



**Australian Nursing Federation
(Victorian Branch)**

**Submission to the Caring for Older
Australians- Productivity Commission
Draft Report -January 2011**

21 March 2011

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Recommendations

In addition to recommendations in the *ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend:

Recommendation 1

The Commission amends Draft Report Recommendation 4.1 as follows:

To ensure that all Older Australians needing care and support have access to person-centered services that change as their needs change; and older Australians receiving care and support are treated with dignity and respect;

Operational and funding mechanisms must be introduced to ensure sufficient numbers and proportion of registered, enrolled nurses and personal care workers are deployed at the residents' bedside in order to provide planned nursing and direct care.

Recommendation 2

The Commission amends Draft Report Recommendation 8.3 as follows:

The Australian Government should ensure that, through the Independent Housing Pricing Authority, residential and community care providers receive appropriate case mix payments for delivering palliative and end of life care; and,

Case mix payments must be:

- Adequate;
- Auditable; and
- Wholly dependent upon the approved provider spending - and being able to demonstrate that funding is spent - on employing the number and proportion of registered, enrolled nurses and personal care workers that are required to provide palliative and end of life care to residents of aged care facilities.

Recommendation 3

The Commission amends Draft Report Recommendation 8.5 as follows:

Together with a concerted and sustained effort to ensure the core nursing and PCW staffing levels and skill mix are adequate, and can meet the complex acute and chronic health and aged care needs of residents, the government should, subject to further evaluation, promote the expanded use of in-reach services to residential aged care facilities and the development of regionally or locally based visiting multi-disciplinary health care teams.

Recommendation 4

The Commission amends Draft Report Recommendation 11.3 as follows:

The Australian Government should promote skill development through:

- An expansion of national accredited courses to provide aged care workers at all levels with the skills they require;
- An increase in scholarships to all levels of aged care workers to assist them to undertake the requisite study;
- An increase in quarantined funding to approved aged care providers to ensure care staff undertaking such study are backfilled at the workplace;
- Adopting a rigorous approach to planning and coordination of nurse practitioner services;
- Funding the creation of aged care nurse practitioner networks across geographical clusters, to enhance aged care services in metropolitan, regional and rural areas.
- Promoting and funding the development of an aged care specific nurse practitioner role.
- Ensuring nurse practitioners are:
 - Afforded full PBS and MBS rights where they choose to work in independent practice; and
 - Adequately remunerated and recognised for their expert and advanced work.
 - Afforded employment arrangements that recognise the significant ongoing professional development requirements required to achieve and maintain nurse practitioner status.

Recommendation 5

The Commission amends Draft Report Recommendation 11.2 as follows:

The proposed Australian Aged care regulation Commission (draft recommendation 12.1) when assessing and recommending scheduled care prices, should take into account the need to pay competitive wages to nursing and other care staff delivering aged care services.

Moreover measures must be introduced to ensure funding for this purpose is:

- Adequate
- Auditable; and

- Wholly dependent upon the approved provider spending – and being able to demonstrate that this funding is spent - on competitive wages for registered, enrolled nurses and personal care workers.

Recommendation 6

The Commission makes additional recommendation as follows:

Mandate that all personal care workers (however titled) are required to be registered or licensed with the Australian Health Professionals Regulation Agency and the Nurses and Midwifery Board of Australia;

Mandate that the care component of funding be used only on person register with AHPRA.

Mandate that all personal care workers (however titled) employed in the aged care sector are required, subject to transitional arrangements, to have obtained an industry approved qualification nationally accredited by the Australian Nursing and Midwifery Accreditation Council, and are required to abide by a professional code of conduct and/or ethics, developed by the Nursing and Midwifery Board of Australia, and in accordance with established practice standards;

Ensure a reasonable transition period is provided to enable compliance, and that intimate resident care is thereafter only provided by appropriate registered or licensed health practitioners

Introduction

The Australian Nursing Federation (ANF) was established in 1924. The ANF is the largest industrial and professional organisation in Australia for nurses and midwives, with Branches in each state and territory of Australia.

The ANF (Victorian Branch) represents in excess of 58,000 nurses, midwives and personal care workers (the latter predominantly in the private residential aged care sector). Our members are employed in a wide range of enterprises in urban, rural and community care locations in both the public and private health and aged care sectors.

The core business for the ANF is the representation of the professional and industrial interests of our members and the professions of nursing and midwifery.

The ANF participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The ANF (Victorian Branch [Vic Branch]) is pleased to provide further comment to the national consultation being undertaken by the Productivity Commission - Caring for Older Australians Inquiry, and specifically the *Caring for Older Australians- Productivity Commission Draft Report* [the Draft Report] (Productivity Commission, 2011).

This supplementary submission will be limited to nursing and aged care workforce matters including skill mix, staffing levels, wages and regulation of personal care workers (however tilted).

This submission should be read in conjunction with the *ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010) and the initial and supplementary submissions of ANF Federal Office

The formal Aged Care Workforce

The *Productivity Commission Draft Report - Caring for Older Australians* (Productivity Commission, 2011) has promoted extensive aged care reform in the area of access to, and funding of aged care services. Whilst the Commission's Draft Report has identified that care needs of aged persons requiring community or residential aged care are becoming more complex, and that there has been an overall reduction in equivalent full time nursing and care staff hours, the Draft Report has failed to make adequate connection between these two issues, particularly the need to introduce concrete measures to address the factors that currently militate against the deployment of sufficient nurses and PCWs in community and residential aged care to meet the increasingly complex care needs of residents. In omitting to make specific recommendation to remedy the worsening nursing and PCW staffing and skill mix inadequacies, the Draft Report has sidestepped the metaphorical 'elephant in the room' of aged care. The Draft Report has therefore failed so far to '*develop options to ensure that the sector has access to a sufficient and appropriately trained workforce*' as required of it in the Caring for Older Australians Inquiry - Terms of Reference. (Productivity Commission, 2011, page VII),

Nursing and Personal Care Worker Skill Mix and Staffing Levels

The ANF (Vic Branch) welcomes the Productivity Commission's acknowledgement that despite the care needs of aged persons requiring community or residential aged care having become more complex, there has been an overall reduction in equivalent full time nursing and care staff hours. (Productivity Commission, 2011, pages 357 and 365).

