



**Pharmacy Programs
Administrator**

AGED CARE ON-SITE PHARMACIST MEASURE

Tier 1 Rules

Community Pharmacy claims and receives payments

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Australian Government
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1 INTRODUCTION

The Aged Care On-site Pharmacist (ACOP) Measure (the Measure) responds to the [Royal Commission into Aged Care Quality and Safety](#), in particular Recommendation 38, and is intended to improve medication management and safety for residents through aged care credentialed pharmacists working on-site in residential aged care homes (RACHs) in a clinical role.

The Measure involves two tiers as follows:

- Tier 1 of the Measure relates to arrangements where a community pharmacy claims and receives payments to engage an ACOP to work at a particular RACH
- Tier 2 of the Measure relates to arrangements where a RACH claims and receives payments to engage an ACOP to work at the RACH. Note that RACHs can only participate in Tier 2 of the Measure where they have been unsuccessful in sourcing an ACOP from at least one community pharmacy, under Tier 1 of the Measure.

This document outlines the Rules governing Tier 1 of the Measure. There is a separate document outlining the Rules governing Tier 2 of the Measure available on the PPA website.

1.1 Intended Audience

This document outlines the rules governing community pharmacy access to funds under the Measure to engage and place credentialed pharmacists in residential aged care homes. This document must be read by participating community pharmacies, credentialed pharmacists, and residential aged care homes.

2 BACKGROUND

2.1 Objectives

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.

2.2 Royal Commission into Aged Care Quality and Safety

On 1 March 2021, the [Royal Commission into Aged Care Quality and Safety](#) released its [Final Report](#), which included 148 recommendations designed to deliver high quality and safe aged care. Recommendation 38 in the Final Report was that residential aged care homes (RACHs) improve medication management by actively seeking to employ allied health practitioners, including pharmacists, in accordance with residents' individual care plans.

3 DEFINITIONS

ACOP means Aged Care On-site Pharmacist.

AHPRA means Australian Health Practitioner Regulatory Authority.

APC means Australian Pharmacy Council.

Credentialed Pharmacist means a Pharmacist credentialed through an APC accredited Aged Care On-site Pharmacist training program.

FTE means Full-Time Equivalent.

MAC means Medication Advisory Committee.

MPS means Multi-Purpose Services.

NAPS ID means National Approved Provider System Identifier Number.

PPA means Pharmacy Programs Administrator.

QUM means the Quality Use of Medicines Program.

RACH means Residential Aged Care Home (as defined in section 5.3).

RMMR means Residential Medication Management Review Program.

4 ROLE OF THE AGED CARE ON-SITE PHARMACIST

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

5 PARTICIPATION REQUIREMENTS

5.1 Community Pharmacy Eligibility

For a pharmacy to participate in the Measure, 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)
- Agree to abide by the [Pharmacy Programs Administrator General Terms and Conditions](#).

*Section 94 Pharmacies and public or private hospitals are **not** eligible to access funding for an ACOP through the Measure.*

The community pharmacy must also:

- Engage the ACOP as a full-time, part-time, under contract or casual employee (see section 5.7 for more information about engaging multiple ACOPs)
- Negotiate a salary or per hour/day payment with the ACOP utilising the Measure funding. Where the salary/payments are higher than the government funded amount, the additional amount above the government amount is to be funded by the employer. The Measure payment is intended to cover the ACOP's pay and on-costs. The value of payments available under the Measure have been designed to ensure they are able to support the employment of permanent staff, including paying the pharmacist during periods of annual leave, personal leave and on public holidays (see section 7)

