferences
 - Send the introduction template to GPs, prescribers and health care professionals
- Ensure the pharmacist has access to facility information systems, including:
- Resident records
 - Medication charts
 - [My Health Record](#)
 - Email
 - Access to a computer
- Invite the on-site pharmacist to attend and actively contribute to clinical governance at the facility, including:
- Medication Advisory Committee
 - Relevant meetings such as those about falls, medication incidents, quality and safety, and anti-microbial stewardship
 - Hand over and clinical meetings
- Involve the pharmacist in reviewing and improving medication management policies and procedures including:
- ensuring relevant jurisdictional policies are followed
 - updating residents' clinical documentation including allergies, adverse drug reactions
- Identify priority topics for education around medication management
- Involve the pharmacist in assessing staff medication administration practices
- Invite the pharmacist to observe medication administration rounds and advise on ways to improve efficiencies
- Discuss vaccination processes and how the pharmacist can conduct or contribute to improving these

Introduction to residential aged care staff

Dear residential aged care staff

This Residential Aged Care Home (RACH) is participating in the [Aged Care On-site Pharmacist \(ACOP\) Measure](#) funded by the Australian Government.

On-site pharmacists working in a clinical role will be available to work collaboratively with RACH staff to improve resident centred care and optimise medicine use across the RACH. They will also work with residents, families, carers, GPs and health care professionals who are involved with residents' care.

On-site pharmacists will have undertaken additional training and be credentialed. Working within their recognised scope of practice, they will make recommendations using evidence-based practices to support and improve medication management.

On-site pharmacists may be able to assist RACH staff with a range of activities including:

- Conducting clinical audits to identify residents most at risk of medication related problems and hospitalisation
- Assessing and advising on residents' medication management
- Liaising with GPs and prescribers (nurse practitioners, geriatricians, and other specialists), dietitians, speech pathologists, occupational therapists, and community and hospital pharmacists to coordinate medication related issues
- Participating in multidisciplinary case conferences
- Improving residents' clinical documentation
- Medication reconciliation and communication at transitions of care
- Providing education to staff on medications management, including assessing medication administration practices and competencies
- Contributing to medication management policies and procedures
- Reviewing and optimising medication rounds
- Conducting and coordinating vaccinations where the pharmacist is appropriately trained.

On-site Pharmacist Details

First Name:

Last Name:

Contact number:

Email:

Working Schedule:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Introduction to GPs, prescribers, and health care professionals

Dear GPs, prescribers (nurse practitioners, geriatricians and specialists), and health care professionals

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On-site Pharmacist Details

First Name:

Last Name:

Contact number:

Email:

Working Schedule:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

Introduction to residents, families, and carers

Dear residents, families and carers

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- Improving residents' clinical documentation
- Medication reconciliation and communication at transitions of care
- Providing education to staff on medications management, including assessing medication administration practices and competencies
- Contributing to medication management policies and procedures
- Reviewing and optimising medication rounds
- Conducting and coordinating vaccinations where the pharmacist is appropriately trained.

On-site Pharmacist Details

First Name:

Last Name:

Contact number:

Email:

Working Schedule:

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Hours					

5 Resources

Additional resources that may assist pharmacists can be found through the following webpages:

Pharmacy Programs Administrator

- [ACOP Measure Tier 1 Rules](#)
- [ACOP Measure Tier 2 Rules](#)
- [ACOP Measure Tier 1 FAQs](#)
- [ACOP Measure Tier 2 FAQs](#)
- [ACOP Weekly Timesheet and activities summary](#)
- [Completed Example ACOP Weekly Timesheet](#)
- [Example ACOP activities](#)

Department of Health and Aged Care

- [Aged Care On-site Pharmacist Measure](#)
- Medication management
 - [Guiding principles for medication management in residential aged care facilities](#) – in particular links to resources to assist pharmacist in their aged care clinical care role
 - [Fact sheet – Guiding Principles for Medication Management in Residential Aged Care Facilities](#)
- Medication Advisory Committee Meeting
 - [User Guide – Role of a Medication Advisory Committee](#)
 - [Audit tool and checklist for a Medication Advisory Committee](#)
- Dementia
 - [Dementia](#)
 - [Dementia Discovery](#)
- Restrictive Practices
 - [Types of restrictive practices](#)
 - [Restrictive practices substitute decision maker – Decision tree](#)
 - Restrictive practices in aged care – a last resort
- Consent
 - [Informed consent: What families need to know about antipsychotics and benzodiazepines in residential aged care](#)
 - [Consent for restrictive practices – Information for aged care providers](#)
 - [Consent for restrictive practices – Frequently asked questions](#)
 - [Consent for restrictive practices – Case studies](#)
- Psychotropics
 - [Six steps for safe prescribing of antipsychotics and benzodiazepines in residential aged care](#)

