

Royal Commission into Aged Care Quality and Safety

Submissions by the Commonwealth

Adelaide Hearing 3: 21 February 2020

The future of the aged care workforce

13 March 2020

ADELAIDE HEARING – SUBMISSIONS OF THE COMMONWEALTH ON THE FUTURE OF THE AGED CARE WORKFORCE

BACKGROUND

- 1 These submissions are provided by the Commonwealth, as represented by the Department of Health, the Department of Education, Skills and Employment (the **Department of Employment**), and the Aged Care Quality and Safety Commission (**ACQSC**).
- 2 The Commonwealth provides the following submissions on the recommendations proposed by Counsel Assisting the Royal Commission into Aged Care Quality and Safety (the **Royal Commission**) in respect of the Adelaide hearing of 21 February 2020 on the future of the aged care workforce (**Second Workforce Hearing**).¹
- 3 On 15 November 2019, following a hearing of the Royal Commission, the Commonwealth made submissions in respect of matters concerning the aged care workforce (the **November Submissions**).² The following submissions are made in addition to, and in support of, the November Submissions, which the Commonwealth relies on in full.
- 4 In these submissions, the Commonwealth provides its in-principle views on each of the workforce recommendations submitted by Counsel Assisting at the conclusion of the Second Workforce Hearing. In these submissions, the Commonwealth has focused on the suitability of the recommendations in respect of personal care workers in residential aged care. The Commonwealth considers that there would need to be a separate consideration of suitability of these recommendations in the context of home care.

¹ Adelaide Hearing: Counsel Assisting's submissions on workforce (21 February 2020) [RCD.0012.0061.0001].

² Commonwealth Submissions, *Aged Care Workforce*, 15 November 2020 [RCD.0012.0033.0002].

RECOMMENDATIONS SUBMITTED BY COUNSEL ASSISTING

Staffing numbers and mix

Recommendation 1: Minimum staffing ratios

An approved provider of a residential aged care facility should be required by law to have a minimum ratio of care staff to residents working at all times. The ratio should be set at the level that is necessary to provide high quality and safe care to the residents in its facility and should be based on the following:

- (a) It must be sufficient to achieve a 4-star rating under the current CMS staffing star rating as adjusted for Australian conditions.
- (b) Average case-mixed total care minutes of between 186 and 265 minutes per resident per day from a trained workforce comprising nurses (including registered and enrolled nurses), and personal care workers.
- (c) A minimum of 30 minutes of registered nurse care time per resident per day.
- (d) In addition, at least 22 minutes of allied health care per resident per day.
- (e) That there is a registered nurse (RN) present on each shift and available to direct or provide care subject to limited exceptions.

Recommendation 2: Increased transparency

All approved providers must provide the Department with quarterly staffing levels for registered and enrolled nurses, allied health and other care staff by shift in residential care.

The Department must publish this information at a service level. There needs to be clear explanatory material for older people and their families and carers to access to enable them to understand the published information and compare services.

- 5 The Commonwealth does not support the implementation of mandatory minimum staffing ratios.
- 6 The Commonwealth considers that the imposition of mandatory minimum staffing ratios would not allow for appropriate tailoring in a service system which is diverse in nature and will not suffice to ensure that quality of care is provided to care recipients. The use of such a prescriptive tool, as suggested by Counsel Assisting, could stifle innovation and create rigidity in individual provider approaches to workforce staffing which would not necessarily lead to more positive outcomes for care recipients.³ For example, prescribing a minimum amount of time on 'allied health' per day may restrict providers from spending the funds on other activities that may be more appropriate or beneficial for the specific cohort of care recipients residing in their facility.

³Transcript, Glenys Beauchamp, Adelaide Hearing 18 February 2019, P 338 [40]-[43]. This is supported by the findings of the the Legislated Review of Aged Care 2017 (**Tune Review**) which suggests that ensuring the right staffing mix to deliver quality care in residential aged care facilities is not best achieved through mandated staffing ratios. The Tune Review emphasises that there are diverse staffing models across residential care services with different approaches to care, all of them capable of delivering quality care outcomes.

