SUBMISSION

Royal Commission into Aged Care Quality and Safety

Supplementary Submission – Workforce Issues

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Introduction

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide additional feedback to the Royal Commission into Aged Care Quality and Safety with a supplementary submission focused on the aged care workforce. The submission is intended to complement our previous submission to the Commission.

We are pleased that the Commission has recognised that this is a crucial area for consideration and argue that it will be essential to ensure that the workforce discussion is broader than the major workforces of nursing and aged care workers. Our experience with both aged care providers and the Commonwealth Department of Health suggest that the allied health workforce is frequently not considered as part of the overall aged care workforce. As such we consider it essential to ensure that the allied health sector is included in any policy designed to address workforce issues in the aged care sector. While the allied health sector may represent a proportionately smaller workforce in aged care, we argue that some of the biggest gaps in the delivery of consistent, high quality care exist in relation to access to allied health services. A key example is managing difficult behaviours without resorting to medication or physical restraints.

Because of the limited use of allied health services in aged care services currently, and ongoing uncertainty about the role of the health and aged care sectors in the context of aged care residents with significantly greater health needs, more policy work will be required to come up with fit-for-purpose solutions that can be implemented nationally. It may prove to be necessary to trial some approaches as part of larger scale reforms, particularly in relation to better inclusion of allied health services. This is a task that may most appropriately be overseen by a dedicated Chief Allied Health Officer in the Commonwealth.

AHPA has significant concerns that the allied health sector continues to be seen as both an optional extra and a more expensive workforce and we strongly counsel against allowing cost pressures to dictate lesser solutions and an attempt to use lower skilled workforces such as allied health assistants for the sake of aged care budgets. This is an issue that can be seen impacting disability services currently. While we very much recognise the need for sustainable solutions, and the important role of assistant and other workforces, we also argue that there are major opportunities to improve the health and wellbeing of older people through better and more consistent access to allied health services. The Australian community is looking for genuine change and a more integrated allied health aged care workforce is a major opportunity to deliver that change. We note in this context that the Aged Care Workforce Implementation Committee is entirely made up of providers, who are providing input on the basis of current practice and how they currently operate, rather than on what is possible and good/best practice.

AHPA is the national peak body representing Australia's allied health professions. We have 20 allied health member associations and a further eight affiliate members with close links to allied health. The AHPA membership represents some 130,000 allied health professionals working across a wide range of settings and sectors. A significant proportion of those allied health professionals provide care to older Australians.

This submission has been developed in consultation with AHPA's allied health professional association members.

Responses to the Workforce Policy Issues

- ## Methods for determining and implementing the minimum staffing levels and appropriate skills mix for aged care services, including for nursing, personal care, allied health and others.

AHPA strongly argues that the inconsistent and limited nature of current allied health services for older people in residential care makes it difficult to draw on existing methods for determining allied health staffing levels in aged care settings. This is exacerbated by the clear need to change our understanding of what aged care services should provide, a need that has been demonstrated repeatedly as part of the testimony provided to the Commission. On this basis, AHPA argues that it will be necessary to start by identifying appropriate best practice interventions for a range of care needs for older people and using these as the basis for determining minimum allied health staffing levels as well as the appropriate skills mix of aged care services. This will need to involve a careful analysis of the roles of the entire care team, including the roles of allied health professionals in aged care with a recognition that allied health roles may involve delegated and supervised practice. We argue that it will not be sufficient to draw on current practice as, with exceptions, access to allied health services is highly restricted and not based on either best practice approaches or community expectations for appropriate care for older people.

Access to allied health services has been heavily rationed due to overall funding levels and the limitations in the Aged Care Funding Instrument. This remains a concern for allied health professionals in the work of the Resource Utilisation Classification Study (RUCS), which is based on existing practice and a funding instrument that have failed to appropriately identify and fund allied health services. We note in this context that a key recommendation of the RUCS team was the development of a best practice needs identification and care planning tool as it was recognised that aged care providers and the decision-makers in individual aged care homes will not have the knowledge and expertise to accurately gauge all the needs of the older person and the care that is needed. We strongly support this need and argue that minimum staffing levels and skills mixes should only be considered after that appropriate care delivery has been identified.

