

13 August 2010

Caring for Older Australians  
Productivity Commission  
PO Box 1428  
Canberra City ACT 2601

Email: [agedcare@pc.gov.au](mailto:agedcare@pc.gov.au)

To Whom It May Concern

**Re: Inquiry into Caring for Older Australians**

Royal College of Nursing, Australia (RCNA) is pleased to provide the attached response to the Productivity Commission *Inquiry into Caring for Older Australians*. RCNA is pleased to have the opportunity to inform and further develop options for structural reform of the aged care system.

RCNA is the peak national professional organisation for nurses in Australia. RCNA represents nursing across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by speaking out on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

RCNA appreciates the extension granted and would like to thank you for inclusion in this consultation process. We would be pleased to provide follow-up information if required. RCNA has a strong interest in improving the aged care system and looks forward to participating in any further discussion.

Please do not hesitate to contact me if you have any questions regarding the attached submission.

Sincerely

Kathleen McLaughlin FRCNA  
Deputy CEO  
Director, Operations



## Caring for Older Australians - Public Inquiry into Aged Care

### In general

Royal College of Nursing, Australia (RCNA) shares with other stakeholders in the aged care industry a concern that the current approach by government to plan for and provide appropriate services to an increasing population of older Australians, is inadequate. We endorse the National Aged Care Alliance Vision *Leading the Way - Our Vision for Support and Care of Older Australians*<sup>1</sup>.

In particular, RCNA members are keen to support older Australians in all contexts in their efforts to achieve and maintain good health. Success in these endeavours would require an expansion of the current treatment-oriented policy approach to include health promotion, illness prevention and social inclusion. Services to older persons need to be consumer-focused, user friendly and equitable as well as being delivered in innovative and flexible ways that support a wide range of lifestyles, living arrangements and geographic locations.

RCNA acknowledges and appreciates the contribution to the health and wellbeing of older Australians being made by families, friends and volunteers who also need access to a more effective framework of support from health professionals and systems of care and welfare.

The needs of older Australians extend across the care continuum. It is crucial that the various hospital and health care services intersect safely with aged and community services to ensure that people experience continuity of care from appropriately qualified staff working within efficient and transparent delivery systems. Currently a disjunction exists between hospitals and residential aged care services and there is significant need and scope for improvement, particularly in terms of quality and safety<sup>2</sup>.

Demands on the aged care industry and the overall viability of services currently in operation were outlined in the recent *The Grand Plan: A New Vision for the Care of Older Australians* published by the Campaign for Care of Older Australians Group<sup>3</sup>. Research findings reveal that only 40% of residential facilities are operating in a sustainable way and this is linked to the inadequate subsidy formula available from government. Also in the report, community care clients have had their care services time cut from seven to five hours per week because of inadequate funding. Choice of care location and type is also limited because services may not be available and regulations may prevent user-pay options for those who want to purchase care from approved aged care services.

RCNA, in this submission, highlights the issues that members believe are of particular importance to the future support of Australia's older generation. RCNA acknowledges the

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<sup>1</sup> National Aged Care Alliance Vision. (2009). *Leading the Way: Our Vision for Support and Care of Older Australians* September 2009. Retrieved 1 August 2010 from [http://www.naca.asn.au/Publications/NACA\\_Vision.pdf](http://www.naca.asn.au/Publications/NACA_Vision.pdf). 13 August 2010.

<sup>2</sup> McDonald, Tracey. ACU National. Commissioned by the Aged Care Association Australia. (2007). *For their sake: Can we improve the quality and safety of transfers from hospital to aged care?* September 2007. Retrieved 1 August 2010 from

<http://www.agedcareassociation.com.au/content/For%20Their%20Sake%20Oct%2007%20FINAL.pdf>

<sup>3</sup> The Campaign for Care of Older Australians Group. (2010). *The Grand Plan: A New Vision for the Care of Older Australians*. Retrieved 1 August 2010 from [http://www.thegrandplan.com.au/pdf/The\\_Grand\\_Plan\\_Policy\\_2010.pdf](http://www.thegrandplan.com.au/pdf/The_Grand_Plan_Policy_2010.pdf)



many challenges facing a review of systems proposed for older people and hopes that the interface between residential, hospital and community care, currently fraught with problems that place older people at risk of harm, can be resolved. Equally, the key role of government agencies in the regulation, monitoring and accrediting of all aged care service contexts needs to be reviewed in terms of the stress and burden on service providers and health professionals associated with an ever-increasing demand for regulatory compliance with regimes that contribute little to the appropriateness and efficiency of services to older Australians.

