



Pharmacy Programs
Administrator

AGED CARE ON-SITE PHARMACIST MEASURE

Tier 2 Rules

Residential Aged Care Home claims and
receives payments

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Australian Government
Department of Health,
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AGED CARE ON-SITE PHARMACIST (ACOP) MEASURE – TIER 2

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AGED CARE ON-SITE PHARMACIST (ACOP) MEASURE – TIER 2

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 2 of the Measure. There is a separate document outlining the Rules governing Tier 1 of the Measure available on the [PPA website](#).

1.1 Intended Audience

This document outlines the rules governing RACH access to funds under the ACOP Measure to employ or engage credentialed pharmacists to work on-site in the RACH. This document must be read by participating RACHs and credentialed pharmacists.

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.

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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.

eNRMC means electronic National Residential Medication Chart.

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 4.1).

RMMR means Residential Medication Management Review Program.

4 RESIDENTIAL AGED CARE HOME PARTICIPATION REQUIREMENTS

4.1 Residential Aged Care Home - Eligibility

For a RACH to participate in the Tier 2 of Measure, the RACH must:

- Have attempted and not been successful in partnering with a community pharmacy in respect of Tier 1 of the Measure (refer to the following Section 4.2 for information and requirements).

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:

- Agree to abide by the [Pharmacy Programs Administrator General Terms and Conditions](#)
- 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

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- Have adopted, or have committed to adopting within 12 months, the electronic National Residential Medication Chart (eNRMC)
- Have issued termination notices to any QUM, RMMR or other ACOP providers prior to engaging an ACOP under the Measure
 - To terminate ACOP Measure Service Authorisations (Tier 1) or QUM/RMMR Service Agreements with other Service Providers, 30 days prior written notice to terminate must be provided to the other party.
- Notify the PPA if the RACH has a change of contact person
- Ensure that the ACOP Measure funding will not be used for purposes other than the ACOP's pay and on-costs.

When engaging the ACOP, the RACH must:

- Employ or engage the ACOP as a full-time, part-time, under contract or casual employee
- Where the RACH is the employer, 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 6)
- Ensure that the ACOP meets the pharmacist eligibility criteria as detailed in these Rules while participating in the Measure (see section 5.2)
- 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, completed in half day (3.8 hour) or full day (7.6 hour) blocks
- Advise the PPA if the RACH or ACOP ceases to be eligible for the Measure
- Ensure that the Measure funding is not used for the following:
 - To fund residents' medicines, medical devices or re-packaging of medicines (such as in a dose administration aid); or
 - Delivery of medicines.
- Be responsible for overseeing the work of the ACOP including ensuring activities are performed in line with the ACOP role description (see Section 5)
- Review and sign the [weekly timesheet and activities](#) summary (see section 5.4) completed by the ACOP, and retain a copy to support claims submitted
- Ensure all claimed funds are received by the RACH or the RACH head office. Funds will not be paid directly from the PPA to the ACOP, or a business that sourced the ACOP for the RACH
- Not charge the ACOP a fee to secure their engagement to work as an ACOP under the Measure.

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4.2 Tier 2 Eligibility – Documenting Pharmacy Contact

RACHs can participate in Tier 2 and receive funding to engage an ACOP under the Measure where they have been unsuccessful in sourcing an ACOP following approaching or being approached by at least one community pharmacy ([Tier 1 of the Measure](#)).

The RACH must keep a written record of any attempts to access an ACOP through community pharmacy.

- An attempt refers to a RACH approaching or being approached by at least one s90 community pharmacy
- The RACH may approach the s90 community pharmacy of their choice to attempt to source an ACOP
- There are no restrictions as to which s90 community pharmacy the RACH approaches or vice versa
- An attempt may be unsuccessful for the following reasons:
 - The community pharmacy chooses not to participate in the Measure; or
 - The community pharmacy is unable to provide an ACOP; or
 - The RACH was unable to come to a suitable agreement with the community pharmacy. For example – An agreement on days to be worked by the ACOP was not successful.
- The written record of attempted access to an ACOP under Tier 1 of the Measure must include the following details;
 - Pharmacy name
 - Name of pharmacy owner/manager with whom there was communication seeking an ACOP
 - Date(s) of contact
 - Details of reasons why the attempt to partner with the s90 community pharmacy in respect of Tier 1 of the Measure was unsuccessful
 - Any emails between the RACH and s90 community pharmacy where contact was via email.
- Record/s must be kept in a manner that permits them to be conveniently and properly reviewed by the PPA if required.

