



Australian Government

Department of Health, Disability and Ageing

The Aged Care On-site Pharmacist Measure

Primary Health Network – Residential Aged Care Home Support Grant Program Guide



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Introduction

Under the Aged Care On-site Pharmacist (ACOP) Measure, the Australian Government is providing funding for credentialed pharmacists to undertake a clinical role on-site in residential aged care homes (RACHs). On-site pharmacists will regularly review medications, aiming to reduce medication related harm and optimise the use of medicines.

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

This document is intended to support:

- Primary Health Networks (PHNs) that are participating in the Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program.

This document should be read together with the below Grant Opportunity Guidelines and the ACOP Measure rules:

- Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program Grant Opportunity Guidelines [GO7254](#)
- [Aged Care On-site Pharmacist \(ACOP\) Measure - Community Pharmacy claims and receives payments](#)
- [Aged Care On-site Pharmacist \(ACOP\) Measure - RACH claims and receives payments](#)

The objectives of the Grant Program are to:

- increase uptake of aged care on-site pharmacists by RACHs around Australia
- improve access to aged care on-site pharmacists in RACHs.

The intended outcomes of the Grant Program are:

- improved medication management and safety in RACHs
- integration of aged care on-site pharmacists with the health care team in RACHs.

Background

The Measure began 1 July 2024.

The Measure aims to:

- improve medication use and safety in RACHs, including safe and appropriate use of high-risk medications
- provide continuity in medication management, such as day-to-day reviews of medications and quick 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 the community pharmacy
- increase understanding of and response to individual resident needs.

1 Role of PHNs

Primary Health Networks will help Residential Aged Care Homes to participate in the Aged Care On-site Pharmacist Measure, primarily through Tier 2 of the Measure.

Eligible grant activities can be found below, as per section 5.1 of the Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program Grant Opportunity Guidelines:

- Coordination of information to RACHs in the PHN's region about the Measure. This may include:
 - proactively contacting RACHs and informing them how to access an eligible pharmacist and about the role of the on-site pharmacist.
 - coordinating and convening meetings, workshops and/or webinars for RACHs
 - guiding RACHs, or others interested in the Measure, to relevant information materials.
- Manage requests for support from RACHs seeking to engage eligible pharmacists to work on-site. This may include:
 - meeting with individual RACHs to confirm their specific requirements. This could include the number of pharmacists being sought after and their proposed working hours compared to the number of beds in each RACH.
 - maintaining data on RACHs and their specific requirements regarding the Measure.
- Identify eligible pharmacists who are available to work on-site in RACHs as part of the Measure. This may involve:
 - coordinating and working collaboratively across the aged care and pharmacy sectors. This could include working with peak bodies to identify eligible pharmacists who may be available in the PHN's region and match them with interested RACHs.
 - collaborating with other PHNs in neighbouring regions.
- Ensure that pharmacists seeking to participate in the Measure meet the eligibility requirements. This may involve:
 - obtaining evidence of the interested pharmacist's qualifications, registration and credentials
 - consulting with providers of the Australian Pharmacy Council (APC)-accredited training programs
 - consulting with the Department of Health, Disability and Ageing
- Provide RACHs with information about eligible pharmacists seeking to be employed by RACHs under the Measure. This may include:
 - providing a summary about eligible pharmacists based on information collected by the PHN. This may include their qualifications, registration, credentials and preferred working hours compared to RACH requirements.
 - organising meetings between eligible pharmacists and RACH representatives to help the RACH choose its pharmacist employee.

- Support RACHs wanting to participate in the Measure to engage eligible pharmacists to work on-site.
- Utilise the connections of the PHN to support engagement between RACHs, their pharmacists employed under the Measure, their residents' general practitioners and other relevant health professionals.
- Support communication and collaboration between pharmacists in the PHN's region, that are employed by RACHs under the Measure.
- Use the funding in line with the approved Activity Work Plan and the other requirements of the Aged Care Schedule to the PHN funding agreement. This includes employing appropriately qualified staff or upskilling existing staff to administer the activities.

