phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Aged Care On-Site Pharmacists: Funding Models and Practical Insights

Wednesday 12 August 2026

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, the Wurundjeri Woi Wurrung People, the Boon Wurrung People and the Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.

Housekeeping – Zoom Meeting

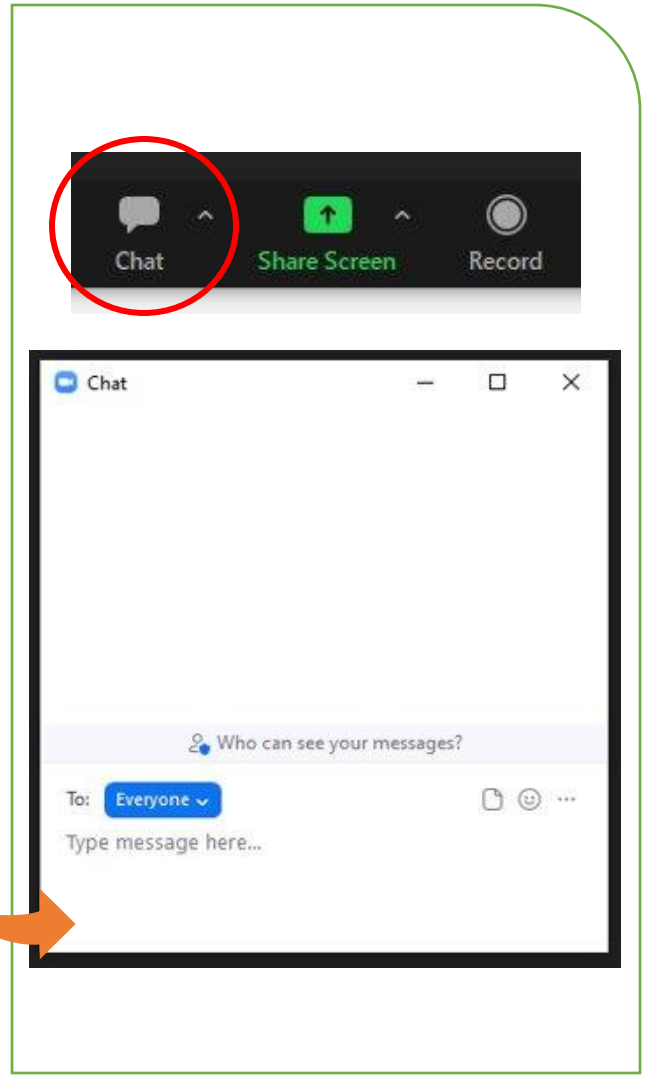
All attendees are muted

Please ask questions via the Chat box only

- Questions will be at the end of the presentation

This session is being recorded.

You will receive a link to this recording and copy of slides in post session correspondence.

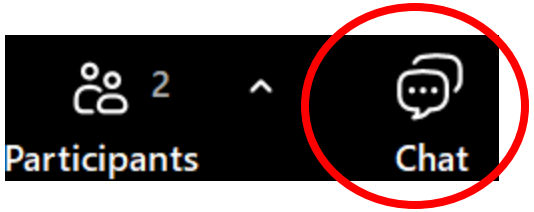


Housekeeping – Zoom Meeting

Is your session name the same as your registration?

To ensure we can issue your certificates and CPD please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in).

Not sure if your name matches, send a Chat message to 'NWMPHN Education' to identify yourself.



Speakers

***Dhwani Patel** is a pharmacist and program officer at NWMPHN, specialising in aged care capability building and health system improvement. With over seven years' experience across aged care, pharmacy and digital health, she leads key initiatives to strengthen workforce capability in residential aged care services.*

***Dr Amanda Cross** is a Senior Research Fellow at the Centre for Medicine Use and Safety, at Monash University and the Aged Care Onsite Pharmacist.* Dr Amanda Cross is a dual clinician researcher with a passion for medicine safety and emerging roles of pharmacists.