- 7 Further, while the Commonwealth acknowledges Counsel Assisting's comment regarding the reference to residential aged care facilities (**RACFs**) as 'homes' detracting from the need for appropriate levels of clinical care, it remains important to consider, when evaluating possible reforms, that residential aged care facilities do in fact remain the primary home for many older Australians. The Commonwealth is concerned that the imposition of mandatory minimum ratios, of the type proposed by the Royal Commission, could result in a 'hospital type' focus and over-medicalise the approach to the provision of personal care and support for daily living in RACFs.
- 8 The Commonwealth's preference is that workforce reform focuses on the achievement of key experiences and outcomes for consumers that are predicated on the delivery of safe, high-quality care, including clinical care where necessary and appropriate. The Commonwealth does not consider that, in seeking to achieve these key outcomes, focus should be placed on measuring prescriptive input. Instead, the Commonwealth considers that the regulatory intent of this recommendation could be achieved by:
 - (a) growing the aged care workforce to meet future demand;
 - (b) ensuring that aged care providers have staff with the right training, skills and capability, as well as the right skills mix, to effectively perform required roles and deliver quality care;
 - (c) assessing and addressing skills and capacity shortages including in rural and regional areas;
 - (d) ensuring that the aged care workforce is recruited, trained, equipped, supervised and supported to deliver the outcomes required by the Aged Care Quality Standards (**Quality Standards**); and
 - (e) ensuring there is greater transparency by providers to the public (including current and prospective residents) on their staffing levels and skills mix, providing aged care consumers/residents and their families a greater ability to choose providers that provide sufficient staffing.
- 9 As noted in the November Submissions, the Commonwealth supports implementation of reforms that will help achieve each of the above listed key outcomes.
- 10 Reform in this area could also be further supported by the introduction of a proposed new funding model: the Australian National Aged Care Classification (**AN-ACC**). The AN-ACC is a case-mix classification model that could, if fully implemented, facilitate the determination of staffing requirements across classes and allow for the systematic measurement and benchmarking of quality within the sector. A trial to test the external assessment workforce operation, design and supporting systems necessary to implement the AN-ACC is underway. The assessments are expected to run through to April 2020, and the trial will conclude in June 2020.

- 11 As part of the effort to improve the overall quality of care provided by the aged care workforce to residents in RACFs, the Commonwealth supports the general principle that an aged care provider should have at least one registered nurse on-site at all times to provide clinical care. The imposition of this requirement should have limited exceptions, such as, exceptions for small facilities located in rural and remote areas that are unable to facilitate this arrangement. In such circumstances, it would be appropriate to require the service to have reliable arrangements in place to access expert clinical advice in a timely manner (which could include visiting clinicians and/or telehealth services).⁴

Transparency

- 12 The Commonwealth supports the introduction of measures that will help approved providers improve transparency, ensuring that care recipients and their families are best placed to make informed decisions on which service is appropriate for them.⁵
- 13 Rather than require a mandatory staff ratio, the Commonwealth considers that it is preferable to impose mandatory disclosure requirements on approved providers. To this end, the Commonwealth supports the introduction of an obligation that all approved providers provide the Department of Health and the ACQSC with quarterly staffing levels for registered and enrolled nurses, allied health and other care staff by shift in residential care. Accordingly, the Commonwealth supports Recommendation 2. The provider should also publish this information publicly in a manner that is accessible to and easily interpretable by care recipients and their families.

Star Rating System

- 14 As identified in the November Submissions, the Commonwealth considers that a star rating system on the performance of aged care services which incorporates several factors, including staffing levels and skills mix, would provide greater transparency to care recipients and their families.⁶ The introduction of a star rating system may be another effective mechanism by which the information provided to the Department of Health, under Recommendation 2, could be made publicly available to prospective care recipients and their families. This star rating model would help keep providers accountable to both the regulator and to the public by ensuring that there is an effective benchmarking system for staffing levels in RACFs. The system would also provide a positive incentive for approved providers to ensure that they are meeting best practice in respect of the size, quality and composition of their workforce. The work carried out by the University of Wollongong is a good basis for exploring further options for the role that a star rating system could play in ensuring high quality care.⁷
- 15 The Commonwealth considers that the CMS system, and other national and international rating systems, can provide insights and lessons to help inform and guide the development of an

⁴ Further information on this is available in the Commonwealth Submissions, *Interfaces Between the Aged Care and Health Care System*, 7 February 2020 in response to propositions 3, 4 and 7.

