

INDIRECT EMPLOYMENT IN AGED CARE: Productivity Commission Issues Paper March 2022

The **Australian Council of Deans of Health Sciences (ACDHS)** welcomes the opportunity to provide its views in response to the Issues Paper released by the Productivity Commission.

ACDHS notes that while this Productivity Commission investigation is confined to aged care personal carers and nurses, allied health professionals may be impacted by findings. It is on this basis that our submission is made.

ACDHS notes that the snapshot data from the 2020 Workforce Census of the aged care workforce used in the Issues Paper found that 3 per cent of the total aged care workforce were agency/subcontractor workers, with the most in allied health occupations. However, as set out in the Issues Paper, the interpretation of 2020 Workforce Census data is hampered by the low response rate, absence of direct responses from workers (they were not interviewed directly) and employment numbers that are drawn from aged care providers responses. These data are effectively a survey as opposed to a true census, and are difficult to interpret.

ACDHS cautions against drawing inferences about the mode of engagement of allied health professionals and recommends that considerations about Indirect vs Direct employment be undertaken following workforce modelling that considers both the need for allied health professionals and the diversity of the allied health workforce.

In the absence of a needs assessment and model of funding for allied health professional services, it would not be productive to consider the mode of employment at this time.

When reflecting on the **current employment arrangements for allied health as set out in the Issues Paper**, the prevalence of the independent contractor working arrangement is likely to be due to an interplay of factors, including:

- allied health professional services afforded low priority in aged care
- current, inadequate funding modes – i.e. MBS, ACFI, ANACC, and
- workforce preferences and availability (limited market with high levels of competition).

The potential **impacts of an over-reliance on indirect employment of allied health professionals in aged care** include:

- Continuing low level of care that is inequitably distributed, with quality largely driven by service availability and financing mechanisms that do not support evidence based comprehensive care, and that overlook the important role of preventive, reablement and restorative care that can prevent or delay more acute, costly illness and injury
- Continuing substantive barriers to student clinical training placement opportunities in aged care settings - a key workforce pipeline. The prevalence of contracted, part time roles do not provide an appropriate foundation for the supervisory requirements of good student clinical training placements that meet course accreditation requirements. It is paramount to note, that attracting an allied health workforce to aged care into the future is dependent on high quality exposure to aged care throughout allied health professional training.

- Neglecting the broader benefits that accrue to aged care providers who directly engage allied health professionals, eg the provision of on-site mentoring and support for staff and in-service education in areas like safe lifting techniques and nutrition.

About ACDHS

ACDHS represents the University faculties engaged in pre-professional education and research for allied health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between health care and education sectors. Members are well placed to provide insights on the demands our future health workforce will face, and opportunities to improve the efficacy of their practice and sustainability of systems they will work in - including aged care. More information is available at <https://acdhs.edu.au/>

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