

4 December 2019

Royal Commission into Aged Care Quality and Safety

Submitted via email: [ACRCWorkforceSubmissions@royalcommission.gov.au](mailto:ACRCWorkforceSubmissions@royalcommission.gov.au)

To whom it may concern,

**Re: Royal Commission into Aged Care Quality and Safety**

The Australian Healthcare and Hospitals Association (AHHA) welcomes the opportunity to provide a submission in response to the Royal Commission into Aged Care Quality and Safety's request for further information on workforce policy issues.

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

*Methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services, including for nursing, personal care, allied health and others.*

The aged care workforce must exist to serve and meet the needs of the population it serves.

Recognising the diverse mix of skills needed to deliver comprehensive care, including direct care and care coordination, it is necessary to ensure that the staffing mix provided at any time is appropriate. At present there is an absence of strong evidenced based tools for effectively and efficiently describing the appropriate patient to staff mix that is required to provide appropriate, comprehensive and high-quality care to match the care and health needs of residents and/or aged care service users.

AHHA recommends that further research and analysis of patient-to-staff ratios be undertaken to allow value and evidenced-based tools to appropriately quantify the best mix of staff (roles, scope and number) to match the number, clinical acuity and care needs of residents in residential aged care facilities and aged care service users living in the community.

Given the high prevalence of complex needs amongst residents and/or aged care service users it is necessary for aged care providers to respond accordingly, delivering clinically appropriate, high-quality and safe care. This requires access to an aged care workforce with skills in delivery of:

- chronic disease/s management,
- palliative care,
- pain management,
- dementia care, and
- medicine management, including after-hours.

Furthermore, access to healthcare services for aged care service users is also necessary. This requires access to:

- after-hours healthcare,
- primary and specialist healthcare services,
- oral healthcare,
- health professionals able to prescribe and deliver appropriate pharmacological and non-pharmacological treatments in a timely manner,
- health professionals able to provide comprehensive healthcare and develop person-centred care plans, and
- multidisciplinary teams capable of collaborating to provide multidisciplinary chronic team-based management approaches.

*Who should be covered by a registration scheme for non-clinical staff in aged care, and how such a scheme might be implemented, administered and funded*

In 2015, a National Code of Conduct for health care workers<sup>1</sup> was released. It covers 'any person who provides a health service', where an 'aged care service' is included in the definition of a health service. It does not exclude 'non-clinical staff', but does not appear to explicitly cover administrative and other staff.

At the time of its release, a recommendation was made for an independent review of the national code-regulation regime be initiated by Health Ministers following five years of the regime's operation. Given this should fall in 2020, this independent review should be progressed and inform:

- whether a similar code could be applicable for non-clinical staff in health service settings; or
- whether there is a need for a registration scheme for non-clinical staff and, if deemed necessary, and how such a scheme might be implemented in relation to both this code of conduct, and registration schemes that may be determined to be needed for other health workers covered by this code.

*How to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people, especially those with age related conditions and illnesses?*

Government, regulators, industry and educators must comprehensively and meaningfully address the 14 areas for strategic action provided in the *Workforce Strategy* by the 2018 Aged Care Workforce Strategy Taskforce<sup>2</sup>.

To achieve equity in access to high-quality, safe and appropriate care, additional investment and resources will likely be required to support training for those providing care for vulnerable or underserved populations, particularly in rural and regional geographical locations, Aboriginal and Torres Strait Islander populations, and culturally and linguistically diverse populations.

Much can be learned from existing workplace training initiatives such as the AHHA Palliative Care Online Training portal. This six module program is available to all aged and clinical staff around the

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<sup>1</sup> National Code of Conduct for health care workers,

<https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers>

<sup>2</sup> Aged Care Workforce Strategy Taskforce 2018, A Matter of Care Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, viewed 7 March 2019,

[https://agedcare.health.gov.au/sites/default/files/documents/09\\_2018/aged\\_care\\_workforce\\_strategy\\_report.pdf](https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf).

nation aiming to improved staff skills, knowledge and competencies when interacting with patients nearing the end of life. The AHHA Palliative Care Online Training portal has reached 55, 000 users since its implementation in 2013 with 80 percent of users indicating improved knowledge and/ or skills in palliative care upon completion of the training.

The portal was developed in response to a need to provide training that is accessible and flexible to allow busy Australians working in frontline service delivery equitable access. The free interactive training modules were not only flexible in that they allowed access at any time, but also actively prioritised basic understanding of concepts and practical skills recognising the diverse background of aged care staff, clinical and non-clinical, and the high turnover of staff and students within the caring sectors.

In contrast the *Better Oral Health in Residential Care Training (BOHRCT)* project provides an example of a less successful approach. BOHRCT was funded by the Australian Government (Department of Health) commencing in 2009. High quality evidence-based resources were developed and a series of train-the-trainer sessions were run across the country to support subsequent in-house training in residential aged care facilities, multi-purpose services and Aboriginal and Torres Strait islander health services. While nearly 5,000 people were trained across 2,800 services there was no commitment after the initial roll-out. With no ongoing support or training the pool of skilled trainers rapidly diminished and the potential widespread positive impact on residents oral and general health did not eventuate. While the resources developed remain relevant they are no longer maintained and must be sourced from the National Library of Australia's Australian Government Web Archive.