While AHPA is cautiously supportive of minimum staffing levels, we argue that these can only be applied effectively if they cover the entire care team, including a minimum representation of key allied health services. This will be necessary to ensure that aged care services do not replicate the issues that frequently occur in other areas, such as public hospitals, where ratios and minimum staffing levels can inadvertently reduce the funding pool for allied health services as only nurse ratios are specified. While we recognise the essential role of nursing staff and agree with the need to ensure appropriate staffing levels in aged care, we also strongly argue that the allied health role is an equally essential role and one that must be equally prioritised.

It will also be essential to ensure that we do not replicate previous proposals around staff ratios in aged care settings—such as those included in the Aged Care Ratios bill—where all allied health professions were grouped together. It should be obvious that the presence of a physiotherapist is not the same as a psychologist, nor is an occupational therapist able to provide the same services as a speech pathologist. Nor does it address the systems approach needed to address many issues such as malnutrition and the use of restraints.

AHPA recognises the challenge of setting minimum staffing levels across the various allied health professions and acknowledges that some professions may be included in minimum staffing levels, while others will continue to be brought in as needed based on the care needs of individual residents.

- ## Who should be covered by a registration scheme for non-clinical staff in aged care, and how such a scheme might be implemented, administered and funded?

AHPA argues in support of a registration scheme that covers any aged care staff member likely to be involved in the care of an older person. We argue that such a scheme should operate at the level of the organisation rather than the individual. We also note that while the current policy focus is non-clinical staff, AHPA is aware that there is consideration of registration more broadly. In responding we wish to highlight the impact of National Disability Insurance Scheme (NDIS) registration on providers and counsel caution in adding additional regulation to a sector that is already subject to regulation. We recommend an approach that draws on the experience and decisions made in the disability sector and where there was a recognition of the need to ensure the safety of potentially vulnerable people. We argue that registration requirements should apply to anyone with a role that involves individual one-on-one contact with an older person regardless of whether their duties involve hands-on care or other unsupervised services.

AHPA argues strongly for the need for registration to ensure that there is appropriate national oversight of the aged care workforce to ensure that we can ensure workers are safe and where issues have been identified, those workers are either skilled up to become safe or prevented from working with a highly vulnerable part of the population. We note that allied health professionals are currently covered by stringent set of requirements for registration as a health professional (and distinct from the registration concept discussed here) that allow ongoing professional development requirements to be mandated, allow inappropriate clinical practice to be sanctioned, and for registration to be withdrawn. We also note that a range of reviews, including reviews undertaken as part of the National Registration and Accreditation Scheme (NRAS), have shown allied health services to be extremely low risk.

In this context we wish to highlight that self-regulating professions, that is professions that don’t fall within the current NRAS and hold AHPRA registration, such as dietetics, speech pathology and social work, are not required to have formal accreditation from their profession when working in aged care. This stands in contrast to the requirements those professions have when working under the NDIS, Medicare or private health insurance. AHPA argues that formal accreditation should be required of self-regulating professions. Without this requirement it is difficult to ensure that those health professionals are maintaining professional standards and are accountable to the requirements of their profession.

Despite our concerns about further regulation of clinical staff, AHPA supports better oversight of non-clinical staff and notes that a registration scheme serves not only to ensure safety from harm, but also to provide the means to outline minimum standards and capabilities. We provide further detail about how we envision this could occur in our response to the question about skills and competencies for the aged care workforce below. In this context AHPA notes that registration should seek not only to provide a screening function but should also support identification of appropriate scope of practice for different roles.