***Lara Freeman** is a community pharmacist and co-manager of a rural pharmacy in Trentham. After completing ACOP training, she helped establish the ACOP service at a nearby residential aged care home, where she enjoys collaborating with staff and improve residents' quality of life.*

What is the Aged Care Onsite Pharmacist (ACOP) Measure

Since July 1st 2024 funding has been available for community pharmacies and aged care providers to employ on-site pharmacist in residential aged care homes.

Onsite pharmacist regularly reviews medications to reduce medication related harm and optimise the use of medicines.

Aged Care Onsite Pharmacist works with residents, staff, GPs and families to improve health outcomes of the residents.

Simple explanation:

The Aged Care On-site Pharmacist (ACOP) program enables pharmacists to work regularly in residential aged care homes, typically on a weekly basis. The Australian Government funds the program, allowing homes to access pharmacist support at no cost to residents.

ACOP : Annual Funding

Beds	Days/Week	Annual Funding
1-50	1	$28,202
51-100	2	$56,405
101-150	3	$84,608
151-200	4	$112,811
201-250	5	$141,324

ACOP Activities

Participate in GP rounds : Monitor GP prescribing

Attend case conferencing for residents

Frequent reviews of medications
Identify residents who may benefit from frequent medication reviews such as following hospitalisation, following a specialist appointment and following a fall

ACOP Activities

Polypharmacy Management

Education: Insulin and diabetes management, Psychotropics and restrictive practices, S8 medicines

Vaccination: Coordinate vaccinations as per state/territory legislation.

MAC Meeting – Provide advice on medication management policies

Funding Models – Tier 1

RACH contacts their regular community pharmacy

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Community Pharmacy provides the ACOP to RACH

↓

Build on existing pharmacy relationship

↓

Community Pharmacy claims and receives the funding

↓

Less administrative burden for RACHs

Funding Models – Tier 2

RACH recruits the Aged Care Onsite Pharmacist

↓

ACOP is the employee of RACH and delivers ACOP activities

↓

Weekly timesheet for ACOP needs to be completed

↓

RACH submits the claim and receive the funding

↓

RACH has greater flexibility to manage ACOP

ACOP Timesheet – Tier 2 model

Pharmacy Programs Administrator

AGED CARE ON-SITE PHAMACIST WEEKLY TIMESHEET & ACTIVITIES SUMMARY

Aged Care On-site Pharmacist (ACOP) Measure participants are required to maintain a weekly timesheet and activities summary for each engaged ACOP, per RACH.

RACH Name: Example RACH

ACOP Name: Example Name

Day & Date	Start Time	End Time	Total Break Time (unpaid)	Total Hours/Days*
Monday Date: 1/09/25	09:00	13:18	30 mins	0.5
Tuesday Date: 2/09/25	09:00	17:36	60 mins	1
Wednesday Date: 3/09/25	09:00	17:36	60 mins	1
Thursday Date: 4/09/25	09:00	17:36	60 mins	1
Friday Date: 5/09/25	09:00	13:18	30 mins	0.5
Saturday Date: 6/09/25	Did not work			
Sunday Date: 7/09/25	Did not work			
			Total Hours/Days:	4.0

***Record as Half-day (0.5) or Full-day (1.0) blocks (excluding unpaid break entitlements). Half Day = 3.8 Hours, Full Day = 7.6 Hours.**

Activities	Description of activities performed this week
Medication Management activities *E.g. Medication Reconciliation, review of residents' medications*	Medication reviews x5 - notes provided to GP. Assistance at transitions of care x2. Medication reconciliation for x2 new residents. Identified x1 resident taking high risk medication requiring urgent discussion with GP.
Quality Use of Medicines activities *E.g. Clinical audits or participating in medication rounds*	Completed audit of medication room. Supervised 1x medication round.
Clinical Governance activities *E.g. Contribution to policies and procedures, MAC meeting attendance*	Attended MAC.
Education *E.g. Education to staff, GPs or Residents*	Education provided to 3x residents that self-administer inhalers. Began work on presentation covering antimicrobial stewardship as discussed at MAC.
Other	Attended Case Conferencing x2.