While this is an important factor to note, it is however one that has already been observed by the Productivity Commission previously in its Research Paper, titled *Trends in Aged Care Services: Some Implications* (Productivity Commission, 2008, pages 139, 146 and 147), and of itself - is not a solution to the multifaceted factors obstructing the sustainability of the aged care workforce.

Instead of making new and innovative recommendations in respect of addressing the far reaching workforce inadequacies within the sector – as identified in the *Draft Report* (2011) and research paper titled *Trends in Aged Care Services: Some Implications* (Productivity Commission, 2008) - the Draft Report has simply observed:

"that if staffing levels are considered to be inadequate, then the accreditation process, (supported by the complaints process) should be the mechanism by which such inadequacies are addressed".
(Productivity Commission, 2011, page 365).

The ANF (Vic Branch) considers this response inadequate and disproportionate to the magnitude of existing workforce inadequacies as previously identified by the Productivity Commission in its Draft Report (2011) and research paper titled *Trends in Aged Care Services: Some Implications* (2008).

Specifically, there are a number of existing inconsistencies and weaknesses in the current accreditation process that do not auger well for its ability to resolve the entrenched and multi faceted issues that contribute to inadequate staffing levels and skill mix, as suggested by the Draft Report (page 365). These shortfalls have been identified in a number of Victorian initial submissions to the Productivity Commission- Caring for Older Australians Inquiry, and in our initial submission to the Commission which identified that the accreditation process:

- Offers only a 'snapshot' of an RAC facility's compliance status on a particular day of a visit from the Agency, which may not be reflective of the enduring standard of resident care or safety in the facility; and
- Is open to manipulation from approved providers who may:
 - Employ additional staff during the period of accreditation to give the appearance of having adequate staff, only to reduce these staff immediately after being accredited. Indeed such a circumstance is overtly budgeted for in advance, such that the budget for the month of accreditation can be as much as 15% higher than a normal month; and/or,
 - Coach and pressure nursing and direct care staff on what they 'should' say to assessors from the Aged Care Standards and Accreditation Agency irrespective of whether this information is accurate.
- Is too heavily focused on documentation of care delivery rather than actual care delivery itself.

The accreditation process is further undermined as:

- Too often accreditors/assessors are neither qualified nor have expertise in nursing, aged care or health issues detracting from an accreditor's ability to analyse relevant information and accurately assess the facility; and,
- Perhaps most importantly the Accreditation Standard against which providers are assessed offers no guidance as to what is an acceptable skill mix or staffing level. It is critical to the whole Accreditation process that the Commission recognise this as a serious deficiency and make recommendations to address it.

Further, we assert that even if it was accepted that the accreditation process could accurately identify staffing level and skill mix shortfalls - and the accreditation process recommended an improvement in these - this process of itself will not automatically translate to additional nursing or personal care staff being qualified and skilled, and available to be deployed at the resident's bedside. It must be recognised that inadequate staffing levels and an inappropriate staff skill mix are caused by a variety of factors, including the disinclination on the part of some aged care providers to recruit sufficient numbers of registered and enrolled nurses to their aged care services, in an effort to reduce cost. Specifically, ANF (Vic Branch) often acts on behalf of our [registered nurse] members in situations where an approved provider has reduced their hours of work or even terminated their employment - and then sought to employ lesser qualified and experienced enrolled nurses or personal care workers - in what seems purely a measure to reduce their operating staffing cost.

We further contend the Draft Report has not satisfactorily explored and comprehended the dire ramifications for:

- Resident care;
- Intensification of work for nurses and direct care staff; or
- The sustainability of the aged care workforce;

That arises from the failure of nursing and PCW workforce numbers and equivalent full time hours, to keep pace with the exponentially increasing aged demands of persons requiring aged care services.

We are unable to determine the methodology the Commission applied to find the "*The workforce is generally appropriately skilled*" as articulated in the in the overview of the Draft Report (page XXIII), when the vast majority of submissions to the inquiry have identified inadequacies in nursing and PCW staff skill mix as the core challenge threatening the provision of quality aged care. Evidence of this point is illustrated below:

The changing availability and composition of the workforce presents the most crucial challenge in managing the needs of an ageing population. Aged care services already face an ageing workforce, high rates of staff turnover and poor capacity to attract and retain staff due to higher pay rates in the acute sector .These challenges will be compounded by forecast major general workforce shortages over the coming decades: Staffing levels and skill sets are currently inadequate for optimal palliative care in residential aged care settings. There is an urgent need to address workforce shortages and set standards that regulate workloads, skill sets and professional pathways and thus improve recruitment, retention and care. This will require improved funding for aged care and recognition that this is valued work.

(Palliative Care Victoria, 2010, submission number 340)

The essential service of the registered nurse that is required by aged care providers has been overlooked for many years despite the awareness that the numbers of older people are increasing. Nevertheless, over the past years in view of the ageing population, there has been a financially motivated decision to reduce the number of registered nurses and to increase the numbers of the lower paid personal care workers.....

