



## Health Services Union

**HSU submission on Aged Care Act Rules,  
release 3 provider obligations**

**March 2025**

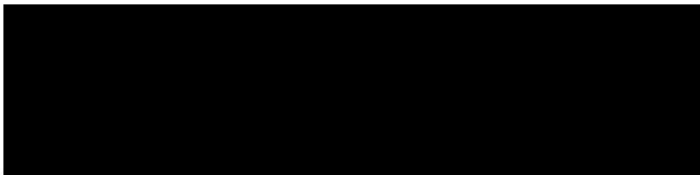
This submission has been written on the lands of the Wurundjeri people of the Kulin Nations. The Health Services Union wishes to acknowledge them as the Traditional Owners and Custodians of the land and pay respects to their Elders past and present. Their sovereignty has never been ceded. Noon Gudgin, Thank You.

For questions regarding this submission, please contact:

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## About the HSU

The Health Services Union (HSU) is one of Australia's fastest growing unions with over 100,000 members working in the health and community services sector across the country.

HSU Members are also disability support workers, aged care workers, nurses, technicians, assistants, clerical and administrative staff, managers and other support staff. Our members work in hospitals, aged care, disability services, community health, mental health, alcohol and other drugs services, and private practices.

You can find us at [hsu.net.au](https://hsu.net.au)

## Submission

Throughout the rules, including in relevant areas in other releases, provision should be made for the use of industrial representation by workers through their unions. Just as advocates are enabled for older Australians through the rules, so should union representation. This includes in governance section 8 where advocates for older people are enabled to take part in advisory bodies, but worker representatives are not. Elsewhere, in complaints, whistleblowing and general industrial representation of workers, it should be made clear that workers representative through their unions are enabled to represented workers.

This release needs to be future proofed, or at least be open to simple amendments that would enable the requirement of worker registration and mandatory minimum qualifications. Recommendations 77 and 78 of the Royal Commission called for a national registration scheme, with transitional arrangements for experienced workers, and a mandatory minimum and elsewhere, need to be able to provide for ssed below.

**15-15 (9) – *The provider must encourage and support aged care workers to make complaints and give feedback about the provider’s delivery of funded aged care services without reprisal***

The specification of being able to make complaints with no reprisal is a strong statement and is to be welcomed. However, this principle of no reprisal should be extended to allow for contacting and being represented by a worker’s union.

(14) Section 14 discusses workforce planning, but it is quite a limited statement which should be expanded: *“The provider must demonstrate that the provider understands and manages their workforce needs and plans for the future.”*

A more substantive requirement for workforce planning is required than this, including detail on numbers of roles, engagement with the workforce and training and development plans.

The standards at 15 and 16, regarding human resource management, and provision of training and supervision, should be future proofed to make sure they are applicable to any minimum qualification requirements, not just a requirement to “hold relevant qualifications for their roles” as currently described. The inclusion of “including any minimum qualifications required” could be useful.

### *Human resource management*

*(15) The provider must deliver funded aged care services to individuals by aged care workers who:*

*(a) are skilled and competent in their roles; and*

*(b) hold relevant qualifications for their roles; and*

*(c) have expertise and experience relevant to delivering quality funded aged care services.*

*(16) The provider must provide aged care workers with training and supervision to enable them to effectively perform their roles.*

## **Chapter 4 Conditions on provider registration**

### **Part 6 Aged Care Workers**

#### **Worker screening**

Without providing specific line-by-line comment, the section on worker screening needs to be exceedingly careful that worker and police screening needs to be based on actual convictions that are relevant. More specific guidance for providers is required on police check certificates and on the difference between convictions vs charges, charges that are withdrawn etc. We have examples of providers withdrawing employment because of very old and irrelevant

Perhaps a note that clarifies that charges are

...ications and training requirements needs to  
...num qualification, the addition of “including  
any minimum qualifications required” could again be useful.

#### **Division 2 Vaccination**

153-15 – Flu and COVID-19 should be prescribed, especially given the extensive information and other requirements later in the rules.

### **Part 8 Governance**

#### **Division 2 Advisory body requirements**

158(10)(b) needs to be specific that it includes workers.

Similarly to the inclusion of advocates who “represent the interests of individuals to whom the provider delivers funded aged care services” at d), those who represent the interests of individuals employed by the provider should equally be eligible to join the quality care advisory body, namely unions.

#### **Subdivision B Implementing and maintaining an incident management system**

##### **164-15 Requirements for system-objects**

The objects should include a goal on workers, including the continuous improvement and training of workers to prevent incidents and complaints through increased capability and quality of care.

#### **Division 2 Complaints, Feedback and whistleblowers**

Again, as discussed above, this section should explicitly allow for workers to access their unions and be represented by them. Industrial representation is very important for protecting and assisting workers in such circumstances as making a complaint, giving feedback, or using whistleblower protections, and this should be reflected in the rules.