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- Ensure that the ACOP meets the pharmacist eligibility criteria as detailed in these Rules while participating in the Measure
- Ensure the ACOP works in the RACH consistent with these Rules at all times they receive a salary or payments funded under the Measure
- Ensure the ACOP is working on-site to a regular schedule, as agreed with the RACH and completed in half day (3.8 hour) or full day (7.6 hour) blocks
- Advise the PPA if the community pharmacy, ACOP or RACH ceases to be eligible for the Measure
- Ensure that the Measure funding is **not** used for the following:
 - To fund the RACH for resident medicines, medical devices or re-packaging of medicines (such as in a dose administration aid);
 - Delivery of medicines.
- Be responsible for overseeing the work of the ACOP including ensuring they follow directions from the RACH in terms of duties and activities to be performed in line with the ACOP Role Description (see section 4)
- Ensure the RACH has issued termination notices to any QUM, RMMR or ACOP Providers prior to providing an ACOP to the RACH under the Measure, see Services Authorisations, section 5.5
- Ensure that the ACOP does not administer vaccinations during their ACOP working hours that are then claimed by the pharmacy under the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program or the COVID-19 Vaccination in Community Pharmacy (CVCP) Program
- Agree not to charge the RACH to provide an ACOP or for any activities undertaken by the ACOP(s) under the Measure
- Not charge the ACOP a fee to secure their engagement to work as an ACOP under the Measure
- Retain a copy of the weekly timesheet and activities summary completed by the ACOP and signed by a RACH representative to support claims submitted (see section 5.9)

5.2 Aged Care On-site Pharmacist Eligibility

To be eligible to participate in the Measure, the ACOP must:

- Be a registered pharmacist with a valid AHPRA registration number; and
- Hold a valid credentialed pharmacist number from an Australian Pharmacy Council (APC) accredited ACOP training program. Training Requirements are listed in section 5.4 below
- Until 30 June 2026, pharmacists that hold a valid Medication Management Review Credential Number can participate in the Aged Care On-site Pharmacist Measure, further details can be found on the [PPA webpage](#).

In addition, the ACOP must:

- Agree to undertake clinical duties on-site in a RACH in accordance with the ACOP Role Description (see section 4) and the [Aged Care Quality Standards](#)
- Not work on-site under the Measure at a RACH that has not provided notice to terminate their QUM/RMMR service agreements, see Service Authorisations, section 5.5
- Maintain a [weekly timesheet and activities](#) summary, signed by a RACH representative, for auditing purposes (see section 5.9)

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5.3 Residential Aged Care Home (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 2024, 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:

- Meet the requirements of an Approved Provider set out in Part 7 of the Aged Care Quality and Safety Commission Act 2018 and Chapter 4 of the Aged Care Act 2024
- Have been approved by the Aged Care Quality and Safety Commission to deliver Australian Government residential care services
- Have a valid RACH National Approved Provider System (NAPS) ID
- Have issued termination notices for any Service Agreements for the provision of RMMR and QUM Services and any other ACOP Service Authorisations for Tier 1 at the RACH prior to a new ACOP commencing at the RACH. See Service Authorisations, section 5.5
- Not be participating in Tier 2 of the Measure
- Advise the pharmacy if the RACH ceases to be eligible for the Measure
- Notify the pharmacy if the RACH has a change of contact person
- Review and sign the weekly timesheet and activities summary completed by the ACOP (see section 5.9). It is recommended the RACH keeps a completed copy for auditing purposes.

5.4 Training Requirements

ACOPs will be required to have completed an Australian Pharmacy Council (APC) accredited ACOP training program, thus be credentialed, and hold a valid credential number.

Training providers with APC accredited ACOP training programs can be found on the [APC's website](#).

Until 30 June 2026, pharmacists that hold a valid Medication Management Review Credential Number can participate in the Aged Care On-site Pharmacist Measure, further details can be found on the PPA webpage.

5.5 Service Authorisations

To become an Approved Provider under the Measure, a [Service Authorisation](#) must be submitted and approved in the PPA Portal. The Service Authorisation evidences the fact that a particular RACH has agreed to partner with the specified community pharmacy for the provision of an ACOP under Tier 1 of the Measure.

The community pharmacy is responsible for ensuring the Service Authorisation is the [correct template](#) as provided on the PPA website and for ensuring the ACOP does not start work at the RACH until the Service Authorisation is approved by the PPA.

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To terminate a Service Authorisation, 30 days prior written notice to terminate must be provided to the other party.