The availability of the knowledge base and therefore efficiency of the Registered Nurses Division One and Enrolled Nurses, whether Authorised or not, (should) remain a requirement in the forefront of the better aged care facilities in the interests of not only resident care, efficiency and legal and financial management.....

The nature of the nursing skills required in residential aged care in particular will not be found among basically trained personal care workers. Nursing and daily living needs of residents in high care facilities increasingly need a palliative approach.

(Melbourne City Mission (submission number 173 pages 17 and19).

There is a distinct lack or requirement to provide skill mix to meet increasing complex care needs. Not only is there a lack of requirement there is also a lack of funding to facilitate this...

Consideration of the requirement to provide a higher level of skill mix to meet an increasingly complex work load in residential care...

(St Laurence Community Services Inc, submission number 156, page 6)

Registered nurses support is often limited as rostered staff may have other residents to attend to. As a resident's acuity of care increases, staff may not be able to attend to their needs.... And that

Presentation of clients from residential aged care facilities to emergency departments due to insufficient qualified staff and/or the reduced access to GPs impacts unnecessarily on the acute health system.

(Aged Care Assessment Services Victoria submission number 214)

Retaining staff and their skills needs to be a priority. An appropriately skilled and adequately remunerated workforce is integral to the aged care system in meeting the needs of our frail aged.

(La Trobe Community Health Service, submission number 220, page 2)

At the same time, the majority of the unregulated aged care workforce endeavors to undertake the training and skills development necessary to be work ready in the sector. While some approved providers provide training for their staff, the success of these initiatives can only be described as piecemeal, as not every personal care worker holds a formally recognised industry agreed qualification in aged care work or indeed any relevant educational preparation in aged care work at all. Where in-house training has been provided by approved providers it has little transportable benefit for the employee. The most significant concern we have relates to the commitment of the employer to provide training, the quality of the training course on offer where it is offered, the mode of delivery and the standards and quality of the registered training organisation (RTO) providing the education.

In this context, ANF (Vic Branch) is not sure how the Commission formed the view that the substitution of skilled workers has:

"Had many benefits, including increasing job satisfaction of personal care workers and improving their skills" (Productivity Commission, 2011, page 357).

Put simply, we believe this judgment is unhelpfully idealistic, and clearly at odds with the evidence presented to the Commission in our initial submission and others into the Inquiry. This judgment appears to give inadequate regard to the evidence in our initial submission that detailed a causal link between staffing skill mix and quality of care, and the correlation between the adequacy of skill mix and staffing levels and nursing and PCW job satisfaction. As also illustrated in our initial submission, the number and proportion of registered nurses are a strong determinant in the incidence of resident health complications. Clearly, the increase in the incidence of resident health complications and sentinel events - combined with the decrease in nursing and PCW job satisfaction arising from the loss of registered nurses from the sector, and deteriorating skill mix - could be considered anything but the positive benefit implied in the Draft Report.

The decision of Commissioner Roe in **Mariam Dafallah v Aged Care Services Australia Group Pty Ltd** (U2009/11870) provides further insight into the often unrealistic responsibilities thrust upon personal care workers, in this case by a large approved provider of aged care, and shows the detrimental effect this has on resident care, and nurse and PCW job satisfaction.

In this case Ms Dafallah was employed as a personal care worker however did not hold a qualification at the Certificate III Aged Care level.

Ms Dafallah normally worked under the supervision of Registered Nurses.

For the first time in approximately six years Ms Dafallah had been required to work a full shift in the [downstairs] low care area. The section of the home she was working in accommodated 45 residents. She was required to care for these residents on her own.

Evidence was given by nurses Pagels and Pang, *that the workload on night shift was heavy and very difficult for a PCW alone to handle the area.*

Ms Pagels said in her statement that:

"An unfamiliar staff member on their own in such a situation can find that problems compound in a domino effect. The staff member misses an aspect of resident's regime, the call buzzer goes off, another resident then has their regime disrupted, more buzzers go off etc with residents not being happy and complaining".

The experience of Ms Dafallah evidences the level of unreasonable individual responsibility that can be placed (rightly or wrongly - the home passes 44 of 44 standards) on a PCW in the current regulatory environment, and indicates that this experience is far from positive and enjoyable for the respective PCW – or the registered nurse who are required to supervise these staff. It also clearly demonstrates the failure of the accreditation to deal with staffing levels and skill mix.

ANF (Vic Branch) is also very concerned that the Draft Report states:

Personal care needs associated with activities of daily living, such as showering feeding do not generally require a high level of skill and expertise.
(Page 346).

In our opinion this assessment does not fully consider the increasingly complex care needs of the ageing demographic, the increased incidence of chronic disease in the elderly - including dementia and Alzheimer's disease – and growing end of life and palliative care needs. Rather such co-morbidities should logically mandate a corresponding increase in the level of skill and expertise of those charged with providing aged care, and indicates a need for an increase in the number and proportion of registered and enrolled nurses in the sector.

The Commission's assertion appears to be based on a common misunderstanding that such responsibilities do not require highly advanced skills or that nurses, when assisting with activities of daily living, are not utilising their assessment skills or performing crucial monitoring and evaluation of planned nursing care in their capacity as health professionals.

Neither the nursing profession, nor those who assist in the provision of nursing care, wants to come to work to undertake a series of tasks. Satisfaction in nursing care comes from providing holistic care of the person, including their psychosocial needs through one on one time with the resident.