⁵ See November Submissions, paragraph 73, for further information.

⁶ See November Submissions, paragraph 40, for further information.

⁷ Eagar K, Westera A, Snoek M, Kobel C, Loggie C and Gordon R (2019), How Australian residential aged care staffing levels compare with international and national benchmarks. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong.

appropriate localised star rating system. Nonetheless, as previously indicated in evidence, there are a number of different variables and quality indicators between Australian and the United States aged care systems.⁸ In introducing a possible star rating system, the Commonwealth therefore considers that further work is necessary to ensure that the CMS rating system could be sufficiently adjusted to the Australian aged care system. Adjustment for Australian conditions would need to take into account differences between the regulatory, funding and operational environments in which these frameworks are implemented. The minimum staffing levels proposed would apply across the residential aged care sector as a whole. The Commonwealth also expects that the CMS star rating system would require implementation of AN-ACC to enable case-mix adjusted staffing levels to be calculated in order for this model to be adapted in Australia.

- 16 In any event, the Commonwealth notes that the CMS star rating system is not used as the basis for mandatory minimum staffing ratios in the United States. Rather, it forms the basis of a transparent benchmarking system to provide information to consumers allowing them to make an informed decision about their care.
- 17 The Department of Health is currently developing, with ACQSC input, a differentiated performance-rating model, which it intends to release in July 2020, which will make an array of information more readily available to prospective care recipients and their families on providers of residential aged care. This rating model includes the outcomes of ACQSC assessments against the Quality Standards, and consequently captures whether the provider has a workforce that is 'sufficient, and is skilled and qualified to provide safe, respectful and quality care and services', as assessed under Quality Standard 7: Human Resources.
- 18 The Department of Health is also undertaking an initial scoping exercise on an additional data capture project which it plans to commence on 1 July 2020. As part of this project, the Department of Health will collect additional data from approved providers including information on key personnel, staffing levels, and the level of sub-contracted service delivery. Collecting this workforce data from approved providers will enhance the ability of the ACQSC and the Department of Health to identify risks in RACFs, and allow the Department of Health to explore the development of new components for the performance-rating model described above or alternative star rating models.

Mandatory minimum qualifications – Certificate III

Recommendation 3: Minimum qualifications for personal care workers

The Certificate III in Individual Support (Ageing) should be the minimum mandatory qualification required for personal care workers performing paid work in aged care (including residential, home-based, respite, restorative and palliative care).

- 19 The Commonwealth agrees there needs to be an uplift in skills and training within the aged care workforce, including personal care workers in residential aged care. The Department (and the Commonwealth) recognise that it is important (and beneficial) for aged care workers to have the

⁸ Transcript, Glenys Beauchamp, 18 October 2019, P 6284 [10]-[13].

requisite knowledge and skills to deliver high quality and safe care. A course of study leading to a qualification could indicate that a prospective aged care worker possessed the relevant knowledge and skills suitable for aged care work and may potentially assist the potential worker in enhancing relevant personal attributes. The Commonwealth strongly encourages aged care providers to invest in the training and qualifications of their staff on an ongoing basis. The Commonwealth does not however currently support making minimum qualification requirements mandatory for personal care workers in residential aged care.

- 20 While it is an aspiration that all aged care workers hold a minimum formal qualification, mandating a minimum qualification may operate as a barrier to entry and retention of staff who have the right attitude and aptitude to provide care. Given that the disability sector does not impose any such minimum requirements, the difference in approach between the two sectors could make it more difficult in attracting staff to aged care. Mandatory minimum qualifications, if imposed, would have consequences for current recruitment strategies and ongoing employment in the sector, and present challenges in thin markets such as in rural and remote communities, and for providers who service diverse communities and operate across a range of human service systems.
- 21 As identified by the Royal Commission in its interim report, it is predicted that the aged care workforce will need to have at least doubled by 2050 to meet the projected target of 980,000 workers, and that 3.5 million Australians will be accessing aged care services every year by that stage. This significant expected increase in demand for aged care services necessitates that the aged care workforce grows proportionally to ensure that the system can appropriately care for the number of expected care recipients. The imposition of minimum mandatory qualifications at a time where the aged care sector needs to significantly develop the size of its workforce may pose a risk to the ability of the industry to attract the necessary number of staff.
- 22 For this reason, the Commonwealth considers that other mechanisms of reform to the aged care workforce, as identified in these submissions, should be advanced first, with a decision on whether to introduce minimum mandatory qualifications deferred until the size of the aged care workforce has sufficiently grown and matured to meet the increasing levels of demand, so as to ensure that such a reform does not cause undesirable consequences.
- 23 Additionally, the Commonwealth considers that individual approved providers are best placed to determine the staff with the requisite skills and qualifications held to meet the needs of their residents. This is because the needs of residents will determine the skill, training and range of staff required to ensure that quality and safe care is delivered in the particular care environment.