We highlight the importance of this latter function based on our experience in the disability sector and the uncertainty about the role and scope of allied health assistants and disability support workers. Both allied health assistants and disability support workers have been recognised as an important means of addressing workforce gaps and providing lower cost services as part of the delivery of allied health services. However, while the potential role of allied health assistants and support workers has been recognised, there has not yet been work to define the limits of the scope of different roles with the consequence that there is significant variation in how allied health assistants and support workers are utilised and supervised. This in turn is raising questions about clinical safety and risk. Recent Administrative Appeals Tribunal decisions have shown that some uses of the assistant workforce are inappropriate and will likely drive clearer processes. To avoid similar issues in the aged care sector, it will be important to have processes in place that clearly define scope and minimum requirements around supervision and delegation.

- ### Options to resolve low remuneration and poor working conditions, including how the remuneration and working conditions of aged care workers can be aligned with their counterparts in the health and disability sectors

From an allied health perspective, there are a wide number of issues relating to low remuneration including offers of hourly payment of $50 (which contrast with hourly rates of $193 under the NDIS) as well as frequent attempts by aged care providers to rely on Medicare Chronic Disease Management items to provide access to allied health services in an aged care facility. As remuneration for these items does not cover travel and only reimburses a 20-minute consultation, this makes it impossible for an allied health professional to earn a sustainable income where a typical assessment session such as by a speech pathologist for swallowing issues is likely to require 2-3 times this length of session. It also fails to acknowledge the fact that aged care services provided by allied health professionals rarely focus solely on the individual and instead typically involve working with the broader care team such as kitchen staff or aged care workers. Medicare funding restrictions do not allow non face-to-face services to be rebated.

Allied health services are further undermined by an overall attitude of limited access and funding of services which results in interventions often being limited in terms of scope of practice and an expectation of high-volume services. For example, rather than working with an older person to not only diagnose swallowing issues but also to identify options for increasing function in the older person. Such limitations are reported as a major factor in allied health professionals 'burning out'.

- ## How to raise the overall skill, knowledge and competencies of all care staff (existing and new entrants) in working with vulnerable people, especially those with age related conditions and illnesses.

AHPA argues that a range of approaches will be needed to ensure that we are raising the overall skill and competence of those working in aged care. This includes ensuring that Vocational Education and Training courses are covering an appropriately broad spectrum of aged care related topic areas including nutrition and communication. It also includes the need to develop and implement capability frameworks for aged care staff working in a variety of roles. We argue that there has been a significant shift in both the needs of older people living in residential care and in the expectation that aged care services will increasingly support older people to express choice and control. This latter expectation is underpinned by the release of new aged care standards that will require that those working in the aged care system learn to provide genuinely person-centred care and to facilitate the expression of choice by the older person.

A particular area of need is managing complex behaviours, as it is clear from the evidence provided to the Royal Commission that aged care providers are relying heavily on inappropriate methods of behaviour management including overmedication. AHPA argues strongly for the need to make a significant investment in allied health services that support behaviour support but also to develop a program of capability increase across aged care roles that are involved in managing the behaviours of older people with dementia or other health issues that impact behaviour.

We note in this context that significant work is currently being undertaken in the disability space and argue for the strong need to align any work undertaken in the aged care space with that being undertaken in disability. AHPA argues for this for several reasons—we argue that it would be inefficient to duplicate the work already undertaken in the disability sector and instead argue that effort should focus on identifying if the frameworks and approaches that have already been developed have any gaps in applicability for older people.

We also argue that having a consistent approach to the skills and capabilities that are required by the people providing care is likely to increase the availability of services, particularly in areas of workforce shortage. For example, if an allied health provider in a regional area is able to develop and demonstrate capacity in managing complex behaviours in a disability context, then they should also be considered able to provide support in an aged care context. Given the difficulty in developing this workforce in the disability sector, a unified approach is likely to be the best way of ensuring access to appropriate services.

- ## How to ensure service providers develop a culture of strong governance and workforce leadership.

Allied health professionals working in residential aged care present a significant opportunity to provide important workforce leadership, if given the opportunity. While nursing roles are an essential means of ensuring medical care, including medication and wound management, allied health professionals can provide expert guidance around behaviour management and falls prevention, as well as a range of other strategies to manage and support the capacity of individual residents. Where allied health professionals are employed in an aged care setting and have the capacity to work alongside their aged care colleagues, they can provide significant mentoring, upskilling, and even direct support to staff as well as residents. For example, allied health practitioners report that in some residential homes they are able to provide significant benefits to aged care worker health by helping them to manage the impact of their often very physically demanding roles.

