Victorian Healthcare Association
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Briefing

29 June 2020

Aged Care Worker Regulation Scheme Consultation – Victorian Health Association

About the VHA

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting public and community health services to deliver high quality care. The VHA represents Victorian public hospitals, registered community health services, Multi-Purpose Services (MPS) and bush nursing services.

The VHA welcomes the opportunity to provide feedback on the proposed Aged Care Worker Regulation Scheme.

The Victorian public aged care system

The Victorian public health system is the largest public sector aged care provider in Australia, with 178 public residential aged care services delivering approximately 10 per cent of operational places across Victoria. Run by small and rural hospitals as well as larger regional and metropolitan health services, public sector residential aged care services are often co-located with acute services.

Over 89 per cent of all Victorian public sector residential facilities are in regional and rural areas. In some of these communities, the public sector is the sole provider of residential aged care. Without public sector services, many older Australians living in these areas would not have access to residential aged care that meet their needs in, or near, their homes, families and communities.

In addition to residential care, the state's hospitals and 28 registered community health services deliver Home Care Package (HCP) places and a significant proportion of the Commonwealth Home Support Program (CHSP) in Victoria. These organisations deliver community and home support services, allied health and nursing services, carer supports, providing tailored responses to the unique needs of the communities in which they operate.

The nature of Victoria's public aged care system means that aged care is just one component on what providers deliver. This means that providers will also face requirements and administrative issues over their delivery of health, disability or allied healthcare. Aged care can therefore not be isolated in discussions around workforce and reporting.

Executive summary

Victorian public aged care providers are already operating in a stressed workforce environment, with shortages in the aged care sector as well as in related care fields – this impact is felt more acutely in rural and regional areas, where the vast majority of public sector residential aged care facilities are based. Some of the proposals explored in this consultation have the potential to add further strain to the situation.

The VHA supports the introduction of a screening and/or register process to increase consumer and public confidence in the aged care workforce. Further, a scheme would also benefit providers, for example, the adoption of the NDIS Code of Conduct would help ensure workforce accountability and consistency across services, such as community health services, which provide aged and disability care.

The consultation explores setting minimum standards for English proficiency, qualifications and continuing professional development as part of the workforce register. Putting minimum standards in place could potentially lead to people leaving the workforce as well as exacerbating the current shortages. The VHA supports aligning registration

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and education – however, the focus should be on enabling services to ensure staff are adequately training and qualified. There should also be concurrent initiatives to support the implementation of a screening and registration scheme, the VHA acknowledges that this approach would place additional burden on staff and providers.

Consultation response

1. Who should the scheme apply to?

The VHA and members agree with the consultation document that the scheme should apply to personal care workers (PCW) across residential and home care providers, including services that deliver CHSP.

2. What should be the key features of the scheme?

What is your preferred approach to aged care worker criminal history assessments?

The VHA supports Option A2, the creation of a centralised criminal history for workers (based on the NDIS model). The potential benefits of this approach include:

- reduced duplication across the system
- consistency in the application of the Scheme across the sector, irrespective of where a worker is employed
- reduced administrative costs for providers.

While this would be more costly, these expenses shouldered by the Commonwealth or state governments. These costs should also not be recouped through existing funding sources or by reducing funding. It otherwise risks detrimentally impacting funding for care delivery, at a fragile time for the aged care sector as it navigates the impact of COVID-19.

If there were to be a centralised assessment of criminal history, should any other matters be routinely taken into account? If so, which of the following options should be considered? Are there any other matters that should/should not be considered as part of any aged care worker screening scheme?

The VHA would support the inclusion of Option B1 and Option B4 for routine inclusion in a criminal history process. This will help ensure that unsuitable staff are not able to move between providers. Information from providers, as part of B4, is especially important due to its context of prior aged care delivery.

The centralised process would take longer to establish if option B2 and B3 were routinely considered as part of the scheme. This would mean that it would take longer to process staff applications and act as a disincentive for workers. Any screening process should not be cumbersome and should not restrict providers' ability to meet the needs of consumers by increasing the time required to onboard staff.

What is your preferred approach to a code of conduct? *(select one or more options)*

The VHA supports Option C2, the adoption of the NDIS Code of Conduct for aged care workers. This is because:

- it is less expensive to develop given the NDIS Code of Conduct is already established, operationalised and familiar to the sector
- many aged care staff in community-based organisations such as community health services deliver both disability and aged care services therefore removing an unnecessary layer of administration and provide clarity through a standardised approach to the workforce
- the Code of Conduct would increase worker responsibility and accountability for their own behaviour.

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Irrespective of if the NDIS Code of Conduct is adopted for aged care workers, the VHA recommends that there is still a need to develop aged-care specific resources to support the transition to the scheme.