Mandatory Qualifications

- 24 If the Royal Commission were to recommend the introduction of minimum mandatory qualifications for personal care workers in residential aged care, this would require detailed consideration of how these requirements would be imposed so as to limit any adverse impact on workforce supply and delivery of care. In addition to the matters identified below, this should include consideration of:
 - (a) who the mandatory minimum qualification requirements would apply to;
 - (b) how this requirement would recognise skills and qualifications obtained in other countries; and

- (c) how this requirement would recognise the knowledge and skills developed over an extended period of time by people who are already working in aged care without having any formal qualification.
- 25 If a mandatory qualification was introduced as a minimum condition to work in direct care roles in residential aged care, the Commonwealth considers a Certificate III in Individual Support (or a similarly redesigned qualification) could be an appropriate qualification.⁹ The course work for this qualification presently covers individualised support, independence and wellbeing, communication, diverse people, legal and ethical considerations, healthy body systems and safe work practices for direct client care, amongst other things.
- 26 Given the size and nature of the personal care workforce, there would need to be flexibility in the way that qualification is provided. For new employees, this could be addressed by introducing a compulsory requirement for personal care workers to be actively in the process of achieving the imposed mandatory qualification at the time employment in the aged care sector is commenced. This solution would allow for study to be completed during employment rather than requiring it to have been completed in full prior to the commencement of their employment, and is considered a best practice approach to training. This could be subject to an outer time limit from the commencement of employment, for the qualification to be obtained. A transition period for existing employees would also need to be provided before any such requirements are imposed.
- 27 One of the other ways important skills could be gained is through micro-credentials. Micro-credentials are mini-qualifications that demonstrate skills, knowledge, and/or experience in a given subject area or capability. The flexibility of micro-credentials would mitigate against formal qualifications acting as a barrier to entry and would be more attractive to the particular workforce yet would still positively result in upskilling. The recent Review of the Australian Qualifications Framework (AQF) recommended that guidelines be developed to facilitate the recognition of micro-credentials and other shorter form credentials for credit transfer or articulation into AQF qualifications (which include both Vocational education and training (VET), and higher education). Micro-credentials are increasingly being offered by higher education providers. The VET system recognises micro-credentials in the form of 'skill sets', which are combinations of units of competency from a qualification which meet an industry defined need and often link to a licensing or regulatory requirement.
- 28 Providing this flexibility would also support a pathway to a more comprehensive mandated qualification such as a Certificate III to be obtained by a personal care worker progressively over time. This would reduce the burden of requiring the qualification to be completed upfront and ensure

⁹ This is subject to the findings of the ongoing review of the Certificate III in Individual Support (Ageing), described in further detail below, which may impact on whether it is the most appropriate qualification. The Commonwealth also notes that the delivery of nationally recognised training, such as the Certificate III in Individual Support (Ageing), can only be delivered and assessed by a registered training organisation (RTO), who must satisfy the *Standards for Registered Training Organisations (RTOs) 2015 (Standards)* to be accredited. RTOs are regulated against the Standards, which includes a requirement that RTOs meet the requirements of the relevant training package (which would include the CHC Community Services training package, under which the Certificate III in Individual Support (Ageing) is found), by the Australian Skills Quality Authority, or by relevant state regulators (Western Australia Training Accreditation Council and Victorian Registration and Qualifications Authority). If the Royal Commission sought to recommend the introduction of the minimum mandatory qualifications for personal care workers, consideration would therefore need to be given about the sufficiency of the currently availability of RTOs (including geographic coverage) to deliver this qualification.

that the training / development being completed is appropriately adjusted to the actual needs of the individual personal care workers. The Council of Australian Governments proposed *VET Reform Roadmap* includes a project to define micro-credentials and develop an operational framework for how micro-credentials work in the national VET system.