2 Overview of the Aged Care On-site Pharmacist Measure

2.1 Measure Administration and Payments

The Pharmacy Programs Administrator (PPA) administers the Measure. The PPA is an agency responsible for administering, processing, and paying claims for pharmacist salaries under the ACOP Measure. The PPA also undertakes monitoring and compliance activities relating to the ACOP Measure.

RACHs and community pharmacies wanting to participate in the Measure can apply through the [PPA website](#).

It is important to note the following:

- PHNs participating in the Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program are not required to register with the PPA.
- PHNs cannot register on behalf of a RACH that is wanting to participate.

2.2 Residential Aged Care Homes accessing an ACOP

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

- Community pharmacies can engage ACOPs to work on-site in eligible RACHs.
- Eligible RACHs can engage ACOPs directly to work at the RACH. This option becomes available if the RACH is unsuccessful in sourcing a pharmacist through their preferred community pharmacy.

It is not compulsory for a RACH to take up an ACOP.

2.3 Measure Funding

The Measure provides funding to employers for the ACOP salary, inclusive of on-costs. Indexation is applied to the salary payments on 1 July at the beginning of each financial year. Payments received under the Measure cannot be used for any other purpose. There are no additional financial incentives for community pharmacies or RACHs to participate.

- The employer is provided with up to \$141,323.52 per year (financial year 2025-26) for a full-time equivalent ACOP. See table 1 below for funding entitlement in relation to full time equivalent rates.
- Salary funding includes:
 - 20 days paid annual leave
 - up to 10 days paid personal leave
 - paid public holidays
 - superannuation.
- The ACOP and the employer will negotiate the pharmacist's salary. This could lead to a salary that is higher or lower than the government funding provided.
- Where the on-site pharmacist's salary is higher than the government funded amount, the employer funds the extra amount.

The Measure also provides funding, through a Grant opportunity, to Primary Health Networks participating in the Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program.

Table 1: Pharmacy and Residential Aged Care Home Payment Rates (Financial Year 2025-26)

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 (exc GST)
1-50	0.2	1	5	45.5	\$ 28,202.72
51-100	0.4	2	10	91	\$ 56,405.44
101-150	0.6	3	15	136.5	\$ 84,608.16
151-200	0.8	4	19	182	\$ 112,810.88
201-250	1.0	5	23	228	\$ 141,323.52
251-300	1.2	6	28	273.5	\$ 169,526.24
≥301	1.4	7	33	319	\$ 197,728.96

† 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.

2.4 RACH Funding Entitlement

The Measure will provide funding for a ratio of one ACOP per 250 beds in a RACH.

Funding is organised into 50 bed increments equalling one 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 be entitled to a maximum monthly funding amount for ACOP salaries, which is directly linked to days funded under the Measure. Refer to table 1, in section 2.3. A RACH is assigned to a bed-band based on its maximum capacity of beds.

3 Participation

3.1 Community Pharmacy Eligibility

- For a community pharmacy to participate in the Measure, and receive ACOP salaries to place pharmacist/s on-site in RACHs, the pharmacy must be:
 - approved to dispense pharmaceutical benefits as part of the Pharmaceutical Benefits Scheme (PBS) defined in Section 90 of the National Health Act 1953 (Cwlth) (Section 90 Pharmacy).

3.2 RACH Eligibility

- For a RACH to participate in the Measure, the RACH must be:
 - An aged care home that receives a residential care home subsidy from the Australian Government in accordance with the Aged Care Act 1997, or
 - A Multi-Purpose Services (MPS), or
 - An Australian Government funded transition care facility, or
 - Receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care program.
- RACHs providing respite-only care are not eligible to access funding for an ACOP through the Measure.
- The RACH must also have adopted or commit to adopting the electronic National Residential Medication Chart (eNRMC) within 12 months.