What is your preferred approach to strengthening English proficiency in aged care?

The VHA supports option D1 as it provides greater flexibility to meet the needs of consumers, upskill and provide targeted support for workers where it is required, and respond to the local workforce environment. While the VHA supports efforts to safeguard quality and safety, and to provide a positive consumer experience, the VHA considers that including a level of English proficiency as part of a registration scheme it is not the best method for achieving that.

Services are best-placed to ensure that the staff employed are proficient enough to meet the needs of their clients – establishing a requirement is an arbitrary measure that could hinder the ability of services to attract and retain staff from CALD backgrounds, impacting the care that clients receive. Further while Option D2 is not designed to stop people from CALD backgrounds applying, it does have the potential to create additional and, in some cases, unnecessary barriers to the recruitment of workers, particularly in regional and rural areas; this could have significant flow on effects for consumer access.

What are the other options for strengthening English proficiency in aged care (particularly for those providing personal and clinical care)?

Another option that the VHA would consider beneficial is for English proficiency to be more greatly supported as a potential route for upskilling employees through professional development.

The VHA highlights recommendations in 'A matter of care: Australia's Aged Care Workforce Strategy' as a different option for strengthening English proficiency, as well as improving the overall system approach to training and upskilling staff.

The Aged Care Workforce Taskforce, in the report, recommended a qualifications framework be developed that reflects emerging roles and the proposed future-state workforce architecture; English proficiency would be better recognised through this. Additionally, the Taskforce recommended a process that could include extending the levels within the PCW job family so that they can be recognised for their experience or skills or additional educational qualifications. This would allow greater English proficiency to be recognised as a skill and benefit, whilst also ensuring that it is not a barrier.

Utilising the Aged Care Workforce Strategy would align with the screening and registration scheme, which was also a recommendation in the report. There is strong support across the aged care sector of the work of the Aged Care Workforce Taskforce meaning that there is already existing buy-in from the industry.

What is your preferred approach to minimum qualifications?

In line with its submission to the Royal Commission into Aged Care Quality and Safety and with the WHO workforce regulation principle that - 'there should be alignment of the standards for education and qualification in the profession with the standards required for registration in that profession', the VHA supports Option E2. Further, anecdotal feedback from VHA members suggest that considerable resource is allocated to ensure new staff are job ready when they enter the workforce which is both costly and time consuming.

Requiring providers to be satisfied that PCWs have certain minimum qualifications is consistent with the existing aged care framework, with providers responsible for ensuring staff can perform their role. Furthermore, it offers greater clarity on government expectations and PCW requirements on minimum qualifications. It would also require less

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resources than establishing a requirement for PCWs to demonstrate their qualifications as part of a registration process (Option E3), which would also put more of a burden on the workforce.

The VHA recognises there are disadvantages to this approach including additional administrative burden on providers as well as additional costs imposed on PCWs to obtain minimum qualifications or competencies. This could particularly impact long-term workers in the sector that do not have formal qualifications. Therefore, the VHA also recommends that if Option E2 were implemented, to offset the cost of compliance, several initiatives are required. Concurrent to the scheme implementation, the Commonwealth Government should:

- introduce incentives for PCW to upskill, including financial support or tax incentives
- attract PCWs to the sector by offering government funded traineeships or VET places
- enable existing workers, that have operated in the sector for a defined period of time and without complaint, to be 'grandfathered', while new workers must meet the requirements.

Ensuring the workforce has the right skill mix and qualifications is critical in attracting and retaining a workforce that can meet the needs of older Australians.

What is your preferred approach to continuing professional development?

The VHA supports Option F2, in alignment with its preferred approach on minimum qualifications.

Providers are already required to ensure that PCWs are recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards. Option F2 provides a mechanism for strengthening the skills of aged care staff and is consistent with the disability sector while balancing the potential cost impacts of option E3.

What are the other options for strengthening the CPD of PCWs and others delivering aged care?

VHA members have highlighted that there are challenges in taking existing staff 'offline' to support further education and professional development opportunities to maintain their qualification as well as upskill staff where required. It is likely that these challenges would be worsen through the introduction of more onerous CPD requirements, it also means that there is a greater financial burden on the aged care sector workforce.

Therefore, the VHA also recommends that if Option F2 were implemented, several initiatives are required to minimise its impact. Concurrent to the scheme implementation, the Commonwealth Government should:

- implement a mechanism for providers to recoup training and development costs associated with taking staff offline
- develop a funding pool for each provider or staff member that could be used to support PCW development in the sector.

3. Should worker screening be a positive register of cleared workers and/or a list of excluded workers, and who should have access to the list?

How should the register of cleared workers be presented?

The VHA supports Option G3. This option ensures that there is clarity across the sector and alignment with existing schemes including AHPRA and the NDIS. While this option would perhaps take longer and more resources to develop, it would be more effective.

