

# AGED CARE ONSITE PHARMACIST (ACOP) PROGRAM

Information for  
pharmacists and  
community  
pharmacies



# AGED CARE ONSITE PHARMACIST (ACOP) PROGRAM

Residential aged care homes (RACH) can now engage an onsite pharmacist to work as a valued team member to provide expert support and advice about residents' medications and the quality use of medicines. The Aged Care Onsite Pharmacist (ACOP) program is an alternative best practice model of care to the residential medication management review (RMMR) and quality use of medicines (QUM) programs.

## 1. Program objectives

The ACOP program is a direct response to recommendation 38 of the Final Report of the Royal Commission into Aged Care Quality and Safety, which stated that aged care providers should actively seek to engage allied health practitioners, including pharmacists. The program is intended to improve medication management and safety for residents through aged care credentialed pharmacists working on-site at a RACH in a clinical role.

Participation in the ACOP program is voluntary and is an alternative to the RMMR and QUM programs.

## 2. The role of the credentialed aged care on-site pharmacist

The ACOP will bring their expertise in medication management and pharmacotherapy to provide collaborative and integrated care for all residents as part of the multidisciplinary healthcare team. They will work closely with GPs, on-site nurses, facility staff and other healthcare professionals to improve health outcomes of residents and build confidence with families and carers.

In their role, the on-site pharmacist will support aged care providers to meet many of the Aged Care Quality Standards, such as through supporting informed decision making around medications and assisting with clinical care.

### 2.1. Key responsibilities

- Being readily available and a central contact to address medication management inquiries from residents, families and carers, RACH staff, medical practitioners (GPs and specialists), community pharmacies and other health professionals.
- Provide continuity in medication management, such as day-to-day monitoring of residents' medication and solving medication related issues promptly.
- Assist with medication management and communication during transitions of care.
- Undertake whole-of-facility quality use of medicine activities, such as medicine use evaluations and implementation of changes identified in audits to improve the use of psychotropics, antimicrobials and other high-risk medications.
- Advise, attend and report to the Medicines Advisory Committee (MAC) as part of governance and oversight in the residential aged care home, and help set up a MAC where one is not established.

## 2.2. ACOP role description

An indicative role description can be found on the Australian Pharmacy Council's website: [Indicative-Role-Description.pdf](#)

The duties undertaken by the ACOP may differ at each RACH and should be discussed between the individual RACH and pharmacy/pharmacist; however, must be consistent with the ACOP role description. Activities related to medicine supply, delivery or repackaging are not funded through this program, nor are vaccinations provided and claimed through the National Immunisation Program or COVID Vaccination program.

## 3. Credentialing for the ACOP role

ACOPs will be required to be credentialed and hold a valid pharmacist credential number issued by an accredited training provider.

### 3.1. Accredited training

To be ACOP credentialed, pharmacists must complete an ACOP training program or recognition of prior learning (RPL) accredited by the Australian Pharmacy Council. A list of accredited courses can be found on the [Australian Pharmacy Councils website](#). The prerequisite for an ACOP training program is completion of the Medication Management Review (MMR) credential.

#### Accredited MMR Pharmacist/ACOP programs (as at 18 March 2025)

Provider	Program name	Program type	Accreditation status	Recognition of Prior Learning (RPL)*
Monash University	ACOP Training Program (MUATP)	ACOP	Accredited with conditions	Not available
Monash University	MMR Training Program (MUMTP)	MMR Pharmacist	Accredited	Yes
Pharmaceutical Society of Australia	MMR/ACOP training program	Combined MMR Pharmacist/ACOP	Accredited with conditions	Yes
Smart Nation Education (also trading as Pharmacy Care Academy)	ACOP and MMR Pharmacist Services program	Combines MMR Pharmacist/ACOP	Accredited	Not available

\*Accredited to offer RPL for pharmacists to assess their previous qualifications and/or experience

### 3.2. Transition arrangements

To support the uptake of the ACOP program and transition of MMR credentialed pharmacists to an ACOP role, MMR credentialed pharmacists will be grandfathered as Aged Care On-Site Pharmacist credentialed temporarily until **30 June 2026**.

MMR credentialed pharmacists participating in the program will need to have undertaken additional education required to gain Aged Care On-Site Pharmacist credentialing either via a training course or RPL process by 1 July 2026.

The ACOP will bring their expertise in medication management and pharmacotherapy to provide collaborative and integrated care for all residents as part of the multidisciplinary healthcare team.

## 4. Engaging an ACOP: Tier 1 and Tier 2

Funding to employ on-site pharmacists to work in residential aged care homes can be provided to a Section 90 community pharmacy via Tier 1 or to the residential aged care provider via Tier 2.