Unfortunately, a major barrier to the potential leadership role of allied health professionals is the lack of employment in residential homes and the dependence on contracted services. This results in a lack of continuity and prevents the type of informal support and ongoing upskilling of the workforce that occurs when different professions work alongside one another on a daily basis. This potential for multidisciplinary collaboration also applies to multiple allied health professions being able to work together. AHPA argues strongly for the need to begin outlining key allied health roles that should form the basis for the workforce in an aged care home to ensure that a strong culture of governance and leadership can be established and a culture can be built that focuses on maintaining and improving functionality, avoiding restrictive practices, and focusing on the health and wellbeing of aged care residents.

- **Any institutional changes needed to ensure that the Commonwealth fills its role as the system steward and exercises leadership in workforce planning, development and remuneration.**

AHPA argues that a key role for the Commonwealth is leading the development of a best practice needs assessment and care planning tool for both residential care and for use by aged care providers of Commonwealth Home Care Packages. In both cases, decisions about the care provided to older people can be heavily dependent on the residential or community provider working with the older person to help them understand the right care. That should frequently include a range of different allied health services. Unfortunately, that process is dependent on the knowledge of the nurse or coordinator and doesn't take into account their knowledge about allied health services and best practice care, as well as potential biases in terms of preferencing certain services or minimising expenditure on what can be higher cost interventions. The tool outlined above, and the ability to ensure that it is being applied, would provide the Commonwealth with the mechanism to ensure high quality services are being delivered. The development of such a tool will need to heavily involve the allied health sector and must look to best rather than current practice.

A further key issue that will need to be dealt with in the context of reforms to the aged care sector is the need to assess and map the availability of the allied health aged care workforce and to consider where there are gaps. The significant failures of the current system to fund allied health services, and the introduction of the NDIS both mean that there is not a large available workforce to draw on. The impact of the NDIS in particular will need to be carefully monitored as anecdotal evidence from a number of professions suggests that even experienced allied health professionals that have worked in the aged care sector for some time are shifting focus to the NDIS. The stark reality is that NDIS allied health services are remunerated more fully (in terms of the hours committed) and the hourly rate is as much as four times what aged care facilities may offer.

AHPA argues strongly that the Commonwealth needs to formally acknowledge and take responsibility for allied health professionals as part of the broader aged care workforce. Our experience suggests that the Commonwealth Department of Health still does not consider allied health professionals as integral to the aged care workforce. As a result, where funding decisions are made and policy work is undertaken, the focus is almost exclusively on the aged care worker and nursing workforces. As outlined above, AHPA believes this is due to an ongoing lack of clarity about the role of residential care in meeting the health needs of an increasingly complex and unwell cohort of residents. It may also be exacerbated by the lack of a dedicated Commonwealth Chief Allied Health Officer to provide high-level policy direction in the Department about the role and needs of the allied health sector.

Perhaps one of the greatest areas of need for Commonwealth stewardship is in supporting the creation of student placement opportunities in aged care settings. The aged care sector will increasingly need to attract new graduates in order to meet the needs of residents. One of the most effective ways of building a workforce is to offer opportunities for students to gain practical experience in the right settings. Without that opportunity, students don’t gain practical experience in aged care settings and are less likely to choose aged care roles as part of their career progression. However, it is important to note that there are a range of potential barriers that will need to be addressed in order to increase student placement opportunities. Most importantly it will be vital to ensure that we have a more stable allied health workforce in aged care homes. As outlined previously, most current allied health roles in aged care settings are contracted roles and these do not provide an appropriate foundation for the supervisory requirements of good student placements. A recognition in the Commonwealth of the essential role of allied health professionals in aged care and a commitment to providing a foundation of funding for allied health services will be essential to achieve this outcome.