Activities under the Measure must not be provided until any existing RMMR/QUM/ACOP Providers delivering services to the RACH have been given notice of the RACH's intention to cease the relevant RMMR/QUM/ACOP service relationship and the new Service Authorisation has been approved by PPA. Once notice to terminate has been provided, there may be some duplication of ACOP activities and RMMR/QUM services during the period of notice.

QUM services to be claimed under the QUM Program, and RMMR services to be claimed under the RMMR Program cannot be completed by a pharmacist at any point in time in a RACH where they are engaged as an ACOP. This includes during the notice period referred to above.

5.6 RACH ACOP Full-Time Equivalent (FTE) Entitlement

RACHs are eligible to receive differing levels of ACOP support based upon the number of beds at the home. The following table outlines the ACOP FTE allowance under the Measure for RACHs of differing sizes. Table 2 in Section 7.2 provides more detail about how the ACOP FTE entitlement translates to the number of on-site days that can be claimed in respect of the ACOP and the maximum annual payments in respect of RACHs of differing sizes under the Measure.

Table 1: ACOP FTE Entitlement, by RACH Bed Numbers

RACH Beds	ACOP Entitlement (Full-Time Equivalent)
1-50	0.2
51-100	0.4
101-150	0.6
151-200	0.8
201-250	1.0
251-300	1.2
≥301	1.4

5.7 Engaging Multiple Aged Care On-site Pharmacists

To ensure continuity of service, it is intended that the same credentialed pharmacist or pharmacists should be working on site at the RACH over time. It is recognised that there may be staff turnover from time-to-time, however pharmacies should not be switching ACOPs sent to the same RACH on a regular basis. Specifically:

- Where a RACH is entitled to 0.2 FTE based on their bed band (see Table 1) the same ACOP should be rostered by the pharmacy to work on-site at the RACH each time

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- In cases where the RACH is entitled to 0.4 FTE based on their bed band (see Table 1) a maximum of two different ACOPs can be provided by the pharmacy to the RACH to share the role responsibilities
- In cases where the RACH is entitled to 0.6 FTE or more based on their bed band (see Table 1), a maximum of three different ACOPs can be provided by the pharmacy to the RACH to share the role responsibilities.

5.8 Required Time On-site, Flexible Working Arrangements and Remote Work

Required time on-site:

- ACOPs are required to attend 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)
- The ACOP working schedule must be a regular timetable over a week or a fortnight.

See section 7 for information on the ratio of ACOP payments to community pharmacies funded to RACH beds, and days on-site.

Flexible working arrangements:

- In rural or remote areas (where the RACH is located in a [Modified Monash Model location 5-7](#)) the ACOP's days at the RACH over the month can be worked in a condensed period where this arrangements suits both the RACH and ACOP.

Examples of flexible working arrangements are provided below:

- 50 bed RACH (i.e. 0.2 FTE ACOP entitlement) visited by an individual ACOP for one full day or two half days each week.
- 50 bed RACH (i.e. 0.2 FTE ACOP entitlement) in a rural or remote ([Modified Monash Model location 5-7](#)) area visited by an individual ACOP for 4 full consecutive days each month.

Remote Work:

- Remote working arrangements are only permitted for attending RACH level MAC meetings, if these are held virtually or with a mix of in-person/virtual attendance options. In instances where the MAC meeting is to be held on a day that falls outside of the ACOP's regular on-site schedule agreed with the RACH, the ACOP is able to attend the MAC meeting virtually and include the hour(s) spent in attending the meeting towards calculating their total number of days worked per month. This information will need to be recorded in the weekly timesheet and activities summary document (see section 5.1 and 5.9).

5.9 Weekly Timesheet and Activities Summary

The Department of Health, Disability and Ageing approved [weekly timesheet and activities summary template](#) must be used. The weekly timesheet and activities summary must be completed in full and with sufficient detail to demonstrate that the pharmacist has met these Rules in respect of minimum half day blocks of work and that activities have been undertaken within the scope of practice of the ACOP role. The community pharmacy and each engaged credentialed pharmacist must retain copies of these completed timesheets. It is recommended that the RACH also maintains copies.

