Sophie Cuttriss

Inverioch

Victoria 3996

Inquiry into Caring for Older Australians Productivity Commission GPO Box 1428

Canberra City

ACT 2601

SUBMISSION: INCONSISTENT STANDARDS OF EDUCATION FOR CERTIFICATE III IN AGED CARE

I am a Registered Nurse Division One (RNDiv1)whose career has included working in various residential and home and community aged care facilities since completing my training in 1978. Before commencing my training at the Royal Melbourne Hospital, I had worked in as a nurse assistant at Kingston Centre.

I am currently employed by Chisholm Institute of TAFE, Bass Coast campus, where I coordinate and teach Certificate III in Aged Care and Certificate III in Home and Community Care.

I am also employed as a Home and Community Care Assessment Officer with the Aged and Disability Team at Bass Coast Shire Council.

I last worked in residential aged care in 2009 and continue to keep up to date with the issues and standards through my professional and personal associations and professional development at both workplaces.

I have worked briefly as a nurse advisor with Erigo, assisting a sanctioned aged care facility to improve standards and regain accreditation. This last career path was short lived because, despite the lucrative salary, I did not like to travel the long distances from my country home to the city facilities. I also found, after the first day, that I was so angry and disgusted in the standard of care at that facility that I could not sleep. I decided that until I improved my coping strategies I would leave this career path.

Staff at the sanctioned facility were rude and uncaring to the clients. Medications(including analgesic and antidepressants had not given for months. Clients with dementia were managed roughly and without dignity and staff had no understanding of best practice dementia care. A client reported their personal belongings being removed or used by staff despite pleas not to do so.

I am experiencing that same sense of anger and disgust now as I observe the wide variation of quality in the delivery of Certificate III in Aged Care. And the poor quality of care that I observed in that facility is related to the standards of education in this qualification.

In a recent letter to the Age, a family expressed their distress regarding the poor quality care provided to an elderly parent.

Many Australians are aware that we face an aged care crisis. It has been acknowledged that this is related to inadequate wages and unrealistic staff ratios. It is also due to a critical shortage of registered nurses needed to care for the increasing number of older people with the range of health conditions that are the price we pay for longevity.

A contributing factor, that is not understood by the general public, is the inconsistency in the standard of training for many people who care for the aged in residential facilities.

Previous Federal government aged care reforms included the introduction of a minimum qualification for anyone wishing to work as an aged carer. Certificate III in Aged Care qualifies them to work as a Personal Care Attendant (PCA). Assistant in Nursing or Personal Care Worker are some of the other titles that may be used. However, despite the specifications of the Australian Quality Training Framework, there are often very creative variations for the delivery of this course. And, despite frequent and informed expressions of concern from bodies such as the Australian Nursing Federation, there is still no regulatory body to monitor and enforce consistent standards for aged care workers with Certificate III qualifications.

I teach Certificate III in Aged Care at a regional campus of a government TAFE institute.

I have up to date skills and expertise in aged care including specialist areas such as the legal and ethical framework, dementia and palliative care. Our course runs for more than 600 hours from February to November and includes a practical placement component of 120 hours. We run the course 3 days a week for the first 2 school terms and then decrease to 2 days per week for term 3 and one day per week for the final term. By this time the students are also completing their practical placement.

The TAFEs in Victoria are now competing with private Registered Training Organisations (RTOs) that receive the same access to government funding and apply great flexibility in the duration and content of this competency based qualification.

This course can be delivered in as little as 3 months from a small office with no equipment or infrastructure and may include little or no practical placement.

Although it is recommended that trainers have some industry experience, this is often not the case. Certificate IV in Training and Assessment may often be the only the pre-requisite for teaching this course.

I know of a RTO that employed a trainer that had qualified with Certificate III in Aged Care only 12 months before and whose industry experience was extremely basic(to put it mildly). I have also been told of RTOs in Melbourne that offer this qualification in 2 weeks. Students are often from non English speaking backgrounds and may have poor literacy skills. They are may be desperate to find work as quickly as possible and are unaware of the disparity in the standard of courses on offer.

A private RTO in our region is offering Certificate III in Aged Care over 13 weeks (with one day a week for class contact) followed by practical placement. This course compromises 14 modules, all of which are complex and detailed. Although it may be appropriate to include a large amount of information and assessment tasks in a workbook, even the most skilled trainer could not possibly deliver the required basic education in 13 days.

Aged care facilities are mandated to hire staff with this minimum qualification. However untrained people also may be employed under the guise of "traineeships". The aged carer is then mentored and trained by staff who have themselves been inadequately trained and, as a result, poor quality standards of care are perpetuated.

Every year some of my students have completed their practical placement or gained employment in a private residential facility that has a high percentage of staff trained at these RTOS or "in=house". My students have described examples of poor quality care that often bordered on abuse. When they have reported this to the facility supervisors they have been reassured that it will be addressed but rarely have they felt confident that this has been done.

Recently, a past student contacted me to debrief after working only 1 shift at a private facility in the region. She was so appalled by the unprofessional behaviour and lack of skills demonstrated by the carers that, after reporting it to the supervisor, she resigned and has returned to retail work until she can find employment at a more reputable facility.

I will not describe the details of these examples here but would be most happy to supply details and sources if necessary.

My associates often reassure me that the industry will weed out the substandard staff, stating that no one will employ PCAs who have only done the "Tick and Flick" courses. And despite paying substantial fees for their training, they may not be employed by aged care facilities with high quality standards. But, there are many facilities that have a high staff turnover and dubious standards (despite the accreditation process) and this is where they will find employment.

It is not possible for aged carers with such limited education in this specialist field to provide quality care for frail older people with complex health conditions. To this recipe for disaster is added the reduced number of RNDiv1s and an increasing dependence on PCA to manage aged care clients. This ever increasing gap in staff training and lack of RNDiv1s will lead to the continued and inevitable deterioration of care for our ageing population.

Prospective clients must be informed so they know how to identify facilities that will provide the care they deserve. And to be warned that all that glitters is not gold. Before being persuaded by chandeliers, movie theatres, bars etc, everyone looking for decent residential aged care must ask the questions "How many registered nurses are on duty during each shift?" and "How and where did your PCAs qualify in Certificate III in Aged Care?"

Yours sincerely

Sophie Cuttriss