By signing this document, each party confirms that the information provided is true, accurate, and that all ACOP Measure Rules and requirements have been met.

Aged Care On-site Pharmacist Signature: _____ **Date Signed:** 8/09/25

RACH Representative Name: Example Name **RACH Representative Position:** RACH Manager

How can PHN support

1. Explain Tier 1 and Tier 2 models and provide resources and guidance
2. If you are going ahead with Tier 2 model we can connect RACHs with credentialed pharmacist and share our Tier 2 pharmacist network.
3. Once the decision is made, we can provide support with onboarding and implementation
4. Assist with claiming and administration.
5. We can also support with discussing sustainability plan once the model is implemented
6. If you have completed your ACOP certification, we encourage you to connect with your local PHN. We can help facilitate introductions to aged care homes and any other support you may need in your journey

No matter which model you choose, PHNs are here to support you from planning and implementation through to ongoing participation in the ACOP Measure.

What We've Heard From The Sector about ACOP

Strong Interest from residential aged care homes

PHNs continue to engage with aged care homes across Victoria and are receiving positive feedback on the value and potential benefits of the ACOP Measure.

Greater multidisciplinary collaboration

ACOPs enhance collaboration between pharmacists, GPs, nurses, and aged care staff to support coordinated, resident-centred care.

Growing pharmacist interest in ACOP opportunities

PHNs are seeing increasing interest from pharmacists who are keen to explore ACOP roles and contribute more closely to aged care services.

Contact us!

We encourage you to reach out to us even if you are satisfied with your current arrangements, such as RMMRs. We would be happy to discuss your individual needs and explore whether the ACOP Measure may provide additional benefits for your residents, staff, and organisation.

Contact details

Dhwani Patel – Program Officer, Aged Care Capability Building.
Email address- dhwani.patel@nwmphn.org.au

Agedcaresupport@nwmphn.org.au

Direct line- 03 8578 0570

FROM RMMR TO ACOP

Opportunities for integrated care!

Dr Amanda Cross

amanda.cross@monash.edu

Senior Research Fellow and Aged Care Onsite Pharmacist

Learning objective:

Identify strategies to strengthen multidisciplinary collaboration and system-wide care coordination under the ACOP model

Agenda

- A bit about me
- A bit about my aged care home
- RMMR to ACOP
- Common questions
- Key resources

Declarations of Interest

- Research supported by an NHMRC Investigator Grant
- Chief investigator on two aged care related MRFF projects (EMBRACE, MEGA-MAC)
- Pharmaceutical Society of Australia NationalBoard Director

Clinician Researcher

- Community pharmacist
- HMR pharmacist (then RMMRs)
- Researcher
- Aged Care Onsite Pharmacist

Grant Lodge

Public Residential Aged Care
Bacchus Marsh
30 beds
Tier 2 funded ACOP

RMMR to ACOP

Transactional → Relational

RMMR role is static. ACOP role is integrated, responsive and flexible

New system-level influence

Strengthen medication management through clinical governance, policies, education and workflows

Increased collaboration

Day-to-day collaboration with residents, families, nurses, GPs and other health and care professionals

More rewarding

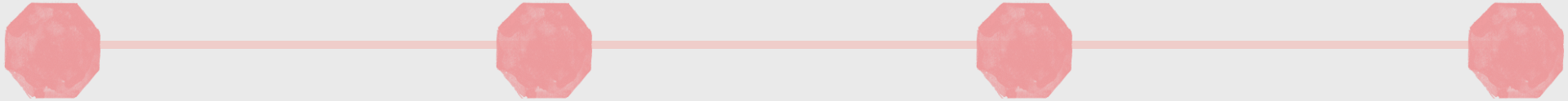
Recommendations are contextualised and followed up, and you can see the benefits

Opportunities for medicine safety

Pre-admission/admission
High-risk medicines
Falls
Discharge
End-of-life/palliative
Adverse events
Ward rounds
Medication rounds
Case conferences
Handovers
Resident & family meetings
Staff meetings
MAC meetings
Education
And many many more...