6 REGISTRATION

6.1 Registration Requirements

To participate in the Measure, a community pharmacy must register a RACH relationship via the PPA Portal and provide the following information:

- Section 90 community pharmacy business and contact details
- Residential Aged Care Home business and contact details including NAPS ID
- Intended ACOP start date (noting ACOPs cannot start at the RACH under the Measure until the relationship registration has been approved in the PPA Portal)
- A copy of the signed Service Authorisation confirming:
 - that the RACH meets all eligibility criteria as per these Rules
 - that the community pharmacy meets all eligibility criteria as per these Rules
 - that the RACH does not have RMMR, QUM Agreements or another ACOP Authorisation (Tier 1 or Tier 2) in place
 - that the on-site work will be undertaken in full or half day blocks and as per a regular work schedule agreed with the RACH, and
 - that the Authorisation has been signed by the RACH manager and head office representative where applicable, to take up an ACOP under this Measure (see template).

7 PAYMENTS AND CLAIMING

7.1 Payments

Community pharmacies will be paid \$619.84 (plus GST) for each full day that a pharmacy-engaged 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 upon the relevant RACH's:

- FTE entitlement, based on the number of RACH beds (refer to Section 5.6 and Table 2 below for details), and;
- a calculation regarding the maximum anticipated annual ACOP work days associated with that FTE entitlement.

For example, 1 FTE ACOP would be anticipated to work no more than 228 days each year. This calculation is based on an assumption of approximately 261 weekdays in a year, less 20 days annual leave and up to 13 public holidays (i.e. $261 - 20 - 13 = 228$). The maximum on-site days are pro-rated for all other FTE multiples as outlined in Table 2 on the following page.

The maximum amount payable each year in respect of each RACH is also outlined in Table 2. It should be noted however that the maximum annual amount in respect of a RACH may not always be claimed and paid for the following reasons:

- The ACOP being absent from work due to illness or other reasons
- Staff turnover which may potentially create a gap between the cessation of one ACOP and engagement/commencement of a new ACOP.

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

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of payments available under the Measure have been designed to ensure they are able to support the employment of permanent staff, including paying the ACOP during periods of annual leave, personal leave and on public holidays. Pharmacies will need to determine the appropriate salary or hourly rates for their ACOPs based upon their individual circumstances including the manner in which they intend to engage the ACOP, for example:

- ACOPs employed as permanent employees will receive legislated leave entitlements and are likely to receive a lower hourly rate to recognise the periods for which they will be paid when not working. In determining the appropriate salary for a permanent employee, the pharmacy will need to consider the potential that the maximum payment amount is not received in any given year in circumstances where the employee takes one or more days of paid personal leave
- ACOPs engaged as casual or contract workers may be able to be paid a higher hourly rate, reflecting the fact the ACOP may not be entitled to leave entitlements and may not be paid when taking annual leave or when absent due to illness.

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

Time travelling to/from a RACH, and transport or accommodation costs are not included in funding for the Measure.

Refer to Table 2 below for details of the maximum amount payable to a community pharmacy for ACOP activities undertaken from 1 July 2025 in respect of a particular RACH and FTE entitlement.

Table 2: Pharmacy Payment Rates (From 1 July 2025)

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 pharmacy 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 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.

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The bed bands and associated FTE allocated to each RACH will be based on data provided to the PPA in June and December each year. Increased or decreased RACH ACOP FTE entitlements will be implemented for the first full month after the data is provided. For example, a bed number increase from 150 to 160 beds in December data results in a higher bed band and an increase in associated FTE entitlement from 0.6 FTE to 0.8 FTE. This change will apply to the ACOP days able to be worked and claimed under the Measure. The change in FTE entitlement will apply from January.

The community pharmacy will need to report the GST associated with ACOP payments as part of their quarterly Business Activity Statements. The GST component of the payment will be listed on the Recipient Created Tax Invoice (RCTI) issued by the PPA.

7.2 Claiming

Claims for payment must be submitted through the Pharmacy Programs Administrator (PPA) Portal.