- 29 The Commonwealth also notes that the Certificate III in Individual Support (Ageing) is currently under review by the Aged Care Industry Reference Committee (IRC). At the Aged Care IRC meeting on 18 December 2019, the IRC agreed to update the elective bank of the Certificate III in Individual Support (Ageing) to ensure electives were much more directly targeted to job requirements ahead of a more general review of the qualification (and six other allied health qualifications) to be led by the Direct Client Care IRC, which is expected to be completed by early 2021.

Human Services Care Skills Organisation Pilot

- 30 The Commonwealth Government has invested in three pilot Skills Organisations, to test 'end-to-end' training solutions and enhance the role and leadership of industry in the skills pipeline.¹⁰ The three pilots, in the human services care, digital technologies and mining industries, will trial new ways of working to shape the national training system to be more responsive to the skills needs for those industries - from the identification of skills needs, to qualifications development, through to improving the quality of training delivery and assessment. Lessons from these pilots will help inform broader improvements to the national training system and could help inform the approach that should be taken in determining appropriate training and qualification levels of personal care workers in residential aged care.
- 31 The Human Services Care Skills Organisation Pilot (the **Pilot**) is in its early stages of establishment and will be considering the skill and workforce needs across the aged care, disability support and early childhood education and care sectors. A CEO-level Steering Group (from aged care, disability support and early childhood education and care employers) has been established to develop a detailed design for the Pilot including its governance model, areas of focus and work program. The Steering Group will also lead the Pilot's initial projects which are currently being scoped and will include:
- (a) Recognition of core competencies: This will involve the development of a recognised system that will demonstrate individuals meets basic requirements to work in a care environment (e.g. meets work health and safety requirements).
 - (b) Development of an attributes assessment: This will provide a method for prospective workers to check, or explore, if they are suited to a career in care before they enrol in a qualification in the sector.
 - (c) Identifying what makes a great carer: This will involve seeking to codify the knowledge, skills and attributes that the best carers have to inform future-focussed projects.

¹⁰ This has been introduced in response to the *Expert Review of Australia's Vocational Education and Training (VET) System*. The Skills Organisation pilots will work with the wider improvements to Australia's VET sector, including work currently being undertaken by the Australian Industry and Skills Committee. This includes streamlining training package development and updating and implementing processes to be faster, simpler and more responsive to the needs of industry.

- (d) Development of an engagement guide: This guide will include information to assist employers engage with registered training organisations to ensure fit-for purpose training delivery through, for example, specifying delivery modes and selection of electives.
- 32 Additional projects and priorities for the Pilot will be identified through industry consultations and engagement.

Transforming aged care education and training

Recommendation 4: Education and training for medical practitioners

The Medical Deans of Australia, in conjunction with the Australian Medical Council, the Royal Australian College of General Practitioners and the Australia Medical Association, should establish a working group to

- (a) Review the skills needed by GPs to enable them to meet the anticipated aged care needs of the Australian Population over the next 30 years.
- (b) Determine the anticipated need for GPs to deliver geriatric medical services, particularly in the aged care context over the next 30 years.
- (c) Review the state of geriatric undergraduate medical education with a view to mandating a core subject that enables the medical graduate to adequately meet clinical needs and anticipate demand.

They should have express regard to the ANZSGM Position Statement number 4 – Education and Training in Geriatric Medicine for Medical Students.

- 33 The Commonwealth supports this recommendation in principle.
- 34 The Commonwealth considers that it should be consulted on the draft findings of any review prepared by the 'working group' proposed by this recommendation before any changes are made to geriatric undergraduate medical education curriculums. This would be in accordance with ordinary practice.

Recommendation 5: Education and training for medical practitioners

Each Australian University Medical School should review its undergraduate medical curriculum with a view towards:

- (a) making geriatric medicine a core element of the undergraduate medical curriculum.
- (b) making placement in a geriatric clinical setting a required portion of internship training in advance of registration.

