ECH Inc is a large provider of retirement accommodation, residential aged care and community services based in South Australia employing approximately 940 staff.

- Throughout Australia Aged Care providers employ large numbers of Registered and Enrolled Nurses but the majority of staff are engaged as Personal Carers. For some time now all providers have experienced significant difficulties in attracting and retaining staff which is exacerbated by the low unemployment level. Whilst we acknowledge that the Commission had limited time to examine the needs of “groups with special needs” the Papers lack of focus (3 pages of a 271 page document) on this significant area of the health system is disappointing. As the Hogan report identified, the aged care workforce is 20% of the total industry employment and as such deserves more consideration. While we appreciate the real workforce problems of the acute health care sector and its difficulties in attracting and retaining professional nursing, allied health and medical staff the lack of attention on aged care workforce needs can only reinforce a negative perception of aged care. The following summarises specific issues:

  - The Paper recognises that “Aged care services play a central role in the delivery of health care services throughout Australia”. Aged care is largely federally funded and has to compete for Registered (RN) and Enrolled Nurses (EN) with State Governments who have enhanced capacity to increase salaries for these groups. The aged care sector has limited capacity to offer identical salaries and conditions through enterprise bargaining and this reinforces the perception that our sector is the poor cousin. With these tensions it is is unclear how the Australian Health Ministers can address our workforce needs through the Australian Health Ministers Conference in a timely and satisfactory manner.

  - The overall focus within the Paper is on “health workforce professionals” whereas the aged care sector predominantly employs Personal Carers and Home Support Workers who do not need formal registration or qualifications. Many aged care providers encourage these staff to undertake vocational training at Certificate 3 and 4 levels. However problems can occur at the workplace for example when an employer is unable to fund a new EN role or institutional barriers/demarcations prevent full application of newly acquired knowledge and skills. Personal Carers and Home Support Workers are vital group to our industry and their learning needs must be a priority. If they can legally function at a higher level and duty of care obligations clarified then this can enable RN’s to focus on better nursing care and management, improve the perception of the industry as a positive career choice and increase job satisfaction. With the increasing incidence of dementia, vocational training needs to pay attention to this area.

  - Job redesign is a high priority for the aged care sector and the proposal to establish a new Workforce Improvement Agency could be a positive step. However when considering the proposed terms of reference, the strong emphasis on the acute care area and the myriad of issues and competing interests identified in the Paper it is likely that some considerable time will lapse before this agency would be of real benefit to the aged care sector.

  - The Paper recognises that the education and training system is beset with complexity, lack of coordination and is slow adapting to change. From an aged care perspective any reform of the system regarding improved funding, curriculum development, undergraduate places and vocational placement must address specific aged care needs rather than be subsumed in on overall process focussed on the acute sector.

  - The proposal to consolidate accreditation nationally must proceed with caution to ensure the agency does not just become a substitute body which is incapable of overcoming traditional professional and/or academic boundaries. Educational institutions must have the capacity to anticipate and respond to changing demands and explore and encourage service delivery alternatives. In view of the many competing interests within the health care sector, how will the functions and outcomes from a national agency be evaluated and by whom?

  - The proposal to create a “independent standing review body to advise the Minister for Health & Ageing on the coverage of the Medicare Benefits Scheme” (MBS) is a positive step. The aged care sector includes professional staff who could perform a variety of tasks that could potentially attract a MBS fee with the benefit of freeing up other resources and encouraging job redesign opportunities.

  - While the funding of acute care remains a State Government responsibility and the aged care sector is the concern of the Commonwealth government, the disparity in pay levels and cost shifting will continue.

  - As Australia experiences the growth in the number of people requiring aged care services within the next 10 to 20 years, the aged care workforce issues are going to escalate. Urgent attention to this area of the workforce issues is imperative to ensure a good standard and range of services to our elderly, plus minimising the impact on the acute care services.