Whilst we welcome the intention of Recommendation 4.1 of the Draft Report that:

..the aged care system should aim to ensure that all Older Australians needing care and support have access to person-centered services that change as their needs change;

and

*Treat older Australians receiving care and support with dignity and respect.
(page XLV).*

We express our disappointment that the Draft Report has not identified and responded to the fundamental reality – and “*inconvenient truth*” of the aged care system - that achieving such aims is wholly dependent upon ensuring older Australians are cared for by persons who are suitably qualified and competent. The workforce does not merely need to become larger - as identified in the Draft Report - but must adapt in terms of the quality of the workforce skill mix. Person centered care and improving choice for all people has to move from rhetoric to reality. Reform measures must be introduced to resolve the current and projected staffing skill mix and the current aged care workforce inadequacies that prevent the aged care system from meeting its most basic of function - that is - meeting the changing and increasingly more complex care needs of the aged care demographic.

Recommendation 1

In addition to recommendations in the *ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission amend Draft Report Recommendation 4.1 as follows:

To ensure that all Older Australians needing care and support have access to person-centered services that change as their needs change; and older Australians receiving care and support are treated with dignity and respect;

Operational and funding mechanisms must be introduced to ensure sufficient numbers and proportion of registered, enrolled nurses and personal care workers are deployed at the residents’ bedside in order to provide planned nursing and direct care.

Furthermore, while we welcome the Commission’s Draft Recommendation 8.3 of the Draft Report stating that:

The Australian Government should ensure that, through the Independent Housing Pricing Authority, residential and community care providers receive appropriate case mix payments for delivering palliative and end of life care (Page L)

We believe any funding for this purpose must be linked with a requirement that approved providers must employ *sufficient*¹ registered and enrolled nurses - as those educationally prepared to provide quality palliative and end of life care.

¹ Sufficient: meaning an adequate number to provide all the assessed care needs of residents, based on the assessed care needs of residents in accordance with the plan of care and the requirements for care indicated within the ACFI*.

Similarly we believe that schedule care prices or case mix payments must also take into account the costs of employing appropriate numbers of nurses and PCW based on the assessed care needs of residents. Funding for this purpose must accurately reflect the cost of providing *quality care*, and be indexed over time. Crucially such funding must be inextricably linked and wholly dependent on the approved providers actually employing such staff, and being able to demonstrate the same.

In support of this, ANF argue, that relying on the good the will of aged care providers to employ an appropriate mix and number of nursing and PCW staff has so far been spectacularly unsuccessful. The unequivocal failure of the free market on this issue is evidenced on a range of qualitative and quantitative measures outlined in our *Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (ANF VB 2010).

Recommendation 2

In addition to recommendations in the *ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission amend Draft Report Recommendation 8.3 as follows:

The Australian Government should ensure that, through the Independent Housing Pricing Authority, residential and community care providers receive appropriate case mix payments for delivering palliative and end of life care; and,

Case mix payments must be:

- Adequate;
- Auditable; and
- Wholly dependent upon the approved provider spending - and being able to demonstrate that funding is spent - on employing the number and proportion of registered, enrolled nurses and personal care workers that are required to provide palliative and end of life care to residents of aged care facilities.

While the ANF (Vic Branch) welcomes the Commission's Draft Recommendation 8.5 stating:

The Australian, state and territory governments should, subject to further evaluation, promote the expended use of in-reach services to residential aged care facilities and the development of regionally or locally based visiting multi-disciplinary health care teams.

(Page L)

We contend the need to expand such services signposts the growing inadequacies in aged care nursing and PCW skill mix and staffing levels – whilst also conceding the increasing inability of the existing workforce to meet the complex care needs of the aged care demographic. ANF continues to argue this is a piecemeal response to existing inadequacies in the aged care system. Given that residential aged care facilities will increasingly be comprised of residents with complex care needs and that providing for these complex care needs will become the core business of such facilities, it is crucial that the core nursing and PCW workforce be equipped and supplied in appropriate numbers to meet and match these needs.

We believe the expansion of in-reach services will very soon be overrun by exponentially increasing aged care demand, and that a more enduring response to meeting the challenge of providing for the complex care needs of aged care residents would be to ensure the core aged care workforce is adequate and appropriate.

We further anticipate, in the absence of facility based staff in adequate numbers and with adequate skills, that the assistance provided by in-reach programs will not in fact be capable of implementation at the facility level.

Recommendation 3

In addition to recommendations in the ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission amend Draft Report Recommendation 8.5 as follows:

Together with a concerted and sustained effort to ensure the core nursing and PCW staffing levels and skill mix are adequate, and can meet the complex acute and chronic health and aged care needs of residents, the government should, subject to further evaluation, promote the expanded use of in-reach services to residential aged care facilities and the development of regionally or locally based visiting multi-disciplinary health care teams.

Inadequacies in skill mix and staffing levels must therefore be addressed at their root cause. This demands a sustained and multifaceted approach to aged care reform. The accreditation process has limited or no capacity to achieve this. The suggestion that nursing and PCW staffing level and skill mix inadequacies currently embedded in the system, can be simply addressed and remedied via the accreditation process - or through strategies that serve only to prop up the system - is overly simplistic and unlikely to result in any significant reversal of nursing and PCW workforce inadequacies.

Nurse and Personal Care Worker (PCW) to Resident Ratios

It is the view of the ANF (Vic Branch) that a legally mandated and fully funded nurses/PCW to resident ratios will provide an effective and transparent mechanism to realise adequate and stable staffing levels and provide the appropriate skill mix in residential aged care settings. Similarly, such a mandate has the potential to reduce the increasingly intolerable and unsafe workloads suffered by nurses and PCWs and in doing so resolve the most significant factor militating against the recruitment and retention of a sustainable aged care workforce and of quality aged care - while at the same time improving the capacity of the aged care system to meet the complex care needs of residents.