4.3 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 6.1 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.

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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

4.4 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 RACHs should not be switching ACOPs on a regular basis. Specifically:

- Where a RACH is entitled to 0.2 FTE based on their bed band (see Table 1), only one ACOP should be rostered
- 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 rostered 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 rostered to share the role responsibilities.

4.5 Applying For the Measure

To participate in Tier 2 of the Measure, a RACH must first register and be approved via the PPA Portal. Registration for claiming will not be complete until the RACH has submitted their application and received email notification from the PPA of approval.

Refer to the PPA [ACOP Measure Tier 2 – RACH Portal User Guide](#), available from the [Tier 2 ACOP Measure Rules and Downloads section](#) of the website for information on registration and claiming assistance.

As part of the Registration Process, RACHs will need to provide:

- The name and contact details for the RACH's Main Authorised Person for the Measure (please note this must be a RACH authorised employee and must not be the credentialed pharmacist who will be working at the RACH under the Measure or, a third party who is or could be providing an ACOP to the RACH). The Main Authorised Person will be the individual that ultimately has overall control of the RACH's PPA Portal account, with the ability to modify details such as the bank details for payments

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- A signed authority letter dated and written on RACH letterhead, from the RACH manager (or equivalent role) and the person they are authorising to manage the RACH account on the PPA Portal. An example of this document can be found [here](#)
- RACH name and contact details including NAPS ID.

As part of the Application Process, RACHs will need to upload a completed Tier 2 Application from (found [here](#)) that confirms:

- Intended ACOP start date (noting ACOPs cannot start work on-site at the RACH under the Measure until the RACH application has been approved by the PPA)
- Confirmation that:
 - The RACH meets all eligibility criteria as per these Rules
 - The RACH has been unsuccessful in sourcing an ACOP under Tier 1 of the Measure (i.e. approached or have been approached by at least one s90 community pharmacy but was not able to reach agreement to partner in respect of Tier 1 of the Measure). Details of the contact made will also be required. Information about the details to be recorded in this regard is set out in Section 4.2 of these Rules
 - The RACH does not have RMMR, QUM Service Agreements or another ACOP Measure Service Authorisation in place; or has provided termination notices to other RMMR/QUM/ACOP Service Providers
 - The on-site work will be undertaken in full or half day blocks and as per a regular work schedule, and
 - Where the RACH is part of a corporate or not-for-profit group, confirmation the RACH manager and a representative at the head office are both aware that the home is participating in the Measure and that the proposed arrangements meet all Measure eligibility requirements.

The RACH is responsible for ensuring that the correctly completed application is approved by the PPA prior to the ACOP commencing their role at the RACH. An ACOP engaged under the Measure must not commence work 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 Tier 2 RACH application Form has been approved by PPA. Once notice to terminate has been provided, there may be some duplication of ACOP services and RMMR/QUM services during the period of notice.

5. AGED CARE ON-SITE PHARMACIST

5.1 Role Of the Aged Care On-site Pharmacist

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

5.2 Aged Care On-site Pharmacist Eligibility

To be eligible to be engaged by the RACH under the Measure, the ACOP must:

- Be a registered pharmacist with a valid AHPRA registration number; and
- Have completed an 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](#)

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- Until 30 June 2026, pharmacists who 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 5.1) 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 or ACOP Tier 1 Service Authorisation
- Not provide QUM services to be claimed under the QUM Program or RMMR services to be claimed under the RMMR Program at any point in time in a RACH where they are engaged as an ACOP
- Maintain a [weekly timesheet and activities](#) summary (see section 5.4) for auditing purposes signed by a RACH representative. A copy must be provided to the RACH and retained by both the RACH and ACOP to support submitted claims
- Advise the RACH if they themselves (the pharmacist) ceases to be eligible to work under the Measure
- Ensure that any vaccinations administered during claimed ACOP working hours are not then claimed under the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program, or the COVID-19 Vaccination in Community Pharmacy (CVCP) Program by any pharmacies they may also work for.

5.3 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 6 for information on the ratio of ACOP payments to RACHs in respect to the particular bed band, 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 four 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

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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 (see section 5.2).