Q: Don’t you get bored?

A typical day:



Handover

Update on any major changes in residents, health and medicines

Medication reviews

Review any changes in medicines, follow-ups, discussions with residents/families

Integrated care

‘Ward round’ with GP and ANUM, case-conferences, follow-up recommendations

Systems

Everything else! Policies, education, MAC meetings, audits, etc

Q: What happens to the RMMRs?

I’m worried the GP won’t like ACOP because the GP won’t get paid!

I do a comprehensive ‘annual’ MMR so the GP can claim

Other interventions are often ‘mini-reports’ or documented case conference discussions

Q: Where do I start?

Start with what you know

For me - this was medication reviews, psychotropics and MAC meetings

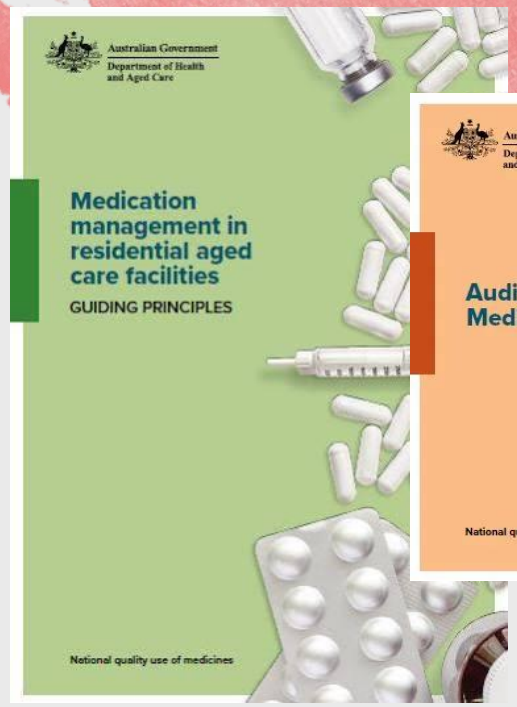
Be present

Attend meetings
Ask questions
Listen
Be part of the team
Sit somewhere central

Get support