3.3 Pharmacist Eligibility

- For a pharmacist to participate in the Measure, they must:
 - be a registered pharmacist with a valid Australian Health Practitioner Regulation Agency (AHPRA) registration number
 - be credentialed having completed the Australian Pharmacy Council (APC) accredited ACOP training program or
 - hold a valid Medication Management Review (MMR) credential, under transition arrangements in place until 30 June 2026. MMR credentialed pharmacists participating in the Measure, must commit to completing an APC accredited ACOP training program by 30 June 2026.
- Credentialed pharmacists (previously known as Accredited pharmacists) are pharmacists who have completed an APC accredited education program. Pharmacists may become credentialed for 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.
- Information regarding APC accredited pharmacist education programs can be found on the [APC website](#).

4 The ACOP working arrangements, role and activities

4.1 Working Arrangements

- ACOPs are required to work at the RACH on a regular schedule that is agreed upon by 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, salary funds can only be claimed up to the maximum entitlement, for time worked by the ACOP.
- 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. This would mean the RACH could only claim salary funds for three days.
- ACOPs working in RACHs located in Modified Monash Model (MMM) categories 5-7 are entitled to extended flexible working arrangements. This would enable the ACOP to work over a condensed time period. Further details can be found in the ACOP Measure Rules on [PPA's website](#). 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.

4.2 The 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.

4.3 ACOP Activity Guidance

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

4.4 ACOP and RACH Resources

An [Aged Care On-site Pharmacist Measure – Pharmacist and Residential Aged Care Home Guide](#) is available on the Department's website

An [Aged Care On-site Pharmacist Measure – Information Flyer for Residential Aged Care Homes](#) is available on the Department's website

5 Frequently Asked Questions

5.1 Participation

1. Is it mandatory for RACHs or community pharmacies to participate in the Measure?

No, participation is not mandatory.

2. Can a RACH engage an ACOP directly under the Measure, without first attempting to engage an ACOP through the community pharmacy of its choice?

No, RACHs must first attempt to engage an ACOP through the community pharmacy of their choice (at least one pharmacy). There are no proximity rules as to which community pharmacy a RACH approaches. A record of this attempt must be kept by the RACH.

3. A RACH wanting to participate does not yet have the electronic National Residential Medication Chart (eNRMC) in place, can they still participate?

Yes, provided the RACH has committed to adopting the eNRMC within 12 months. The ACOP may be able to assist the RACH with the implementation of the eNRMC.

4. How is a RACHs entitlement for an ACOP determined?

The amount of pharmacist salary funding, in terms of the ACOP FTE entitlement, that a RACH is eligible to receive corresponds to the number of bed numbers at the RACH. This refers to the total number of beds, i.e. the RACHs maximum capacity.

5. Can a RACH participate in the ACOP Measure and at the same time receive pharmacist services through the Residential Medication Management Review (RMMR) or Quality Use of Medicines (QUM) Program?

No, the RACH cannot have a government funded ACOP working on-site under the ACOP Measure and concurrently also receive government funded visiting pharmacist services under the RMMR/QUM Programs. This is because an ACOP will expand on the activities provided under the QUM and RMMR Programs.

5.2 Claiming and ACOP salary payments

1. Who is the ACOP salary funding paid to when claimed under the Measure?

The ACOP salary is paid to the employer, i.e. the community pharmacy or the RACH. Salary payments cannot be made directly to ACOPs or to PHNs assisting RACHs to engage an ACOP.

2. How do RACHs claim for an ACOP salary?

RACHs can claim for ACOP salaries through the PPA portal.

It is important to note that claims can only be made for days an ACOP worked on-site at the RACH under the Measure. Days not worked on-site due to annual leave, personal leave, public holidays or any other reason are not eligible for payment. However, leave and public holidays are incorporated in the government funded amount.