One challenge that must be considered by the Commission when exploring methods of raising the skills, knowledge and competencies of care staff is the need to consider and implement methods appropriate to supporting vocational staff whose English-language literacy may be low. This may include ensuring that training programs are delivered with basic, non-clinical language or providing training in basic skills and knowledge in languages other than English.

*Any institutional changes needed to ensure that the Commonwealth fills its role as the system steward and exercises leadership in workforce planning, development and remuneration.*

AHHA supports the strategic actions identified in the Aged Care Workforce Strategy (the Strategy).<sup>3</sup> As system steward, the Commonwealth must ensure that accountability is assigned, funding is made available and that support is provided to the industry, for the Strategy to be enacted. This includes ensuring relevant expectations reflected in the Strategy are embedded in assessments undertaken of providers against the Aged Care Quality Standards. To note, in particular:

- **The Commonwealth must commit to ensuring a current evidence-base.**

The Strategy was underpinned by evidence that is critical in workforce planning and development (e.g. an analysis of the job architecture of aged care was undertaken, including analysis of job descriptions, job level grading, remuneration, success profiles, and the implications for current and future jobs and career pathways, as well as an analysis of trends and drivers, recruitment and retention, engagement and enablement).

The Strategy acknowledges that this research should position the industry for the next four to seven years. The Commonwealth should commit to undertaking this analysis routinely (5-yearly) to continue to inform and understand the workforce.

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<sup>3</sup> Aged Care Workforce Strategy Taskforce 2019, A matter of care: Australia's Aged Care Workforce Strategy, [https://agedcare.health.gov.au/sites/default/files/documents/09\\_2018/aged\\_care\\_workforce\\_strategy\\_report.pdf](https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf)

The Strategy also identifies the need for best practice sharing and industry benchmarking. The Commonwealth needs to provide a platform for this, and support industry to participate.

- **The Commonwealth must enable and support workforce planning and appropriate skills mix at the service and regional level.**

The Strategy identifies the need for service providers to implement a standard approach to the fundamental elements of workforce planning. The Commonwealth should support activity that ensures service providers undertake this work appropriately, with consistency in how accreditation against the Aged Care Quality Standard 7 (Human Resources)<sup>4</sup> is assessed.

The Strategy recommends the development of holistic care plans, covering for example the clinical needs, functional health, cognitive health, identity, cultural and diversity needs, and living well aspects of individuals' care. The Commonwealth should support the development of guidance on these, including how they are used to inform workforce planning. Consistency should also be ensured in how their development and use in workforce planning is assessed in accreditation. The Commonwealth should also provide a platform by which workforce gaps to meeting individual needs that are identified through this process can be reported, and then inform and enable a system response (at the regional, state/territory and national levels). An example that may be identified through such a process could include problems associated with having the appropriate workforce for the administration of medication, and the need for legislative changes to enable patients to receive their medications safely and effectively.

The analyses of job architecture in aged care underpinning the work for the Strategy should enable benchmarking of wages against health sector wages. The Commonwealth should report on this, feeding into Strategic Action 13 in the Strategy.

- **The Commonwealth must support the education and training of the workforce**

The Strategy identifies critical competency gaps, particularly for personal care workers. The Commonwealth should prioritise these gaps in supporting the education and training of the workforce.

The Strategy recommends the development of a nationally consistent vocational curriculum and provision for microskilling. Recommendations in the recent independent review of nursing education<sup>5</sup> to develop robust articulation arrangements from vocational education and training credentials to high education degrees should also be considered. In the context of the work on job architecture and ensuring appropriate skills mix at the service level, the Commonwealth should prioritise support for education and training that enables this.

- **The Commonwealth must provide resourcing through existing structures to strengthen the interface between aged care and primary/acute care.**

AHHA acknowledges the Heads of Agreement<sup>6</sup> signed by the Commonwealth and all states and territories which includes commitment to improving outcomes and decreasing avoidable demand for public hospital services, as well as developing joint planning and

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<sup>4</sup> Aged Care Quality and Safety Commission 2019, Aged Care Quality Standards, <https://www.agedcarequality.gov.au/resources/aged-care-quality-standards>

<sup>5</sup> Schwartz, A 2019, Educating the nurse of the future: report of the independent review of nursing education, <https://www.health.gov.au/sites/default/files/documents/2019/12/educating-the-nurse-of-the-future.pdf>

<sup>6</sup> Heads of Agreement between the Commonwealth and the States and Territories on public hospital funding and health reform, <https://www.coag.gov.au/sites/default/files/agreements/heads-of-agreement-hospital-funding.pdf>

funding at a local level. The Primary Health Network (PHN) priority areas<sup>7</sup> of aged care and workforce are also acknowledged. The Commonwealth should leverage existing infrastructure, relationships and activity with PHNs and state-managed hospital and health services by ensuring appropriate funding and accountability to strengthen their interface with aged care.

I would be pleased to discuss these views in more detail, if necessary.

Sincerely,

A handwritten signature in blue ink that reads "Alison Verhoeven". The signature is written in a cursive style.

Alison Verhoeven  
Chief Executive  
Australian Healthcare and Hospitals Association

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<sup>7</sup> <https://www1.health.gov.au/internet/main/publishing.nsf/Content/PHN-Background>