Aged Care Quality & Safety Commission (ACQSC)

- Pharmacists requested to provide advice or comment on restrictive practices or other quality indicators related to medication management are encouraged to contact the ACQSC for guidance at
 - 1800 951 822 or
 - info@agedcarequality.gov.au
- [Consent for medication in aged care – fact sheet](#)
- [Frequently asked questions about consent](#)
- [Psychotropic medications used in Australia - information for aged care](#)
- [Psychotropic medication - PRN Stickers](#)
- [Medication Management](#)
- [Restrictive practices provider resources](#)
- [Antimicrobial Stewardship \(AMS\) Self-Assessment Tool for Residential Aged Care Services \(AMS SAT for RACS\)](#)
- [AMS Self-Assessment Tool for Residential Aged Care Services \(AMS SAT for RACS\) User Guide](#)
- [To Dip or Not to Dip Audit Tool](#)
- [To Dip or Not to Dip \(TDONTD\) training material](#)

Older Persons Advocacy Network (OPAN) resources

- [Medication: it's your choice - OPAN](#)
 - [Webinar - Medication: It's your choice update](#)
 - Printed materials – brochure and A5 booklet
 - All material, including video, available in 15 languages
 - Webinars
 - [Webinars and videos - OPAN](#)
 - [Introduction to Medication: It's your choice](#)
 - [Living with Dementia: a person-centred approach and other therapies: Medication: It's your choice](#)
 - [What are the medications involved in chemical restraint: Medication: It's your choice](#)
 - [Supported decision making and informed choice: Medication: It's your choice](#)
 - [Alternative Approaches: Medication: It's your choice](#)
 - [Safe & Inclusive Care: Medication: It's your choice](#)
 - [Alternative Approaches for People Living with Dementia: A Practical Guide](#)
 - [Alternative Approaches to Chemical Restraint](#)
 - [Using antibiotics well – Do I need a drug for every bug?](#)

Australian Commission on Safety and Quality in Health Care

- [Australian Charter of Healthcare Rights](#)
- [Person-centred care](#)

- [Health literacy](#)
- [Shared decision making](#)
- [Understanding your rights](#)
- [Translated information](#)
- [My Healthcare Rights - A guide for people with cognitive impairment](#)
- [Finding good health information online](#)
- [For consumers](#)
- [Medication Safety Standard](#)
- National Residential Medication Chart
 - [National residential medication chart](#)
 - [Electronic National Residential Medication Chart](#)
 - [National Residential Medication Chart User Guide for Pharmacists](#)
- Consent
 - [Informed consent](#)
- Medication Reconciliation
 - [Medication reconciliation](#)
 - [Medication reconciliation standard operating protocols \(SOPs\)](#)
 - [Medical reconciliation – resources for obtaining a best possible medication history](#)
- Other
 - [Antimicrobial resistance](#)
 - [Antimicrobial stewardship](#)
 - [COVID-19 Resources](#)
 - [Clinical governance](#)
 - [End-of-life care](#)
 - [Transitions of Care](#)
 - [Quality Use of Medicines Stewardship program](#)
 - [Recognising and responding to deterioration](#)
 - [Mental health](#)
 - [Medication safety](#)
 - [Intellectual disability and inclusive health care](#)
 - [Infection prevention and control](#)
 - [Cognitive impairment](#)

Australian Digital Health Agency

- <https://www.digitalhealth.gov.au/>
 - Pharmacists can find information on accessing [MyHealthRecord](#)

Capital Health Network

- [CHNACT Pharmacists in Residential Aged Care Facilities \(PiRACF\) Study webpage](#)
 - [HRIPiRACFClinicalNotes_LR.pdf \(chnact.org.au\)](#)
 - Clinical Audit Template
 - Medication Review Template
 - GP and Prescriber Communication Notes

6 Glossary

ACOP – Aged Care On-site Pharmacist

AHPRA – Australian Health Practitioner Regulatory Agency

APC – Australian Pharmacy Council

Credentialed Pharmacist – A pharmacist credentialed following completion of an APC accredited Aged Care On-site Pharmacist or Medication Management Review training program.

FTE – Full-Time Equivalent

MAC – Medication Advisory Committee meeting

MEASURE – Aged Care On-Site Pharmacist Measure

OPAN – Older Persons Advocacy Network

PHNs – Primary Health Networks

PPA – Pharmacy Programs Administrator

QUM – Quality Use of Medicines Program

RMMR – Residential Medication Management Review Program

RACH – Residential Aged Care Home

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All information in this publication is correct as at October 2024