ANF (Vic Branch) note the introduction of minimum mandated nurse/PCW ratios are supported by a number of submissions made to the Productivity Commission - Caring for Older Australians Inquiry, who have identified as follows:

Funding should be provided to cover the ongoing costs of the reintroduction, through industry consultation, of the nurse/resident ratio to provide a degree of certainty in planning care.

(Melbourne City Mission, submission number, 173, page 15)

There should be review of residential aged care facility staffing to increase ratios of staff to residents, and the number of qualified staff per shift.

(Aged Care Assessment Services Victoria submission number 214, page 7)

I think there needs to be a nurse to patient ratio.

Maureen Pedan, Submission number 40, page 1)

There are no mandatory staff resident ratios so that most staff seem overloaded and often harassed, also frustrated because they can never have time to do a proper job.

(Marjorie Kobold, submission number 450 page 20)

Staff to patient ratios need to be fixed urgently

(Anonymous)

We further draw upon the conclusions of Melbourne University (2010) who commented of their longitudinal study of nurses and PCWs in aged care that:

Therefore the first recommendation suggested by the findings is that action must be taken to increase the ratio of registered nurses to residents, particularly in private not for profit and private for profit aged care homes in Victoria.

(Melbourne University, 2010, page 144).

ANF (Vic Branch) notes however that the Draft Report has rejected these arguments and instead commented only that:

Given the variable nature of aged care clients' needs and the accreditation requirements to provide quality care, there does not seem to be a need to introduce mandatory staffing requirements.

(Page 365).

We assert the "*variable nature of aged care clients needs*" is a flawed foundation upon which to reject nurse/PCW to resident ratios. We further highlight the minimum, mandatory and fully funded nurse to patient ratios in place since 2000 in all Victorian public acute and aged care services have shown that appropriate flexibility does exist within a nurse to patient ratios system. These ratios have provided a minimum level of nursing staff, available to be rostered at specific operational levels of health services to provide a transparent, stable and predictable staffing base. They have proved the crucial ingredient to reducing intensification of work, and improving staff satisfaction, attraction, recruitment and retention of high quality nursing staff to public sector aged care services in Victoria.

We note the Commission's Draft Report implies the care needs of persons requiring residential aged care have already increased to a level where the overwhelming proportion of residents in aged care facilities *now* have complex high care needs. Consequently, we submit that certainty does exist in respect of the acuity of RAC residents, and a contrary view does not take account of the predictions of the overwhelming majority of Victorian initial submissions to the *Productivity Commission - Caring for*

Older Australians Inquiry - and the observations made on this matter embedded in the findings of the Draft Report.

Consequently, we believe there is sufficient certainty and documented evidence in respect of the *actual* care needs of aged care residents - and consistency amongst these needs – that without a doubt justifies the urgent need to implement a minimum staffing and skill mix base. We continue to maintain that the introduction of a nurse/PCW to resident ratios would achieve this aim in private residential aged care services, as it does in the Victorian public aged care services.

The research findings to support our view are articulated in our original *submission* to the Australian Government - *Caring for Older Australians- Productivity Commission Review of Aged Care* (ANF VB 2010) which also outlines the scope to adapt the current ACFI tool to facilitate this process.

We acknowledged in our initial submission to the *Caring for Older Australians Productivity Commission Inquiry into Aged Care*, there has already been a plethora of inquiries into these matters. As a result, there is no shortage of material on the factors contributing to workforce shortages in the aged care sector, or the consequential inadequacies in nursing and care staff levels and staff skill mix, and the debilitating effect of this on the recruitment and retention of nurses and PCWs to the sector.

Interestingly, on this point, in 2002 the Senate Committee into Aged Care (SCAC, 2002) concluded that:

Evidence indicates that the delivery of quality aged care is under threat. The Committee considers that the threat comes from the retreat of qualified nurses, both RNs and ENs, from aged care and the increased employment of unqualified staff. This results in staff with skills mix which is at best variable and in some cases not up to standard. The qualified nurses remaining in the aged care workforce are left to care for sicker clients and to supervise increased numbers of unqualified staff... At the same time workloads have increased due to the massive amount of repetitive documentation required by government. The Committee considers that the shortage of qualified staff has now reached crisis point... There will be no resolution without involvement of all stakeholders including employers and without implementation of solutions already identified. There needs to be a concerted and sustained effort to act and ensure that all those in the aged care sector receive the quality of care that the Australian community expect to be available and that aged care nurses receive working conditions, remuneration and recognition commensurate with their training
(Page158).

Clearly, we have a once in a generation opportunity to make a concerted and sustained effort to reform the current aged care system. The time for inaction and tinkering at the edges and regurgitating failed strategies – has passed. This effort must now focus on the source of the crisis - that is - the formal nursing and PCW workforce and the product of aged care itself. Without reforms to address the provision of quality aged care - the very purpose of the aged care system - the mooted reforms to improve access and funding sources will be of little relevance, or worse still, the cost to consumers will rise while the quality of care decreases.

Nurse Practitioners in Aged Care

ANF (Vic Branch) applauds the Commission's recognition that there is significant potential to expand the use of nurse practitioners in aged care (Productivity Commission, 2011, page 369), and Draft Recommendation 11.3 that there be an expansion of:

Advanced clinical courses for nurses to become nurse practitioners.
(Productivity Commission, 2011. Page LIII)

Whilst this is a positive first step, we assert Draft Recommendation 11.3 falls well short of what is required to realise the full utilisation of nurse practitioners. As an alternative, ANF (Vic Branch) believe concrete measures should be introduced to recognise that despite the enormous positive difference that nurse practitioners can and do make to the quality of aged care; and augmenting the aged care workforce; their role is still underutilised, and without proper government strategic planning and coordination.

