



INFORMATION FOR RESIDENTIAL AGED CARE HOMES

Aged care onsite pharmacist (ACOP) program



Aged care providers can now engage an on-site pharmacist to provide expert support and advice about residents' medications and the quality use of medicines.

WHY IS THIS IMPORTANT?

The Royal Commission into Aged Care Quality and Safety identified medication management and safety in residential aged care homes as an essential area for improvement. This program responds to the final report recommendations, in particular recommendation 38.

HOW DOES IT WORK?

Residential aged care homes (RACH) can approach a participating community pharmacy of their choice to engage an on-site pharmacist on their behalf (Tier 1). If the RACH does not come to a suitable agreement with the pharmacy of their choice, they can access funding to engage an on-site pharmacist directly (Tier 2).

WHAT WILL AN ON-SITE PHARMACIST DO?

- Focus on person-centred care and support informed, medication-related decision-making.
- Work with multidisciplinary healthcare teams, both internally and externally.
- Apply evidence-based practices to medication management to reduce medication-related harm and optimise medicine use.
- Help with medication management and communication during transitions of care.
- Carry out whole-of-facility, quality-use of medicines activities.
- Contribute to clinical governance and encourage a culture of continuous quality improvement to ensure safe and quality care for residents.

ELIGIBILITY AND FUNDING ENTITLEMENT

Residential aged care home eligibility to participate in the Aged Care On-site Pharmacist (ACOP) Measure will not be linked to adoption of an electronic National Residential Medication Chart (eNRMC) system from 1 February 2026.

A ratio of one full-time equivalent (FTE) onsite pharmacist per 250 beds in a RACH is funded under the program (see table 1).

Table 1: FTE entitlement per RACH bed band

RACH Bed Band	FTE rate per eligible RACH	Maximum on-site days per week
1-50	0.2	1
51-100	0.4	2
101-150	0.6	3
151-200	0.8	4
201-250	1.0	5

HOW DOES THIS EFFECT THE RMMR AND QUM PROGRAMS?

The ACOP program is a best practice alternative to the Residential Medication Management Review (RMMR) and Quality Use of Medicines (QUM) programs. Where an ACOP is engaged to work in a RACH, that RACH cannot also receive RMMR or QUM services.

FURTHER INFORMATION

For further information about the program including resources and links:

[The Aged Care On-Site Pharmacist Measure – Pharmacist and Residential Aged Care Home Guide](#)

ROLE OF MURRAY PHN

As part of the implementation of the program, Murray PHN's role is to assist RACHs to identify and connect with appropriately credentialed pharmacists who can work in this role.

For more information or support contact:

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“Having an ACOP enhances our ability to provide patient-centred care for our residents”

Alison Flenley, CEO/DON
Nagambie Health Centre

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.