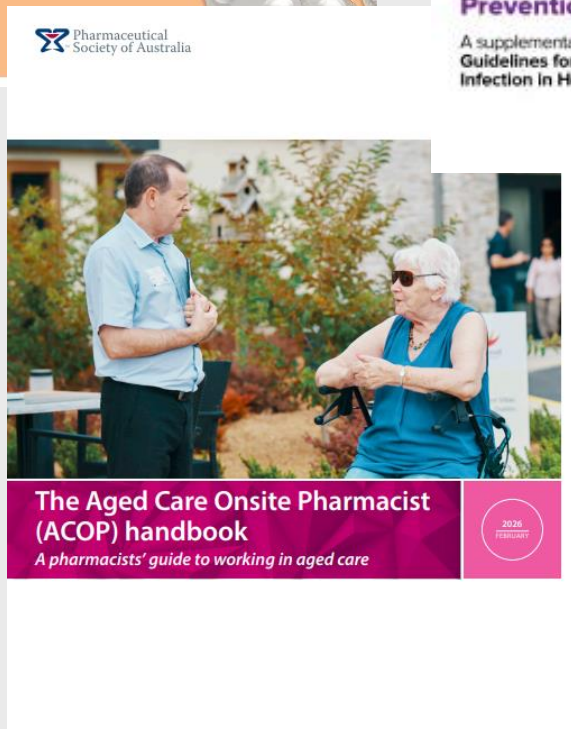
Peer networks, conferences, colleagues

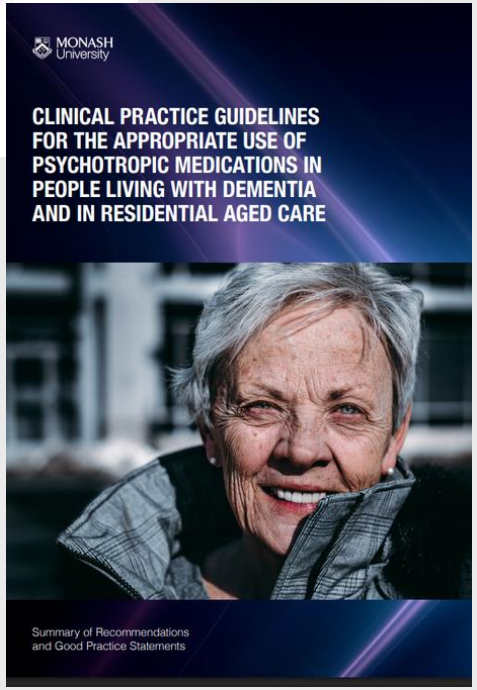
Resources

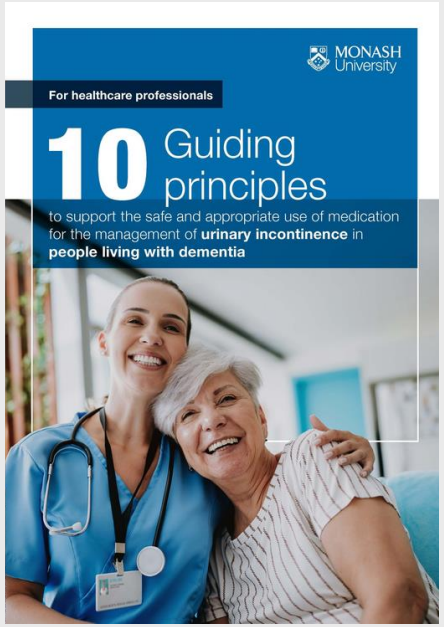

Australian Government
Department of Health and Aged Care
Medication management in residential aged care facilities
GUIDING PRINCIPLES
National quality use of medicines


Australian Government
Department of Health and Aged Care
Audit tool and checklist for a Medication Advisory Committee
National quality use of medicines


AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
The Aged Care Infection Prevention and Control Guide
A supplementary resource for the Australian Guidelines for the Prevention and Control of Infection in Healthcare for aged care settings


Pharmaceutical Society of Australia
The Aged Care Onsite Pharmacist (ACOP) handbook
A pharmacists' guide to working in aged care
2026 FEBRUARY