Where nurse practitioners are currently practicing, their roles have often materialised not due to strategies planned by government, but rather from the will and desire of the individual registered nurses to undertake the requisite higher degree of academic study, seek the professional recognition and registration and where necessary the specialist credentialing for their practice.

We believe scenarios like this are no longer appropriate or tenable. As an alternative our government should adopt a rigorous approach to planning, coordinating and facilitating the role and full utilisation of nurse practitioners nationally within aged care services. This must start with providing the additional funds and making available more scholarships to registered nurses to support them undertaking the required master's degree qualification through to the mapping and planning for the allocation of nurse practitioners in sufficient numbers that match anticipated increase in demand with the aged care sector.

Recommendation 4

In addition to recommendations in the ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission amend Draft Report Recommendation 11.3 as follows:

The Australian Government should promote skill development through:

- **An expansion of national accredited courses to provide aged care workers at all levels with the skills they require;**
- **An increase in scholarships to all levels of aged care workers to assist them to undertake the requisite study;**
- **An increase in quarantined funding to approved aged care providers to ensure care staff undertaking such study are backfilled at the workplace;**
- **Adopting a rigorous approach to planning and coordination of nurse practitioner services;**

- Funding the creation of aged care nurse practitioner networks across geographical clusters, to enhance aged care services in metropolitan, regional and rural areas.
- Promoting and funding the development of an aged care specific nurse practitioner role.
- Ensuring nurse practitioners are:
 - Afforded full PBS and MBS rights where they choose to work in independent practice; and
 - Adequately remunerated and recognised for their expert and advanced work.
 - Afforded employment arrangements that recognise the significant ongoing professional development requirements required to achieve and maintain nurse practitioner status.

Nurse and PCW Wages

We are pleased that the Draft Report (Productivity Commission, 2011) recognises that: the salaries of nurses and PCWs in the sector are insufficient and a significant obstacle to the recruitment and retention of sufficient qualified nurses and PCWs to aged care; and related Draft Recommendation 11.2 stating:

The proposed Australian Aged Care Regulation Commission...when assessing and recommending scheduled prices, should take into account the need to pay competitive wages to nursing and other care staff delivering care

(Draft Report, Productivity Commission, 2011, page LIII)

As the Commission would no doubt agree however, this recommendation of its own is insufficient to resolve the significant disparities and inadequacies that currently exist between nursing salaries in a proportion of private residential aged care services, and falls well short of the response that is considered by us to be proportionate to the scale of these inadequacies as identified by the Productivity Commission Draft Report (2011).

The gross inadequacy of nursing and PCW remuneration, and the crucial need to correct this as an obstacle to the retention and recruitment of sufficient numbers and quality aged care nurses and PCWs was detailed in our initial submission, and is well recognised in other Victorian initial submissions to the Inquiry that identified for example:

Without recognition of the value of aged care workers, through an adequate system of remuneration, aged care cannot hope to be successful...

It seems ironic in our society that the workers who care for our most vulnerable, our young and our elderly, are paid at the minimum rate. Not only are they poorly paid, they are highly and publicly scrutinised...

(City of Port Phillip submission number 245, pages 2 and 3)

The most effective way to increase workforce participation in aged care is to increase the rate of take home pay for all staff

(Blue Cross Community and Residential Services, submission number 441, page 8)

We continue, along with the rest of the aged care industry to struggle against the acute or public sectors with the increasing wage disparity... the aged care industry is failing to attract younger workers and is faced with an ageing workforce who are required to perform physically demanding duties for low pay... This problem will only get worse with and ageing demographic...

(Embracia Pty Ltd, submission number 439, Page 5)

Wages for nurses and staff generally in aged care are lower than acute nursing which makes no sense what so ever. How on earthy are we to attract quality staff if aged care is not equal to acute settings. The government has to think and cat in a positive manner about aged care otherwise we will continue to struggle in all areas of aged care

(R.M Begg, Kyenton Aged Care, submission number 389, page 1).

Wages rates for aged care workers are totally inadequate, and provide no inducement to staff to commit to a career in aged care.

Many aged care rates are less than \$1 above the recent Fair Work minimum wage.

Aged care pay rates are \$25% below rates paid in the public and private hospital system.

Many aged care rates are \$8 to \$10 per hour below checkout workers and supermarket shelf packers

(Manor Court, Werribee Aged Care LTD, submission number 387, and page 9)

Given the sustainability of the aged care system depends on its ability to attract and retain sufficient numbers of staff who are appropriately qualified, skilled and experienced to meet the expanding needs of aged care residents - juxtaposed with the correlation between attracting and retaining staff and their remuneration - we see it as vital the Commission make recommendations aimed at addressing the shameful state of nursing and PCW aged care salaries. This can only be achieved by moving beyond statements like *"taking account the need to pay competitive wages to nursing and other care staff delivering care,"* towards concrete recommendation that enable work to be done to address the current well demonstrated obstacles to achieving these outcomes to date. ANF (Vic Branch) contends, the good will of approved aged care providers alone cannot be relied upon to ensure that this occurs.

Recommendation 5

In addition to recommendations in the ANF (Vic Branch) Initial Submission to the Australian Government - Caring for Older Australians - Productivity Commission Review of Aged Care (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission amend Draft Report Recommendation 11.2 as follows:

The proposed Australian Aged care regulation Commission (draft recommendation 12.1) when assessing and recommending scheduled care prices, should take into account the need to pay competitive wages to nursing and other care staff delivering aged care services.