### TIER 1

#### 4.1. Tier 1: Community pharmacy employs ACOP and claims and receives payment

Under Tier 1, eligible RACHs can identify and partner with a Section 90 community pharmacy to provide an ACOP to the home. Under this arrangement, the community pharmacy claims and receives payments to engage an ACOP to be placed in a particular RACH. Information including program rules is available on the [ACOP Measure Tier 1 webpage](#).

##### **Tier 1 key considerations**

- Pharmacy must be a Section 90 pharmacy.
- A [Service Authorisation](#), signed by the pharmacy and the RACH must be submitted and approved in the PPA portal prior to the ACOP commencing.
- Where current RMMR/QUM services are being provided in the RACH, these service providers must be given notice of the RACH's intention to cease the service relationship.
- Pharmacy must negotiate a salary or per hour/day payment with the ACOP using the funding available. Where the salary/payments are higher than the government funded amount, the additional amount above the government amount is to be funded by the pharmacy employer.
- The available funding can only be used for ACOP's salary and on-costs.
- Pharmacy must oversee the work of the ACOP ensuring they follow directions from the RACH in terms of duties and activities.
- The ACOP cannot also claim payments for RMMR, QUM programs, or provide vaccinations claimed under the National Immunisation Program or COVID 19 Vaccination programs while working at the same RACH as an ACOP.
- Pharmacy cannot charge the RACH to provide an ACOP or for any activities undertaken by the ACOP under this measure.
- The ACOP must maintain a weekly timesheet and activities summary for auditing purposes (see example [Completed-Example-ACOP-Weekly-Timesheet.pdf](#)).
- ACOPs are required to work on-site at the RACH according to a regular schedule as agreed with the RACH and must be on-site in minimum time blocks of half days (3.8 hours).
- In small rural towns or remote communities the ACOP's days at the RACH over the month can be worked in a condensed period where this arrangement suits both the RACH and ACOP.
- For a RACH entitled to 0.2 FTE based on bed numbers, only one ACOP can be rostered by the pharmacy to work onsite at the RACH. For a RACH with 0.4 FTE entitlement, two different ACOPs can share the role and 0.6 FTE or more, maximum of three different ACOPs can share the responsibilities.

### TIER 2

#### 4.2. Tier 2: RACH employs ACOP and claims and receives payment

- Under Tier 2, eligible RACHs can engage an ACOP directly, where they have been unsuccessful in sourcing an ACOP from at least one community pharmacy under Tier 1. Information including program rules is available on the [ACOP Measure Tier 2 webpage](#).
- RACH must negotiate a salary or per hour/day payment with the ACOP using the funding available. Where the salary/payments are higher than the government funded amount, the additional amount above the government amount is to be funded by the RACH.

### 4.3. Pharmacy Programs Administrator

In both Tiers, the [Pharmacy Programs Administrator](#) is the agency responsible for administering, processing and paying claims for the Community Pharmacy Programs funded by the Australian Government Department of Health, Disability and Ageing.

## 5. ACOP full time equivalent entitlement and payment rates

A RACH's entitlement to support from an ACOP is based on the number of beds at the home.

Table 1 outlines the ACOP Full Time Employment (FTE) entitlement for RACHs of differing sizes.

Community pharmacies or RACHs will be paid \$619.84 (plus GST) for each full day that an ACOP is working on-site at a RACH. The payment is intended to cover the ACOP's pay and on-costs. There is a maximum number of on-site days that can be claimed each financial year in respect of each RACH. The maximum number of on-site days that may be paid is based on:

- FTE entitlement, based on the number of RACH beds
- a calculation regarding the maximum anticipated annual ACOP work days associated with that FTE entitlement.

**Table 1. RACH entitlement to ACOP**

RACH Bed Band	FTE rate, per eligible home <sup>‡</sup>	Maximum on-site days per:			From 1 July 2025 Maximum annual pharmacy payment based on FTE (ex GST)
		week <sup>‡</sup>	month	financial year <sup>*</sup>	
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

<sup>‡</sup> on-site days are as per regular schedule with RACH

<sup>‡</sup>based on 1 FTE ACOP per 250 beds

<sup>\*</sup>This is to ensure that pharmacies 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.



## 6. The difference between ACOP and RMMR/QUM programs

The ACOP program acknowledges the importance of having a pharmacist embedded as part of the healthcare team within a RACH. Funding is therefore based on the pharmacist being onsite for an agreed amount of time per week based on the number of beds (ranging from one day per week for a RACH with up to 50 beds to five days per week for a RACH with 250 beds). Community pharmacies or RACHs will be paid \$619.84 for each full day that an ACOP is working on-site at a RACH. The payment is intended to cover the ACOP's pay and on-costs.