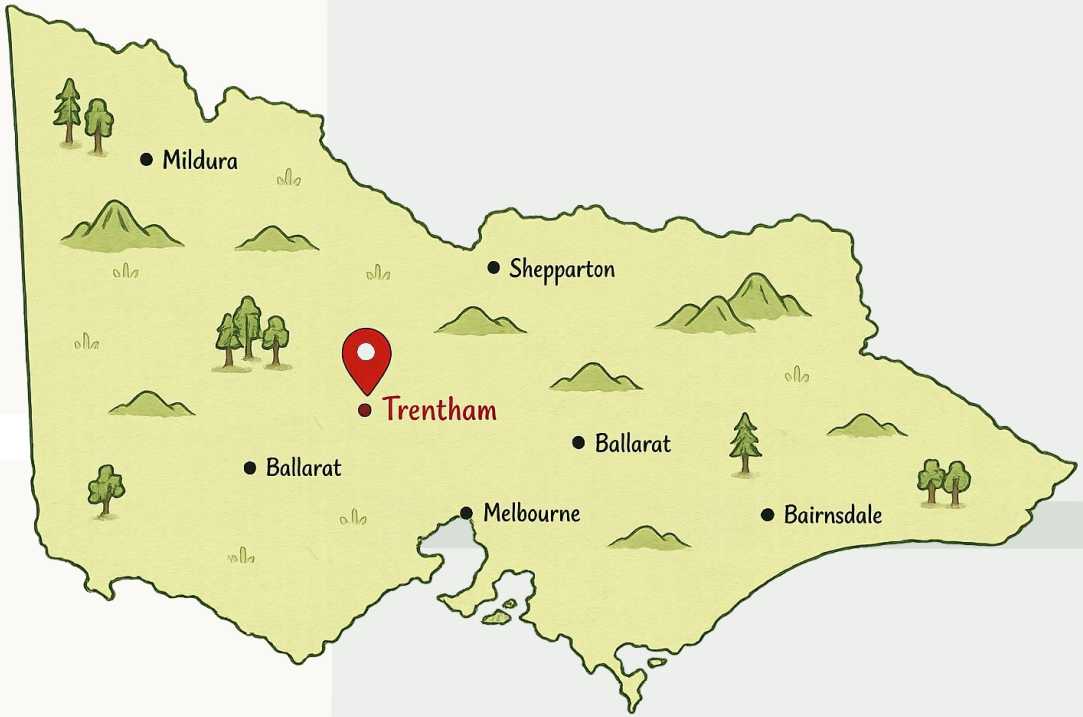

MONASH University
CLINICAL PRACTICE GUIDELINES FOR THE APPROPRIATE USE OF PSYCHOTROPIC MEDICATIONS IN PEOPLE LIVING WITH DEMENTIA AND IN RESIDENTIAL AGED CARE
Summary of Recommendations and Good Practice Statements


MONASH University
For healthcare professionals
10 Guiding principles
to support the safe and appropriate use of medication for the management of urinary incontinence in people living with dementia


1 The person
2 The organisation
3 Care and services
4 The environment
5 Clinical care
6 Food and nutrition
7 The residential community
Welcoming the
STRENGTHENED AGED CARE QUALITY STANDARDS

Small facility, big opportunities: A rural ACOP experience

- **Learning outcome:** How small, practical changes can improve medication safety and quality of care



Trentham
VICTORIA, AUSTRALIA

LARA FREEMAN

TRENTHAM PHARMACY

Background

- Maryborough -> Ballarat <-> Melbourne
- General registration: end of 2020
- Community pharmacy in Trentham
- ACOP at Trentham Aged Care via Tier 1

Trentham Aged Care

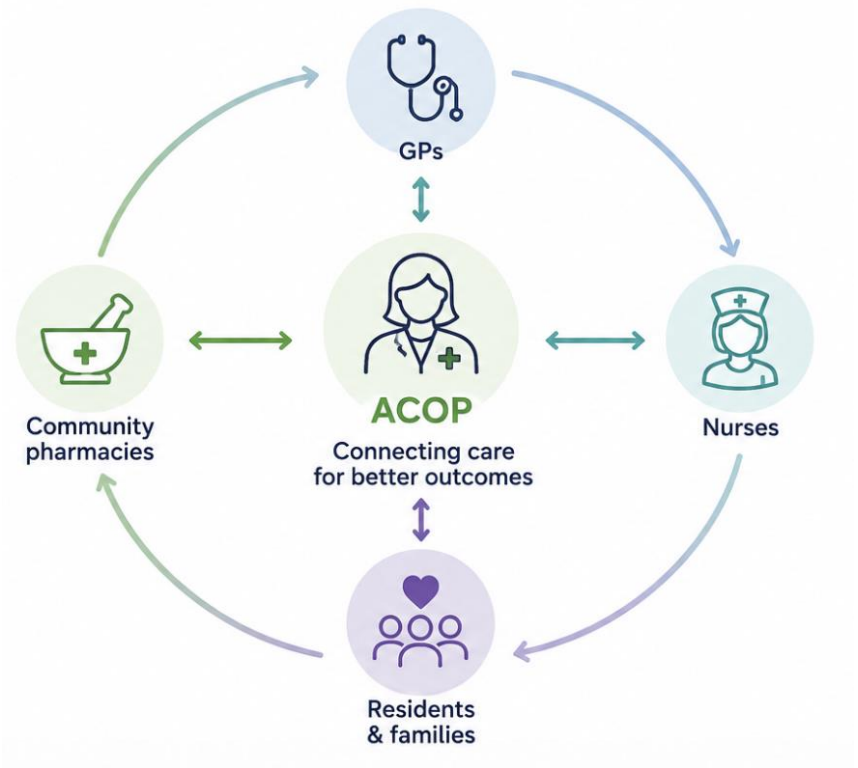
- 35 beds
- Low care = hostel
- High care = nursing home
- 1 day per week (RACH bed band 1-50)