Moreover measures must be introduced to ensure funding for this purpose is:

- Adequate
- Auditable; and
- Wholly dependent upon the approved provider spending – and being able to demonstrate that this funding is spent - on competitive wages for registered, enrolled nurses and personal care workers.

Regulation of Personal Care Workers (however titled)

ANF (Vic Branch) express concern that the Draft Report has made no formal recommendation in respect of the national registration or licensing of personal care workers, and instead commented only in the body of the Draft Report that:

On balance, the Commission considers that a licensing system for all care workers is not appropriate and could introduce a level of inflexibility within the aged care system that could exacerbate labour shortages. Ensuring the delivery of quality care is more appropriately addressed through the accreditation process, training, professional development and other mechanisms.

(Page 367)

ANF continue to argue that the national registration or licensing of all personal care workers is fundamental to improving the quality of aged care and addressing widespread inconsistencies in respect of:

- the quality of varying VET courses and their related their educational outcomes;
- the related competencies and capacity of the PCW workforce to adapt to the increasingly complex care needs of residents;
- the professionalisation of the aged care workforce and therefore its attractiveness as a career;
- resident care and safety.

The need to introduce such registration and the multiple benefits this would bring is overwhelming identified in Victorian initial submissions to the Inquiry who have for example identified that:

It is unacceptable that some RTOs can provide a qualification in 2 to 3 months, and others such as TAFE take 6 to 9 months...The Nurses Board needs to create a category, and provide coverage and registration of personal care assistants. This will ensure compliance with standards, and ensure that staff needs to perform at an acceptable level to maintain their registration.

(Manor Court Werribee Aged Care, submission number 387, page 9)

All workers in aged care, including HACCC, should be required to meet standards and registration. Ongoing education needs to be encouraged/mandatory to maintain registration. Education courses and teachers need to be accredited to specified standards. Currently there is significant variation in the level required for qualification

(ACAS Victoria (submission number 214, page 8)

There must be:

- Mandatory registration of all PCWs with annual renewal.
- Development of clear scope of practice, code of ethics and competencies for PCWs under the auspice of the Australian Nursing and Midwifery Council.
- Requirement for all PCWs to undertake continuing professional development and to submit a statement verifying this with their annual registration (setting a minimum number of hours to be achieved).
- Requirement for all RTOs to comply with minimum training standards, to submit course outlines, teaching methods, course learning objectives and outcomes to the regulatory body for verification. Auditing by regulatory body to ensure the submissions are accurate.
- Requirement for RTOs to assess their PCW staff against the set competencies prior to their certification to ensure standardised level of competency of graduates.
- Set minimum standard of literacy and numeracy for PCW students.

(Vincent Care Victoria, submission number 258, page 4)

The ANF (Vic Branch) contends that the decision to reject the national registration or licensing of PCWS is inconsistent with the overwhelming view of industry - as communicated in Victorian Initial Submission to the Inquiry - and fundamentally flawed for the reasons outlined below:

- There is no evidence to support that the national registration of personal care workers would add unreasonable administrative burdens on the aged care sector as suggested in the Draft Report (Productivity Commission, 2011, pages 365 and 367) anymore than the current requirement for nurses to be nationally registered. To our knowledge no submission to the Commission has argued that the registration of such workers has caused unreasonable administrative burden. In this context, it is not credible to suggest that the administrative burden associated with registration of personal care workers would be unreasonable or especially onerous.
- There is no evidence that the accreditation process has made gains in respect of inconsistent educational outcomes amongst personal care workers who have undertaken a Certificate III or Certificate IV, and little information provided in the Draft Report (Productivity Commission, 2011) suggesting that this will improve. In this context, and in light of the flaws already identified in respect of the accreditation

process, ANF (Vic Branch) does not believe the accreditation process is a credible solution to improving the consistency of educational outcomes for personal care workers.

- There is no evidence to support that the national registration of personal care workers would exacerbate labour shortages as suggested by the Draft Report (Productivity Commission, 2011, page 367). In fact we submit that the professionalisation of the third level nurse in aged care would lead to a seamless career opportunity for those entering the aged care workforce, through to Enrolled Nurse, Registered Nurse and even Nurse Practitioner. This would result in more people wishing to enter the aged care workforce, who could gain job satisfaction through being educationally prepared for the role, and remain within the aged care workforce by increasing their skills and knowledge should they wish.

It should also be noted that the Liquor, Hospitality and Workers Union submission (number 335) - and that relied upon by the Draft Report (page 366) – has dismissed any requirement for national registration of personal care workers in the context of their suggestion that inadequacies in education outcomes or quality of care, should be overcome by mandating all personal care staff be required to be qualified at Certificate IV level.

Whilst the ANF (Vic Branch) fully supports the principle of up skilling existing staff to higher qualification and skills acquisition levels, we firmly believe the argument above ignores entirely the current significant inadequacies and inconsistencies in the standard and educational outcomes provided by VET courses and their mode of delivery. A crucial function of national registration is to overcome these inadequacies. We contend that a flawed system cannot rely upon its own flaws to correct itself.

In order to achieve nationally accredited appropriate education – delivered in a form that meets the objectives of that education – a body like the Australian Nursing and Midwifery Accreditation Council (ANMAC) must have national oversight and responsibility for the accreditation of accredited qualifications in aged care. This is necessary if the inconsistencies in the quality and educational outcomes of these courses are to be addressed and ultimately lead to a graduate of such a qualification being eligible to apply to the relevant regulatory authority for national registration to be licensed to work in the sector - along the same lines as nurses and midwives. If this issue is not addressed the inadequacies will not be resolved, but rather be extended or shifted from one level of qualification to another.