It is essential that aged care providers have access to this register to help support their hiring practices. It is also important that disability services and health services including hospitals can access the register to inform their recruitment processes and ensure the delivery of safe services. Aged care, disability and health providers are the key

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stakeholder in this process and have a responsibility to consumers and patients to ensure that the workforce is suitable to meet their needs.

4. What protections should be built into the scheme, particularly for aged care workers?

In the consultation document, it is made clear that any potential scheme would include safeguards for workers – the documents suggests that this would be an appeals process, particularly if exclusion is due to a complaint rather than for failing a set criterion.

The VHA agrees with an appeals process and highlights the NDIS as a notable example that the aged care protections could be derived from. As the consultation document makes clear, under the NDIS, if a person is excluded on the basis of a criminal history check they have a right to appeal the decision unless the decision was automatic (on the basis that the offence fell into the relevant category of exclusion offences). If it was a complaint around the NDIS Code of Conduct, that person has the right to respond to any concerns of the NDIS Commission and the right to seek internal review of certain decisions made by the NDIS Commission. This would be fair system which protects providers but also ensures fairness to the workforce.

5. How should the scheme be managed?

What are the advantages and disadvantages of different bodies managing screening of all aged care workers and/or registration of PCWs?

For the VHA and its members, the focus should be on ensuring that the scheme is effectively managed beyond who is responsible for it. Regardless of which body is responsible, the focus needs to be on ensuring that any regulator is efficient, effective, transparent in its processes, fair and well-resourced to undertakes it responsibilities.
The VHA considers that there should be a clear governance framework that covers the powers, functions and limitations of the regulator. This should also include explicit and clearly articulated accountability for the various functions of the regulatory system; these need to be key features regardless of who operates the scheme.

6. How should the scheme intersect with other like schemes?

In principle, should a person cleared to work with people with a disability be automatically cleared to work in aged care? Are there any other clearances that should support automatic clearance in aged care? What are the relevant considerations regarding the interplay between Ahpra (and any other professional registrations) and PCW registration for aged care?

The activity of health services delivering residential aged care and community health services delivering community-based care often span across health, disability and aged care. Given this, the VHA supports, in principle, that a person cleared to work with people with a disability or in other relevant healthcare roles through AHPRA should be able to work in aged care.

The VHA supports efforts that focus on improving workforce flexibility and connectiveness across sectors to increase access to the required workforce for all providers, especially those in rural and regional areas.
Feedback from VHA members also indicates that the ability to provide safe and high-quality care across the continuum of care requires the aged care sector and its workforce to be well connected to other sectors, including health care to support partnerships and the delivery of wrap-around service delivery that address both the social and health needs of older Australians.

One potential solution is for NDIS and AHPRA approved workers to be given provisional approval to deliver aged care, allowing them to flexibly work across sectors and, where required, flexibly meet provider staff shortages – with a set period of time before a full application for screening and/ or registration is required. Approvals from the relevant

bodies should then also be considered in the eventual review of the application, which should ease the process for the relevant workforce.

The VHA and its members would also support allowing anyone who is registered as a health practitioner (such as an enrolled nurse) to be automatically be registered as a PCW if they wish to perform that role in aged care given their comparatively higher qualifications. It also supports the workforce to flex up and down, and provides flexibility to employers and employees, potentially providing more employment opportunities for registered health practitioners. The VHA considers that this automatic registration should be contingent on a good work record – this means it should only apply to health practitioners that do have any notifications against their professional record, such as on their nursing registration.

It is important that any aged care scheme seamlessly interacts with similar schemes in other care areas; if it is too cumbersome then it risks creating barriers to employment, workforce flexibility and impacts the ability of services to deliver care.

7. Implementation and transition issues

Any change will require significant resources to establish a screening and/or registration process. The key is to ensure that any process involves providers and workers, with consistent engagement. This consultation, if it leads to change, should mark the beginning of engagement with the sector, as services are best placed to understand any potential impact on their care delivery.

As can be seen by the broader VHA submission, some of these changes could have major ramifications for Victorian public aged care providers and more broadly the aged care sector. If any screening and/or register process is established, it needs to be preceded by further research to better understand the potential impact on the aged care workforce, especially in rural and regional areas. If these changes do indeed impact workforce supply, at a time of existing shortages, these impacts must be accounted for and strategies available to address any unintended consequences.

While the process would take longer to establish, it would also be more beneficial that any proposed screening and/or register aligns and interacts with similar schemes in related fields such as disability and health. This would particularly benefit services which provide care across different sectors and would help support the delivery of wrap-around care to meet the varied needs of aged care consumers. This change would particularly benefit services in rural and regional areas, that are more likely to face workforce shortages across different care areas.

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