The Tier 1 Model: Working Through Community Pharmacy

- Employed by the community pharmacy (contracted to the RACF to provide ACOP services).
- Expectations and priorities are agreed between the pharmacy and the RACF, rather than negotiated directly with the pharmacist.
- Leave, sick days (if FT/PT) and service continuity are managed by the pharmacy, reducing the administrative burden on the ACOP.
- Potential for job sharing or pharmacist cover, helping maintain continuity of service for the RACF.
- Opportunity to work across multiple RACFs if the pharmacy services more than one facility.
- Strong links between the dispensing pharmacy and RACF can improve communication, continuity of care and implementation of medication changes.
- Allows pharmacists to maintain both community and clinical practice, offering greater variety and professional development.
- Remuneration and support will vary between employers and should reflect the advanced clinical nature of the role, expected responsibilities, and the level of training and administrative support provided.

Closing the Loop in Care

- Communication with:
  - Patient: Heath status, medication purpose
  - Family: Medication changes, billing queries
  - Community pharmacy: pack changes, urgent orders, fixing errors, labelling requirements, dosing directions
  - NUM, DON & nursing staff: resident info, daily changes, changing systems
  - GPs: clinical suggestions, workflow ideas



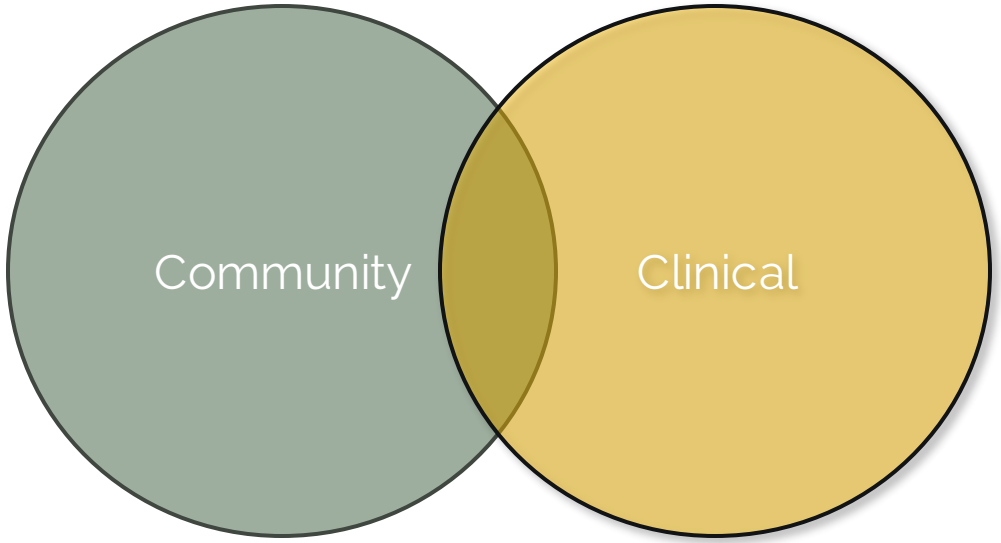
Wearing Two Hats

Clinical Pharmacy:

- Reviewing and optimising medicines
- Deprescribing where appropriate
- Evidence-based recommendations
- Resident-centred care

Community Pharmacy:

- Dispensing and continuity of care
- Medication access and affordability
- Supporting residents and families
- Implementing medication changes



The best office in the building

- Computer On Wheels – NUMs office 🐮
- Easily accessible to nursing staff
- Fly on the wall to all conversations and information
- Information that can:
    - Change my priorities
    - Prompt me to remove/order medicines
    - Help me get a head start on changes that need to be made
    - Improve my understanding of a resident's situation