Funding under the RMMR program is based on delivering a service per resident (\$112.65 for initial service) in response to a referral from a general practitioner. The QUM program provides \$125 base amount plus \$12.50 per bed per quarter to provide a least two QUM activities across the whole RACH. Where an ACOP is engaged to work in a RACH, that RACH cannot also receive RMMR or QUM services.

## 7. How to participate: Tier 1

A pharmacy service authorisation must be completed and signed by the RACH and the Section 90 pharmacy and submitted via the PPA portal and approved by the PPA before the ACOP starts work at the RACH.

The service authorisation template	<a href="https://www.ppaonline.com.au/wp-content/uploads/2025/03/Service-Authorisation-Tier-1.pdf">https://www.ppaonline.com.au/wp-content/uploads/2025/03/Service-Authorisation-Tier-1.pdf</a>
Detailed instructions for registering	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Measure-Tier-1-Pharmacy-Portal-User-Guide.pdf">https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Measure-Tier-1-Pharmacy-Portal-User-Guide.pdf</a>

Notification of cessation must also be provided to the RMMR and/or QUM Provider where the ACOP will be replacing these providers.

## 8. The role of Murray PHN

Murray PHN has been funded by the Department of Health, Disability, and Ageing to:

- identify appropriately credentialed pharmacists in the catchment or those interested in becoming credentialed
- support connection
- provide information and support.

More broadly, Murray PHN offers access to information, resources, and networking opportunities to support all local healthcare professionals. For these, visit:

- [Murray PHN website](#)
- [Subscribe to Murray PHN eNews](#)
- [Subscribe to Murray PHN Allied Health Newsletter](#)

### Contact details

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## 9. Links to resources and information

Tier 1 Information including FAQ	<a href="https://www.ppaonline.com.au/programs/aged-care-on-site-pharmacist-measure/tier-1">https://www.ppaonline.com.au/programs/aged-care-on-site-pharmacist-measure/tier-1</a>
Tier 1 Rules	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Tier-1.pdf">https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Tier-1.pdf</a>
Tier 1 Pharmacy Portal User Guide	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Measure-Tier-1-Pharmacy-Portal-User-Guide.pdf">https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Measure-Tier-1-Pharmacy-Portal-User-Guide.pdf</a>
Service Authorisation	<a href="https://www.ppaonline.com.au/wp-content/uploads/2025/03/Service-Authorisation-Tier-1.pdf">https://www.ppaonline.com.au/wp-content/uploads/2025/03/Service-Authorisation-Tier-1.pdf</a>
Weekly Timesheet and Activities Summary template	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Weekly-Timesheet-and-Activities-Summary-Template.pdf">https://www.ppaonline.com.au/wp-content/uploads/2024/06/ACOP-Weekly-Timesheet-and-Activities-Summary-Template.pdf</a>
Weekly timesheet completed example	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/07/Completed-Example-ACOP-Weekly-Timesheet.pdf">https://www.ppaonline.com.au/wp-content/uploads/2024/07/Completed-Example-ACOP-Weekly-Timesheet.pdf</a>
Example activities	<a href="https://www.ppaonline.com.au/wp-content/uploads/2024/07/Example-ACOP-activities.docx">https://www.ppaonline.com.au/wp-content/uploads/2024/07/Example-ACOP-activities.docx</a>
Role description	<a href="https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/Indicative-Role-Description.pdf">https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/Indicative-Role-Description.pdf</a>
Pharmacist and RACH Guide	<a href="https://www.health.gov.au/resources/publications/aged-care-on-site-pharmacist-measure-pharmacist-and-residential-aged-care-home-guide">https://www.health.gov.au/resources/publications/aged-care-on-site-pharmacist-measure-pharmacist-and-residential-aged-care-home-guide</a>
Department of Health, Disability and Ageing	<a href="https://www.health.gov.au/our-work/aged-care-on-site-pharmacist">https://www.health.gov.au/our-work/aged-care-on-site-pharmacist</a>
Resources for integrating on-site pharmacist into RACH (from Capital Health Network)	<a href="https://www.chnact.org.au/for-health-professionals/pharmacists-in-residential-aged-care-facilities-study/">https://www.chnact.org.au/for-health-professionals/pharmacists-in-residential-aged-care-facilities-study/</a>





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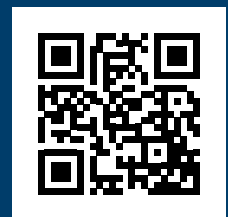
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