Residential Aged Care Home Guide

Aged Care On-site Pharmacist Measure

Overview

This guide is produced by Gold Coast Primary Health Network (GCPHN) for Residential Aged Care Home (RACH) managers, clinical leads, nurses, GPs, pharmacists and care teams on the Gold Coast to understand, prepare for and embed the Aged Care On-site Pharmacist Measure (ACOP Measure) in a practical and sustainable way. It provides an overview of the measure; outlines expected benefits, clarifies roles and responsibilities; and includes examples of how an on-site pharmacist can support medication safety, quality improvement and resident-centred care.

GCPHN can assist RACHs to link with ready pharmacists who have already completed ACOP training and are prepared to support implementation within residential aged care settings. For support, please contact: Madeline Westerman, Senior Project Officer, GCPHN | **T** 07 5612 5403 | **E** MadelineW@gcphn.com.au.

What is the ACOP Measure?

The Aged Care On-site Pharmacist Measure places a credentialed pharmacist within a residential aged care home to work as part of the care team. The pharmacist provides on-site clinical support, medication management expertise, safety oversight and quality use of medicines guidance for residents, families, nurses, GPs and visiting health professionals. The measure forms part of national aged care reform activity responding to concerns about medication management, adverse medicine events, polypharmacy and continuity of care in residential aged care settings.

Key benefits

- **Medication safety –** improved oversight of prescribing, administration, storage, monitoring and review of medicines.
- **Resident-centred care –** medication decisions aligned with resident goals, preferences and changing clinical needs.
- **Clinical governance –** stronger reporting, audit activity and escalation pathways for medication-related risks.
- **Workforce support –** education, mentoring and real-time advice for nurses, care staff and visiting clinicians.
- **Quality improvement –** data-driven monitoring of medication incidents, high-risk medicines, transitions of care and deprescribing opportunities.
- **Collaboration –** better communication between RACH staff, GPs, community pharmacy, hospitals, families and other care providers.

ACOP Measure compared with RMMR and QUM services

While Residential Medication Management Reviews have been the long-standing approach to medication reviews in aged care, they are periodic and may have limited integration with day-to-day care teams. In contrast, the Aged Care On-site Pharmacist model delivers continuous, embedded clinical pharmacy support within the facility, offering greater safety oversight, timely advice and collaboration across the care team.

Feature	ACOP Measure	RMMR/QUM visiting pharmacist services
Pharmacist presence	Embedded on-site as part of the care team, working regularly within the facility.	External pharmacist visits intermittently for scheduled reviews only.
Continuity of care	Provides ongoing medication oversight and follow-up.	Episodic reviews with limited follow-up or ongoing involvement.
Access to pharmacist advice	On-site access for residents and staff when medication issues arise.	Advice is generally limited to review times or external communication.
Transitions of care	Actively supports medication reconciliation during hospital discharge and resident transfers.	Minimal involvement in transitions; focus is generally limited to review reports.
Governance involvement	Participates in Medicines Advisory Committees and strengthens clinical governance.	May provide feedback but is not formally embedded in governance.
Facility-wide QUM activities	Leads audits, education and continuous quality improvement activities.	Limited QUM sessions or discrete activity blocks.
Integration with primary care	Works collaboratively with GPs, nurses and community pharmacies as part of the care team.	Operates separately from RACH staff and visiting clinicians.
Funding and schedule	Funded for a structured, regular on-site schedule: one full-time equivalent pharmacist per 250 residents, scaled by 50-bed increments.	Funded per RMMR claim, with no guaranteed on-site presence.
Workforce and culture	Builds staff capability, resident trust and a proactive culture of medication safety.	Limited workforce impact due to periodic engagement.

How is the government funding structured?

Department of Health, Disability and Ageing funding is based on one full-time equivalent pharmacist per 250 residents, with proportional coverage provided in 50-bed increments. As a practical guide, this equates to approximately one on-site day per week for every 50 residents.

RACH bed numbers	Full-time equivalent rate per eligible RACH	Maximum on-site days per week
1–50	0.2 FTE	1 day
51–100	0.4 FTE	2 days
101–150	0.6 FTE	3 days
151–200	0.8 FTE	4 days
201–250	1.0 FTE	5 days

Practical examples of ACOP activities

- **High-risk medicines review** – identify residents prescribed anticoagulants, opioids, insulin, antipsychotics or sedatives and support monitoring plans.
- **Transitions of care** – review discharge medication summaries after hospital transfer and reconcile changes with GP orders and administration records.
- **Deprescribing support** – work with GPs and nurses to identify medicines that may no longer align with resident goals or current clinical needs.
- **Incident learning** – review medication incidents and near misses, identify system issues and recommend improvement actions.
- **Staff education** – deliver short learning sessions on topics such as crushing medicines, patch safety, insulin administration, antimicrobial stewardship and PRN documentation.
- **Family communication** – support clear medication-related explanations for residents and families where appropriate and within agreed clinical communication pathways.

Find out more

For any additional questions or support, please contact: Madeline Westerman, Senior Project Officer, GCPHN | **T** 07 5612 5403 | **E** MadelineW@gcphn.com.au.