- 35 The Commonwealth supports this recommendation in principle.
- 36 The Commonwealth considers that the Australian Medical Council (**AMC**) is the appropriate body with responsibility to review any changes in the internship requirements of undergraduate medical curriculums. This review should occur with a view towards implementing on-site placement in a geriatric clinical setting as a required element of internship training in advanced registration.

- 37 As noted above, in accordance with ordinary practice, the Commonwealth considers that it should be consulted on the draft findings of any review undertaken by the AMC before any changes are made to undergraduate medical education curriculums.

Recommendation 6: Assessing projected demand for geriatric health services

The Commonwealth Department of Health should fund and collaborate with the Royal Australian College of Medical Practitioners, the Royal Australian College of Physicians and the Australian Medical Association to conduct an ongoing research program designed to estimate the short, medium and long-term demand for geriatric services for older Australians.

- 38 The Department of Health would support this recommendation in principle, noting that the allocation of additional funding is a matter for the Commonwealth Government.

Recommendation 7: Education and training for registered and enrolled nurses

The Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council should incorporate an introductory module/subject on geriatric medicine and gerontology care into the Enrolled Nurse Accreditation Standards and the Registered Nurse Accreditation Standards.

- 39 The Commonwealth supports this recommendation in principle. The Commonwealth suggests that the most effective model to ensure greater consistency across registered nursing courses would be to incorporate core skill requirements in relevant practice standards and course accreditation standards.
- 40 The Commonwealth recognises that enrolled nursing programs are delivered primarily in the TAFE sector. While these courses are accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC), and currently differ in relation to content, the curriculum delivered must be in accordance with the Health Training Package – which is developed and reviewed by the relevant Industry Reference Committee.
- 41 The Commonwealth notes that, under the direction of the Enrolled Nursing Industry Reference Committee, SkillsIQ is currently undertaking a review of the skills requirements of Enrolled Nurses. The Commonwealth considers that the proposal raised under this recommendation should be considered as part of this review to ensure that the merit of the recommendation, and the impact it may have, are thoroughly considered.

Recommendation 8: Scholarship programs

To increase the supply of nurse practitioners, the Australian Government should introduce scholarship programs (with aged care return of service obligations) for nurse practitioner training and advance skill nursing.

- 42 The Commonwealth has previously provided submissions on this proposal in its submissions following the hearing on interfaces between the aged care and health care system response.¹¹ The Commonwealth maintains the position put forward in those submissions.

Regulation of personal care workers

Recommendation 9: Establishment of a registration scheme

A registration scheme for personal care workers should be established, with the following key features:

- (a) mandatory minimum qualifications
- (b) scope to require that qualifications be obtained from certain approved training providers
- (c) ongoing training and continuing professional development requirements
- (d) minimum levels of English language proficiency
- (e) criminal history screening requirements
- (f) a Code of Conduct and power for the registering body to investigate complaints into breaches of the Code of Conduct.

- 43 As identified in the November Submissions, the Commonwealth broadly supports the introduction of a registration scheme for personal care workers. The Commonwealth does however consider that there would need to be further evaluation of what features should be included in this registration scheme before it could be implemented.
- 44 The Department of Health is undertaking a scoping study to explore options for aged care worker regulation (**Scoping Study**). The Scoping Study will examine options for a regulatory framework to establish recruitment and employment screening that provides for public safety and to provide surety that only those who are fit and suitable are providing services to our older people. The Scoping Study will also consider current frameworks being used in other sectors, including options to explore interactions with the NDIS worker screening database, existing worker accreditation and community safety arrangements and the National Code of Conduct for Health Care Workers (**National Code of Conduct**).¹² The Scoping Study is expected to conclude by 30 June 2020.

¹¹ Commonwealth Submissions, *Interfaces Between the Aged Care and Health Care System*, 7 February 2020 [RCD.0012.0058.0001].

¹² Initial consultation with a range of stakeholders has commenced, and a public consultation paper is expected to be released in early April 2020. Stakeholders will also have the opportunity to respond to an online survey once the public consultation is released. The consultation process will also involve two face to face forums with a variety of stakeholders, including key provider peak bodies, government stakeholders, consumer peak bodies, personal care worker representatives and unions.