ANF (Vic Branch) notes the in the Draft Report the observation of LMHU that:

licensing systems imply that sanctions would apply or action can be taken against those licensed.

(LMHU submission number 335, page 14)

Conversely, the ANF does not accept such an outcome as undesirable. Rather, we see that such potential sanctions are a vital and necessary means of addressing inappropriate conduct or behavior of any health practitioner, and a mechanism to ensure persons who are not fit to work in, and to provide aged care, have their practice reviewed by a regulatory authority. In fact, it becomes an argument for the regulation and registration of personal care workers, not one against it.

We are concerned to note the Draft Report has relied upon the submission of the Royal College of Nursing (number 352) in rejecting the widespread calls for the national registration or licensing of PCWs. In our opinion, the RCNA submission recognises the same problems - but promotes only a different approach to licensing. In doing so it does not reject the need for licensing. The RCNA has identified that:

In order to protect the health and safety of the public, there is a need to ensure that unlicensed care workers are appropriately qualified and skilled to undertake tasks associated with supporting nursing care..... There is a need to scope and develop a nationally endorsed practice framework for unlicensed care workers (both qualified and not) that includes codes of ethics, codes of conduct and competency standards to assist and guide them, and the nurses to whom they report, in the delivery of competent and safe care.... The framework must take into account the variance in content, hours, assessment and other quality indicators of existing training courses and include establishing accreditation criteria related to aged care practice for such training programs.

(RCNA submission 352, pages 5 and 6)

We reiterate that far from being an argument against the national registration or licensing of personal care workers, the needs identified by the RCNA are readily resolvable by a system of national registration and therefore add to - rather than detract from - our view that national registration or licensing of PCWs be introduced.

Furthermore we observe that the Australian Health Ministers Advisory Council (AHMAC) is currently reviewing this issue in its consultation paper titled: *Options for regulation of unregistered health practitioners* (Victorian Department of Health, 2011). This paper has identified and outlined the risk to public health of allowing unregistered practitioners to provide health services and observed:

In the absence of an effective mechanism for dealing in a timely manner with those unregistered health practitioners who exhibit a pattern of predatory and exploitative behavior towards their patients or clients, governments are under increasing pressure to extend statutory registration to additional professions, where the costs to the community may outweigh the benefits.

(Victorian Department of Health, 2011, page 20)

The AHMAC has similarly observed that regulating unregistered health practitioners would result in benefits including:

- Establishing minimum standards
- Preventing persons who are not fit and proper to be providing health services from doing so
- Reducing risk to public health and safety

The purported balance alluded to by the Productivity Commission (page 367) in determining this matter is best summed up by the Royal District Nursing Service, who in submission number 198 commented that:

There has been talk recently of moves to regulate personal care workers. There are pros and cons to this. There is of course a certain level in organisations such as RDNS but such processes can be variable across the broader sector. Assuming that a primary aim of regulation is to protect the public, it becomes hard to question that it is anything but a good step...
(Page 5)

We hold resolutely to the view that national registration of personal care workers is a very reasonable mechanism to enable the protection of vulnerable elderly Australians, and the quality of aged care. It is also a solution that is roundly supported by those in the industry, and one that will become increasingly important means to protect the public; especially should current restrictions on bed license be removed as mooted in the Draft Report. The protection of vulnerable elderly Australians surely must carry greater weight than the interests of avoiding purported administrative burdens - and should not be abandoned for this, or other questionable claims.

Recommendation 6

In addition to recommendations in the *ANF (Vic Branch) Initial Submission to the Australian Government- Caring for Older Australians- Productivity Commission Review of Aged Care* (The Australian Nursing Federation - Victorian Branch, [ANF VB] 2010), we recommend the Commission Make additional recommendation as follows:

Mandate that all personal care workers (however titled) are required to be registered or licensed with the Australian Health Professionals Regulation Agency and the Nurses and Midwifery Board of Australia;

Mandate that the care component of funding be used only on person register with AHPRA.

Mandate that all personal care workers (however titled) employed in the aged care sector are required, subject to transitional arrangements, to have obtained an industry approved qualification nationally accredited by the Australian Nursing and Midwifery Accreditation Council, and are required to abide by a professional code of conduct and/or ethics, developed by the Nursing and Midwifery Board of Australia, and in accordance with established practice standards;

Ensure a reasonable transition period is provided to enable compliance, and that intimate resident care is thereafter only provided by appropriate registered or licensed health practitioners

Conclusion

The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of their life, the elderly; those who are in the shadows of life; the sick, the needy and the handicapped.

(Hubert H. Humphrey)

The Commission's Draft Report has attempted make recommendations that will improve access to and funding of aged care services, however it has failed to make the brave and bold recommendations that will lead to enduring improvements in the quality of aged care services.

Far greater attention must be give to addressing the significant and entrenched challenges facing the formal nursing and aged care workforce. This requires making recommendations to address the untenable nurse and personal care worker workloads, and implementing strategies to resolve the factors that militate against recruitment and retention of nurses and PCWs – who are the linchpin of a sustainable and high quality aged care system

Until these recommendations are made - and implemented - our Government will not have passed the test set by Hubert H. Humphrey. Our aged and acute health care systems will increasingly flounder and fail to meet the exponentially increasing care needs of vulnerable Australians.

References

Australian Nursing Federation (Victorian Branch) (2010) *Initial Submission to the Australian Government Caring for Older Australians Productivity Commission Review of Aged Care*, available at <http://www.anfvic.asn.au/>.

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