

Registration of care workers - A concerning missing link in the Aged Care Exposure Draft is a clear and present risk to public safety.

As a retired registered Nurse of almost 50 years' experience across acute, subacute, palliative care and aged care settings over those years, I have major concerns about the absence of a clear plan to reform the workforce who are expected to apply the reforms recommended by the Aged Care Royal Commission. The elephant in the room with the New Aged Care Act is the availability of enough of the right workers with the right skills and accountability to carry the ACT through.

Workforce is the Linchpin of the Aged Care sector. Without an effectively educated, engaged and empowered workforce, reform of The Aged Care Act will not succeed in preventing neglect and abuse or providing the highest quality person centred care based on human rights supported by best practices.

We must aim high when providing care workers in a service that requires the highest quality and safe standards of care to very complex vulnerable people supporting them to live their best lives. Aged Care recipients deserve best practice services which means high quality workforces. Without a registered well educated workforce the expectations of high quality, safe, person centred care will not be attained.

“A National registration scheme for carer staff should be established to mandate training and foster a culture of excellence and peer review” (Grattan Report 2020).

Aged care is a context of health care. It must be recognised as such and aligned with other health care contexts such as the acute sector and primary care. The regulatory model, care standards, and outcomes should be consistent within a health context.

Recommendation 77 of the Aged Care Royal Commission states

3. ***Commissioner Briggs: By 1 July 2021, the Australian Health Practitioner Regulation Agency should start a process to examine the feasibility of a registration scheme under the National Registration and Accreditation Scheme for the occupation of ‘personal care worker (health)’ or ‘assistant in nursing’, to inform the National Cabinet Health Council deliberations in Recommendation 77.4.***

4. ***By 1 July 2023, the Australian Government should request that the National Cabinet Health Council determine whether to regulate the occupation of ‘personal care worker (health)’ or ‘assistant in nursing’ under the National Registration and Accreditation Scheme, established and governed under the Health Practitioner Regulation National Law.***

If aged care isn't a context of health care then inadequate assessment of injuries from falls, poor wound care, Sepsis, Delirium, sub optimal care of people with behaviours of concern or Dementia, poor medication management, poor nutrition and oral health etc. needs to be the accepted outcome of a substandard care service. IS THIS WHAT PEOPLE WHO REQUIRE THE SUPPORTS OF

AGED CARE SERVICES DESERVE and does it meet community expectations? Certainly not what I expect.

While we look at aged care as a marketised care regime there will always be poor decisions based on the bottom line. "Profit before Care". That's how negligence and abuse occurs! That's what the 1997 aged care act facilitated. At some point we need to accept that aged care is a health care issue and must be held to best practice higher standards.

"Like health care, aged care is a human right and a social good. A market based approach to care provision is inconsistent with human rights ideology. "Annie Butler ANMF

Aged care must be recognised as health care, not disability or social care and as such, regulatory frameworks must be aligned with a *health*, rather than a disability model. The disability royal commission has validated my concerns. There has to be an acknowledgement that those who need supports at the higher level need registered skilled workers to undertake that care.

As such **I DISAGREE WITH THE GOVERNMENTS STANCE that** - *The Government accepts-in-principle this recommendation (77), but not through an Australian Health Practitioner Regulation Agency (AHPRA) model. The Government is responding to this recommendation through the measure Workforce - National care and support worker regulation.*

As a retired Registered Nurse I Vigorously support a registration that supports the premise that Aged Care is Health Care. It is what I experienced in the years that I worked in aged care. For most who enter residential aged care it is not a life style choice it is a matter of their health and fragility putting them there.

A registration process supported by a code of conduct and ethics and nationally harmonised education can provide the high quality accountable care that is deserved by those who require it.

It provides a basis for workers to understand their responsibilities and obligations as people who are in contact with vulnerable people at the coalface and have a DUTY OF CARE in that role therefore a process of accountability.

It also changes the power imbalance that uninformed care workforces find themselves. A workforce that is supported by advancement opportunities such as ongoing education, portfolio work in OH&S, union representation, or peer support organisations facilitates a workforce that is engaged and focused on best practice outcomes for people in their care.

It also assists higher quality interaction between workforce and providers which will lead to higher quality standards of care through collaboration not market force requirements ideology.

AIMING HIGH to BEST PRACTICE

The state of Victoria has the "Safe Patient Care Act" 2015. During the covid pandemic all of these public run facilities managed the covid outbreak far better than non-public facilities due to far

greater knowledge and procedural infection control measures. This was a demonstration under pressure that higher skills and mandated minimum staff ratios work.

All it takes is government will.

The Grattan report states “Victoria’s public sector aged care facilities are the only ones in Australia that have mandated minimum staffing levels. Victoria’s Safe Patient Care (Nurse to Patient and Midwife to Patient Ratios) Act 2015 stipulates minimum staff numbers, and requires at least one nurse to be on-shift 24 hours a day”

As a Registered Nurse with experience I also believe that mandated minimum nurse ratios must apply to aged care as it does the public sector. 20% Registered Nurses / 30% Enrolled Endorsed Nurses / 50% Personal care workers / Assistants in Nursing. All with the relevant educational standards and obligations under registration to continue their education every year.

The Victorian state government rose to this challenge so now it’s about the WILL of the Federal Government to do the same and recognise its obligations and responsibilities to care for our ageing population.

These ratios are a demonstration of safety in care. Public safety in care must be a priority whilst maintaining person centeredness. Again I reiterate that “*government will*” to provide under the new aged care act , the mechanisms to facilitate safe person centred care that is mandated minimum education requirements, mandated minimum ratios / staffing levels with high quality skill levels, under a registration system that provides professional indemnity insurance.

It is my experience in different systems that make me confident that safety of workers under a registration scheme will ensure the safe quality care that all vulnerable people require. We cannot have excellent patient safety without staff safety. With the right resources and knowledge having enough staff to do the work with the right skills and processes. Staff safety comes from knowledge and awareness of responsibilities under Occupational Health and safety laws as well as Worksafe principles and Duty of care as a basis in education.

I was a registered nurse in aged care during the changes that the 1997 aged care act enforced on us and I was witness to the complete disrespect and disempowerment of the great work being done by aged care workforce at all levels. For a government to create the ill-conceived 1997 aged care act based on marketisation of vulnerable people who required complex care was a national shame and an abrogation of its responsibilities. To give providers such powers to create the Abuse and Neglect that followed and that nurses tried to warn government about through those years was utterly shameful and it’s what brought us to today.

Please don’t squander this once in a generation opportunity to rectify these wrongs.

Thank you for the work you are doing but do not underestimate the importance of enough of the right workforce with the right skills to strengthen the impact of the New Aged Care Act.

Cecilia Webster. RN retired.