- 45 The Commonwealth notes that its preliminary views expressed below are subject to the outcome of the Scoping Study.

Qualifications

- 46 The Commonwealth would support the registration scheme including details of each worker's obtained qualifications. The Commonwealth considers that there would be merit in including this information regardless of whether it is being determined by reference to any mandatory minimum qualifications.

Ongoing training and continuing professional development requirements

- 47 It should be noted that providers are required, under standard 7 of the Quality Standards, to demonstrate, amongst other things, that its workforce is competent; has the qualifications and knowledge to effectively perform their roles; and is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Noting this requirement, the Commonwealth does not support the introduction of mandatory continuing professional development requirements for personal care workers under a registration scheme.
- 48 The introduction of such a requirement would cause significant cost implications and be overly burdensome to personal care workers. The Commonwealth would encourage providers to ensure that their staff had access to continuing professional development and ongoing training that was relevant to their ongoing work. Continuing professional development delivered as an in-service training opportunity, in addition to providing valuable skills to staff, can contribute to a positive workplace culture.¹³

English language proficiency

- 49 The Commonwealth would support the registration scheme detailing what languages a personal care worker has proficiency in to a level that would satisfactorily allow them to complete their job in that language. The Commonwealth also supports the upskilling of personal care workers to ensure that, where necessary, they develop sufficient proficiency in English. The Commonwealth considers that, for there to be high quality care being delivered, a personal care worker should be able to communicate with the person that they are caring for at a level that is sufficient to enable the provision of safe, quality care.¹⁴
- 50 The Commonwealth does not support the introduction of any rigid or set minimum levels of English language proficiency. Introducing set language levels may impose an unnecessary barrier to entry and may create further workforce supply issues.
- 51 The introduction of such a measure may also deprive the aged care workforce of carers who provide a valuable skillset in being able to communicate in different languages. This would hinder the provision of care for people who are culturally and linguistically diverse (**CALD**), particularly for those care recipients who are unable to speak or lack fluency in English and may therefore ultimately

¹³ This is also a matter that is considered by the ACQSC in assessing compliance by providers with Standard 7 of the Quality Standards.

¹⁴ This is reflected in the current requirements of Standard 7 of the Quality Standards.

produce perverse outcomes. The Department of Health considers that this would be inconsistent with the overarching objective of the *Aged Care Act 1997* (Cth) (**Aged Care Act**) that all people have access to aged care services regardless of their race, culture, language, gender, economic circumstance or geographic location. This includes providing equity of access to care to people with special needs (as defined in the *Aged Care Act*), including persons from CALD backgrounds.

Criminal history screening requirements

- 52 The Commonwealth recognises that a registration scheme of personal care workers should contain records of each care worker's compliance with criminal history screening requirements.

Compliance with Code of Conduct

- 53 The Commonwealth agrees that a registration scheme for personal care workers should include the capacity to monitor instances where a personal care worker's behaviour results in serious risk to a care recipient's health or safety and, if necessary, prohibit that person from continuing to work as a personal care worker.
- 54 Further consideration is required to determine whether this capacity is most effectively utilised through the implementation of a code of conduct, and if so, who should be responsible for its oversight (including in respect of investigating complaints into breaches of that code of conduct). The NDIS worker screening database and the National Code of Conduct both present possible options that could be used or adapted for this purpose.¹⁵ As outlined above, this is one of the matters being considered by the Scoping Study.

¹⁵ Further information on the National Code of Conduct is available in the statement of Charles Wann dated 20 September 2019 at paragraphs 107-114.

Recommendation 10: Workforce planning

The Commonwealth should lead workforce planning for the aged care sector, and should identify an agency or body that has overall responsibility for aged care workforce planning, with key actions being:

- (a) long-term workforce modelling on the supply and demand of health professionals and care workers (however described), to inform the development of workforce strategies for aged care
- (b) overall management of the training pipeline for health professionals and care workers, in partnership with the States and Territories, universities, Registered Training Organisations, National Boards, professional associations, specialist colleges and other key stakeholders
- (c) driving improvements in labour productivity across the health professions and care workforce (however described)
- (d) ensuring an appropriate distribution of the health professional and care workforce to meet the needs of population across the aged care sector, particularly in rural and regional Australia, and
- (e) facilitating the migration of health professionals and care workers to Australia to address identified health, aged care and disability workforce needs.