Eavesdropping intervention

- Oxycodone/naloxone (Targin) -> Buprenorphine patch
- Overheard conversation between nurse and NUM as she goes to notify pharmacy for stock
- Patch charted for 8pm
- Targin last given at 8am, GP has ceased the order
- No bridging dose of Targin for 8pm when patch is applied
- Immediately tell NUM -> calls GP who is consulting -> passes me the phone -> get a stat Targin order written for 8pm

Something happens

⇩

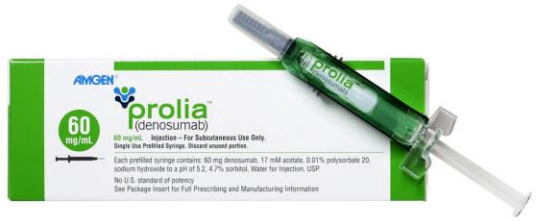
You're there to notice it

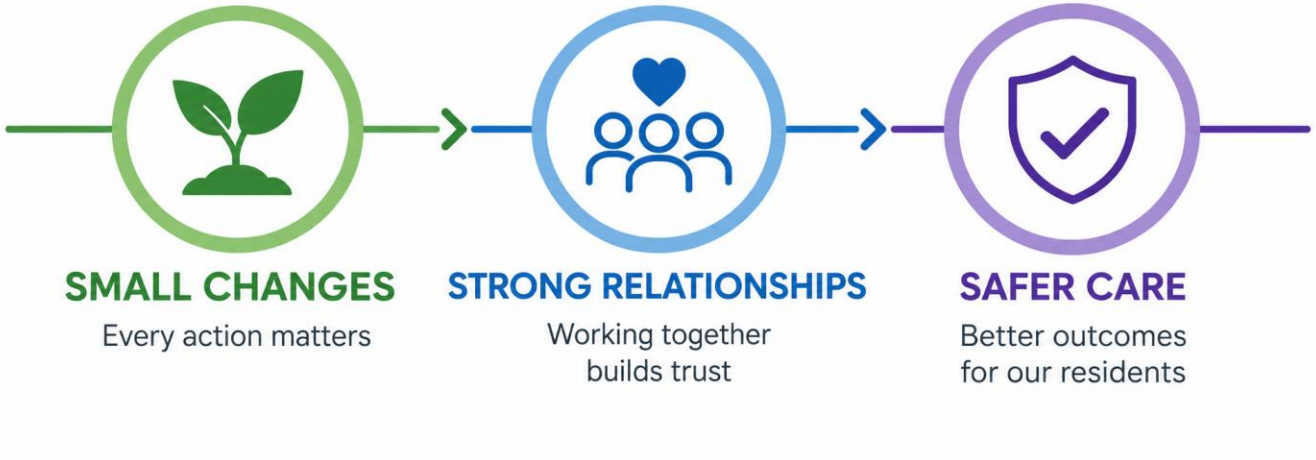
⇩

It gets fixed before it becomes a problem

Individual & Systems Approach

- RMMRs & interventions
- Managing and improving workflow
- Education
- Policy reviews
- Audits





After Hours in Aged Care: From Policy to Practice Webinar Series

Delivered in partnership by the Victorian, Tasmanian and Adelaide Primary Health Networks.

Session One:

Deterioration and Decision-Making After Hours - YouTube recording:
After Hours in Aged Care: From Policy to Practice: Deterioration and Decision-Making After Hours

Session Two:

Tuesday 18 August 2026, 10.30am to 11.30am Embedding Practical After-Hours Systems

Session Three:

Tuesday 15 September 2026, 10.30am to 11.30am Making Every Record Count: Using Health Records to Improve Care the meet the New Standards

Please register via Event Detail - North Western Melbourne Primary Health Network

Thank you for attending. What's next?

After this session you will receive:

1. *Slides, resources and the recording of this session within the week*
2. *Attendance certificate will be received within 4-6 weeks.*

- ***Register for more education sessions here:***
  nwmphn.org.au/resources-events/events
- ***Past education sessions can be found here:***
  nwmphn.org.au/resources-events/resources

Feedback - QR code

We welcome your feedback. Let us know if you got what you needed from this session.