3. Can RACHs claim for an ACOP salary prior to the RACH registering through the PPA portal?

No, RACHs must register through the PPA portal and be notified of approval, prior to the ACOP commencing on-site in order to claim salary payments under the Measure.

4. Is there a requirement as to how an ACOP is employed by a RACH?

No, the payment model in relation to the Measure has been designed to be flexible to support ACOPs engaged as either permanent employees, casual employees or contractors. In particular, the value of payments available under the Measure have been designed to ensure they are able to support the employment of permanent staff. This includes paying the ACOP during periods of annual leave, personal leave and on public holidays.

5. Are there any additional financial incentives for RACHs to participate in the Measure?

No, there are no additional financial incentives or funds available to RACHs under the Measure other than ACOP salary payments.

Salary payments made under the Measure to employers cannot be used for any purpose other than for the ACOP's pay including on-costs.

6. Can a RACH engage multiple ACOPs?

Where a RACH is entitled to more than 0.2 FTE based on their bed number, it is possible to engage more than one ACOP at the same time. Further details are provided in section 4.4 of the [ACOP Measure Rules](#).

5.3 The ACOP

1. What are the key responsibilities of an ACOP within a RACH?

The ACOP role description can be found through the [APC website](#). The duties the ACOP is required to undertake may differ at each RACH and should be discussed between the ACOP and the individual RACH. However, they must be consistent with the ACOP role description.

The ACOP will need to maintain a [weekly timesheet and activities summary](#), to be signed by a RACH representative.

The RACH engaging the ACOP will need to ensure that the weekly timesheet and activities summaries are retained for audit purposes.

2. Can the ACOP's travel time to and from the RACH count as working at the RACH?

No, travel time to the place of work i.e. the RACH, is not considered as time on-site and is not funded under the ACOP Measure.

If a pharmacy is employing the ACOP, it cannot charge a RACH to provide an ACOP to work on-site or for any activities undertaken by that ACOP under the Measure. Should the RACH or the pharmacy choose to pay the ACOP additional funds outside of the Measure funding, such as for travel, ACOP Measure funds must not be used for these purposes.

3. Can activities performed by an ACOP be done via telehealth under the Measure?

All the ACOP's activities need to be conducted on-site in the RACH. However, ACOPs can participate in RACH level Medication Advisory Committee (MAC) meetings if these are conducted virtually. A provision for a corporate level MAC meeting has not been implemented. Further details are provided in section 5.3 of the [ACOP Measure Rules](#).

4. Can an ACOP conduct vaccinations?

ACOPs are able to conduct vaccinations at the RACH, provided vaccination training has been completed. Vaccination training is not mandatory for an ACOP. If an ACOP is administering vaccinations during the time they are working as an ACOP, and the ACOP is employed by a pharmacy, the pharmacy cannot claim government vaccination administration payments (noting the pharmacy will already be receiving the ACOP's salary).

If an ACOP is employed by a pharmacy that wishes to separately claim under the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program or the COVID-19 Vaccination in Community Pharmacy (CVCP) Program, these vaccinations must be conducted outside of the ACOP's regular on-site government funded days.

5.4 General Practitioners

1. If a RACH engages an ACOP, are residents still eligible for RMMRs, which General Practitioners may be able to claim for through the Medical Benefits Schedule (MBS)?

Yes, participation in the ACOP affects the source of payment for the pharmacist, not the resident's eligibility for a RMMR service. A key role of an ACOP is to review residents' medications regularly and resolve any issues identified promptly. This is expected to reduce (but may not eliminate) the need for RMMRs.

In order for a General Practitioner to claim for a relevant MBS item, the criteria must be met in full and the service must be clinically appropriate. Where an ACOP is employed at the RACH, the ACOP will undertake medication reviews as required, including any in-depth reviews requested by GPs.

MBS item 903 or 249, related to RMMR, may be utilised by general practitioners or prescribed medical practitioners respectively. Further information can be found on the [MBS Website](#).

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

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 July 2025