- 55 The Commonwealth recognises that it has a leadership role in workforce matters in the aged care system,¹⁶ and agrees that developing the aged care workforce will necessitate a range of levers, some of which can be facilitated or supported by the Commonwealth and many of which need to be developed and implemented by industry.¹⁷ For example, the Department of Health is completing work to update the National Aged Care Workforce Census and Survey this year. The data obtained from this survey will assist in better understanding the aged care workforce to assist with workforce planning both at a government and industry level.
- 56 The Commonwealth in principle supports each of the key actions identified in this recommendation. The Commonwealth considers it appropriate for the Department of Health to lead the interaction between other Commonwealth departments and agencies, who each work together and have jurisdiction in respect of aged care workforce planning. The Commonwealth does not however support this recommendation as it does not consider that it is feasible or desirable that a single department or agency have sole responsibility for aged care workforce planning.
- 57 Each relevant Commonwealth department or agency with current responsibility for some level of aged care workforce planning matters has responsibilities which are derived from their general area of expertise and speciality. For example:
- (a) The Department of Health is responsible for the development of a ten-year National Medical Workforce Strategy as it has general policy responsibility, from a Commonwealth perspective, for the health system;

¹⁶ Transcript, Glenys Beauchamp, 18 October 2019, P 6260 [15]-[17].

¹⁷ Exhibit 11-72, Statement of Charles Wann, 20 September 2019, paragraph 16-18.

- (b) The Department of Employment is responsible for administering the Training Package Development Program, which seeks to ensure that the national VET system is responsive to the needs of industry; and managing the Higher Education Loan Program to ensure students are able to access higher education courses¹⁸ including medicine, nursing and physiotherapy without the barrier of upfront costs, and administering the Commonwealth Grant Scheme to provide subsidised places for higher education students at public universities; and
 - (c) The ACQSC, as a quality and safety regulator, has responsibility for assessing compliance by providers with the Quality Standards that relate to the aged care workforce.
- 58 The Department of Health is not responsible for the migration of health professionals and care workers to Australia as it is not a department which has specialised knowledge in immigration and migration policies. Regardless of whether the matters at hand relate to the migration of health professionals and care workers, it would be contrary to the recognised operating procedure of the public sector if the Department of Health sought to exercise these functions in place of the Department of Home Affairs.
- 59 Consolidating all the functions of the Commonwealth for aged care workforce planning into one body would undermine the ability of the Commonwealth to leverage the specialised expertise that exists in each relevant Commonwealth Department. This would also create significant inefficiencies in the allocation, use and duplication of public resources, and create significant cost implications.

Recommendation 11: The Aged Care Workforce Industry Council

The Australian Government should work in partnership with the Aged Care Workforce Industry Council and provide the financial and practical support necessary to implement the Taskforce Report recommendations.

- 60 The Commonwealth broadly accepts the recommendations in the Aged Care Workforce Strategy (the **Strategy**) and is working together with the Aged Care Workforce Industry Council (the **Council**) to provide the necessary support to implement the 'Taskforce Recommendations'.
- 61 The Department of Health is actively engaged with the Council and has provided financial support in the form of funding secretariat and other general support. The Department of Health and the Council have recently signed a Memorandum of Understanding in recognition of the need for the Commonwealth to support the leadership, governance, and collaboration required to achieve the system-wide workforce improvements detailed by the Strategy. A representative of the Department of Health also recently attended a Council meeting on 14 February 2020, to progress this work. The Council meets on a monthly basis, which the Department of Health attends. The Human Services Care Skills Organisation Pilot and the Aged Care IRC also meet with the Council as required.

¹⁸ Noting that Australian universities are responsible for developing their own curricula and self-accrediting their courses in line with the Higher Education Standards Framework.

- 62 To assist with the Council's operations, the Department of Health has also provided \$1.5 million to the Council for the remainder of the 2019-2020 financial year. This funding will assist with the recruitment of key personnel, infrastructure costs such as a development of a website presence, and funding for projects to assist with the implementation of the Strategy.