## **Investment in residential care services**

The significant gap between increasing costs associated with delivering aged care services and subsidies that are not tied to the consumer price index (CPI) or based on any real calculation of the cost of care, presents safety and quality concerns for the community. Registered nurses (RNs) practising in this depleted funding environment are faced with greater workloads and increased isolation from other RNs, reduced care staff hours, work stress on remaining staff and occupational health and safety issues arising from working in a stressful workplace. The quality and safety of residents in their care is of paramount concern to RNs.

Under these funding constraints, the employment of new graduates or early career RNs in aged care contexts is less likely due to the lack of supervisory and mentoring time. Funding issues also undermine the development of innovative roles and care systems within residential aged care, including nurse specialists, consultants and nurse practitioner employment. While nurse practitioners would be funded mainly through the Medicare Benefits Schedule (MBS), this would only cover part of the work they would perform and would not include advanced practice leadership and research, education of other nurses and staff or the development of systems of practice within different care contexts. It is unlikely that approved providers would be able to subsidise the employment of a nurse practitioner under current funding arrangements.

## **Expanded nursing roles**

RCNA maintains the view that current models of care in hospitals, community and residential care contexts could be better used and further developed to keep pace with demand. If resources were allocated to promote the practice development and the utilisation of the full scope of nursing knowledge and skills, there would be greater opportunity for nurses to lead the management and prevention of health breakdown, rehabilitation, palliative care, mental health and support for the general frailty associated with ageing. Nurses possess the systems knowledge and clinical skills to lead interdisciplinary and cross-sector teams and could be supported to establish clinics, consultation rooms and mobile services to older people in the community and elsewhere. As a result of review, it is possible that the full benefits of a highly qualified nursing workforce could be realised, however, there would have to be a dramatic and resource-supported move away from the biomedical focus that dominates Australia's health system planning.

## **The proficient generalist nurse**

Because most older Australians living in their own homes are relatively well and active, their needs for health support lie in the areas of health promotion, early detection and remedy of problems and advocacy in dealing with other aspects of the health system. Nurses in these roles bring to people a wealth of information, care and support and work to prevent unnecessary admissions to hospital or residential care while assisting those who do need these specialist services.

Residential aged care and general hospital nurses have a wide-ranging and effective set of skills and knowledge that supports older Australians. Their understanding of the practice environment and ability to work with and coordinate multi-disciplinary teams, liaise with other service agencies, and to act on behalf of people in their care should not be underestimated or



overlooked in this review. Just as general medical practitioners are able to work proficiently in the general medical environment, so too are registered nurses able to function effectively in general nursing contexts.

### Specialist nursing roles

Specialised advanced practice nurses and nurse practitioners are able to provide a comprehensive approach to the care and support of older people faced with challenges to their health or safety. Specialist and consultant nurses with postgraduate specialty qualifications can greatly increase the range of services available in all care contexts. Further, their work in leading generalist RNs in practice development and system improvement projects is often not fully acknowledged. Where these specialist roles are not available, for example in the residential aged care sector, it is important that any professional, regulatory or resource impediment to their implementation be removed so that older people are able to benefit from their services. Greater utilisation of specialist nurses in all contexts would significantly assist in providing safe and effective aged care.

RCNA recommends the development of specific incentives for approved providers to engage in practice development for nursing roles within the aged care sector to provide more adequate coverage of aged care services and overcome service access blockages. In so doing, aged care services will be better placed to ease the demand on hospitals and general practices where, currently, the focus on servicing the needs of ageing communities is located. Such incentives and innovative models of care and service will increase flexibility and service choice for older Australians.

**Recommendation:** *Funding incentives be provided to establish an increased number of specialised advanced practice nurse and nurse practitioner positions across aged care environments.*

### Nurse practitioner services

An intuitive solution to many problems associated with community access to appropriate medical and hospital-based practitioners is to utilise nurse practitioners (NPs). NPs are highly skilled and legally endorsed to perform various functions similar to medical practitioners, and have been available in Australia for several decades but as yet, Australia has not fully utilised this workforce resource nor incorporated NPs centrally in any area of the health and aged care systems<sup>4</sup>. It may be possible through this review to identify the impediments at work here, and to enable this valuable group of nurses to provide the services so sorely needed.

RCNA is firmly of the view that nurse practitioner models of practice should not be restricted to similar models in medical practice. Nor should assumptions be made that they may practise only in certain contexts. While RCNA acknowledges that the initial models of NP practice pertain to hospital-type contexts, it is critical that NPs be able to set up practice in contexts such as residential aged care, community and primary care as well as in hospital units. Through this review, RCNA recommends that NP practices and network services be acknowledged through regulation, funding and authorisation so that they can begin delivering highly advanced nursing services to older Australians.