Claims can only be submitted once a Service Authorisation has been submitted and approved in the PPA Portal.

ACOPs can only work on-site under the Measure on or after the Start Date listed on the approved relationship registration for that RACH in the Portal. Payments to pharmacies under the Measure must be claimed in a single monthly claim at any time from the first to the last day of the following month in which the ACOP worked on-site (e.g., on-site days worked in March must be claimed from 1 and 30 April inclusive).

Claims must include the following:

- Calendar month and year to which the claim relates
- ACOP name(s), ACOP credential number(s) and AHPRA registration number(s)
- Number of days worked on-site at the RACH in half day (3.8 hours) or full day (7.6 hours) increments
- Confirmation that the ACOP(s) worked to a regular schedule as agreed with the RACH.

Claims can only include actual time an ACOP spent on-site working under the Measure. Days not worked due to annual leave, personal leave, public holidays or any other reason cannot be included in claims.

A period of less than 3.8 consecutive hours on-site (i.e., less than half a day of work) at the RACH will not be eligible for payment and cannot be claimed. If the ACOP attends a MAC meeting virtually, this time can count towards the total half/full days claimed that month (see section 5.8).

Based on the RACH bed band, there is a maximum number of days per month and financial year a community pharmacy can claim (see Table 2).

Example 1:

A pharmacy employs 1 FTE ACOP. Over the financial year the ACOP is anticipated to take 4 weeks of annual leave and does not work public holidays. They take no personal leave days. They therefore work 228 days at the RACH (i.e. the maximum number of claimable working days per year) for the year. The pharmacy is paid \$141,323.52 excluding GST (daily payment rate of \$619.84 per day worked x 228 days). Payments to the community pharmacy must be used for the ACOP's pay and on-costs.

Example 2:

A pharmacy employs 1 FTE ACOP. Over the financial year the pharmacist takes 4 weeks of annual leave and requires 5 days of personal leave due to sickness. The pharmacy can claim 223 days resulting in \$138,224.32 excluding GST in payments (daily payment rate of \$619.84 x 223 days). Payments to the community pharmacy must be used for the ACOP's pay and on-costs.

8 AUDIT AND COMPLIANCE REQUIREMENTS

The ACOP(s), RACH and community pharmacy may be subject to audits by the Australian Government Department of Health, Disability and Ageing (or its representative) to ensure that these Rules are being complied with and must provide all and any records requested as part of such audit(s)

An audit may include:

- Requests for verification by the RACH of the ACOP's days/hours reported by the community pharmacy when seeking payment of Measure funds
- Requests for verification by the RACH of regular working arrangements and activities undertaken by the ACOP.

The community pharmacy must:

- Retain full and accurate records in relation to the engagement and provision of ACOPs for no less than seven years after the request for payment
- Retain copies of the [ACOP weekly timesheet and activities summary](#) (see section 5.9) completed by the ACOP, signed by a RACH representative, for no less than seven years after the request for payment.
- Ensure the weekly timesheet and activities summary is completed in full and with sufficient detail to demonstrate that the pharmacist has met these Rules in respect of minimum half day blocks of work and that activities have been undertaken within the scope of practice of the ACOP role.
- Such records must be kept in a manner that permits them to be conveniently and properly audited.

Community pharmacies that wrongfully or incorrectly receive payments under this Measure and/or do not meet the requirements set out in these Rules may be subject to compliance action (as determined by the Australian Government Department of Health, Disability and Ageing) and repayment may be required. Under section 137.1 of the Criminal Code, giving false and misleading information is a serious offence. If an audit/compliance action is to be conducted, community pharmacies will be required to produce documentation within a specified time frame.

9 RESOURCES

Resources are available for download on the [Department of Health, Disability and Ageing's website](#).

Additional information can also be found regarding the following:

- Australian Pharmacy Council (APC) Accreditation Standards - <https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/>
- Australian Pharmacy Council (APC) accredited training programs - <https://www.pharmacycouncil.org.au/education-provider/accreditation/pharmacist-education-programs/accredited-pharmacist-education-programs/>