5.4 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 RACH and ACOP must retain copies of these completed timesheets.

6. PAYMENTS AND CLAIMING

Payments and claims for Tier 2 of the Measure will be managed via the PPA Registration and Claiming Portal (PPA Portal).

6.1 Payments

Payments in relation to the Measure will generally be made within 3 business days of a claim being submitted. Claiming arrangements are outlined in the following section 6.2.

RACHs will be paid \$619.84 (plus GST) for each full day that an engaged ACOP is working on-site at the home. 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 (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.

The maximum amount payable each year in respect of each RACH is 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 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. RACHs will need to determine the appropriate salary or daily/hourly rates for their ACOPs based upon their individual circumstances including the manner in which they intend to engage the ACOP, for example:

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- 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 RACH 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 RACH for ACOP activities undertaken from 1 July 2025 in respect of a particular RACH and FTE entitlement.

Table 2: RACH 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 RACH 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

*This is to ensure that RACHs 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.

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 will result in a higher bed band and an increase in the ACOP 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 from January.

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The RACH 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.

6.2 Claiming

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

Refer to the PPA [ACOP Measure Tier 2 – RACH Portal User Guide](#), available from the [Tier 2 ACOP Measure Rules and Downloads section](#) of the website for information on registration and claiming assistance. Claims can only be submitted once a RACH Service Provider account and Tier 2 ACOP Measure Application has been submitted and approved by the PPA.

The Main Authorised Person (MAP) for the RACH account can choose to approve additional staff user accounts to help submit monthly claims on behalf of the RACH. Only the MAP for the RACH will be able to update the RACH contact and bank details in the PPA Portal.

As per section 4.1 the RACH is required to ensure all claimed funds are received by the RACH or the RACH head office. The bank details entered in the PPA Portal for the RACH account must not be the ACOP's, or a business sourcing ACOPs.

ACOPs can only work on-site under the Measure on or after the Start Date provided by the Pharmacy Programs Administrator, following submission and approval of the Tier 2 application form.

Payments to RACHs under the Measure must be claimed between the first and 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 between 1 and 30 April inclusive).

Claims must include the following:

- Calendar month and year that the claim is for
- ACOP name(s), ACOP credential number(s), AHPRA registration number(s) and information on how the ACOP was engaged to participate in the Measure
- 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 5.2).

RACHs are required to review and sign the weekly timesheet and activities summary (see section 5.4) completed by the ACOP to ensure compliance and that the total days claimed by the RACH under the Measure match the total days worked during the month by the ACOP. The RACH must retain a copy of each weekly summary to support claims submitted.

Based on the RACH bed band, there is a maximum number of days per month and financial year a RACH can claim (see Table 1 in section 4.3 and Table 2 in section 6.1).

Example 1:

A RACH engages 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

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year. The RACH is paid \$141,323.52 excluding GST (daily payment rate of \$619.84 per day worked x 228 days). Payments to the RACH must be used for the ACOP's pay and on-costs.

Example 2:

A RACH engages 1 FTE ACOP. Over the financial year the ACOP takes 4 weeks of annual leave and requires 5 days of personal leave due to sickness. The RACH 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 RACH must be used for the ACOP's pay and on-costs.

As indicated in the previous section, payments will generally be made within 3 business days of a claim being submitted.

7. AUDIT AND COMPLIANCE REQUIREMENTS

RACHs and ACOPs 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 ACOP of the ACOPs days/hours reported by the RACH when seeking payment of Measure salary funds
- Requests for verification by the RACH and ACOP of regular working arrangements and activities undertaken by the ACOP
- Requests for copies of ACOP employment/engagement contracts.

The RACH must:

- Retain full and true records in relation to the engagement of ACOPs and their days worked for no less than seven years after the request for payment
- Retain copies of the [ACOP weekly timesheet and activities summary](#) (see section 5.4) 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.

The ACOP must:

- Retain copies of the [ACOP weekly timesheet and activities summary](#) (see section 5.4) for no less than seven years after the RACH's request for payment.

Such records must be kept in a manner that permits them to be conveniently and properly audited.

RACHs 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, RACHs engaging an ACOP or pharmacists that are engaged as an ACOP by a RACH will be required to produce documentation within a specified time frame.

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8. 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/>