RCNA believes a great opportunity exists to further develop NP roles in aged care and acknowledges the many practical issues requiring attention, including Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) options and barriers and navigating legislative requirements for collaborative arrangements with medical practitioners. There are also service delivery and professional considerations to ensure an enabling environment for the greater utilisation of NPs in aged care. In the face of demographic change and an ageing Australia, there is particular scope for the development of NP roles in aged care, working either in hospital outreach services, community based services or within private facility services. NPs present a practical solution to improving access to high quality

<sup>4</sup> Gardner, Anne, Glenn E. Gardner, Sandy Middleton and Phillip R. Della. (2009). "The status of Australian nurse practitioners: the first national census." *Australian Health Review*. November 2009, Volume 33, Number 4. Australia, p. 679 – 689.



care and to reducing the high cost associated with dependence on hospital-based medical services.

In other submissions, RCNA has called for a national examination of funding allocation options to allow for NPs to manage the health care needs of aged care populations and is in strong support of the Australian Government's allocation of seed funding for The Aged Care Nurse Practitioner Program. We further endorse this program and believe that with adequate support, it will make possible more effective delivery of health services to vulnerable groups in our society.

**Recommendation:** *Funding be made available to establish nurse practitioner services to manage the health care needs of aged care populations.*

### Enabling the aged care nurse practitioner

The health and wellbeing of older Australians will continue to depend on their access to skilled and knowledgeable professionals. Regardless of where this access occurs, the expectation is that these professionals will have advanced abilities in assessment, diagnosis and treatment options as well as advice on healthy and productive lifestyles and strategies in adaptation where necessary. A higher proportion of care could take place in the community setting if a cohesive framework for skilled nursing care could be established within community and residential care settings. This framework would involve care managers, generalist and specialist RNs as well as NPs across a range of specialty areas and within an NP network of services. With such a framework, the promoting and embedding of leadership in clinical, management and sector governance becomes possible. The political will to move from the dominant medical paradigm to a more inclusive and professional integrated one is required to activate this highly skilled and effective workforce. Once this has been achieved, the funding, legal and professional endorsement and public acceptance of this innovative approach to health will roll out.

### Clinical innovation

Time, funding and policy pressures on residential aged care nurses limit opportunities to embrace new research pertaining to care and implementing clinical improvements. Clinical and best practice guidelines have been developed through various government-supported projects but there has been limited uptake of these resources in practice for the reasons mentioned to above. Prime among these restrictions is the paucity of funding available to residential aged care for practice development and staff training. RCNA suggests the introduction of a 'practice development' levy similar to the 1% Training Guarantee Levy, which did much to raise the level of education and skills in aged care workers during the 1980s. Such a strategy would encourage the employment of RNs and support them in practice development activities such as innovations and updating of procedures. A practice development levy could be administered through professional colleges such as the RCNA, where it would be linked with existing professional development activities.

**Recommendation:** *Examine the option of introducing a 'practice development' levy to support staff training and practice development.*

### Teaching Nursing Homes

RCNA offers strong support for the Australian Government's intention to validate Teaching Nursing Homes and is pleased to see innovation in the area of aged care education and research, as this could foster cultures of learning and see positive outcomes for evidence-based practice and participation in and understanding of collaborative research. It is unfortunate that the title of this program reflects terminology and concepts more relevant to the 20th Century, however, the program itself appears to have merit. RCNA is particularly pleased to see an acknowledgement of the growing complexity of care needs and the need to increase capacity to address these needs within the aged care sector. RCNA will be maintaining a close watching brief to ensure that the nursing profession has access to educational, clinical and research activities and opportunities under this program, and that any developments under this government initiative remain commensurate with the



predominate role of nursing within the sector. RCNA is aware that several university-affiliated aged care facilities have done much to develop and validate this concept; and that the teaching nursing home concept is currently being independently tested within the aged care sector with positive results that encourage expansion of this program in the future.

## **A practice framework for unlicensed care workers**

The focus of care and support for older Australians is to support wellness and to assist with illness and disability preventing them from experiencing an acceptable quality of life. On this basis, any adherence to a workforce model developed early last century to focus on illness and disease is inappropriate. If systematic restrictions on nurse practice and resourcing were to be lifted, as suggested earlier, it becomes possible to establish a multi-occupational workforce that can be flexible yet effective in supporting older Australians in their rights to access appropriate care and services, as well as meeting any health needs that arise due to illness and medical treatment. Within this multi-occupational and multi-disciplinary team, RCNA envisages the development of career pathways that can be accessed from any member of the team and pursued with the support of all involved. Such a development is especially important for the band of staff in aged and community care services whom are generically known as 'care workers'. This includes a range of industrial categories and titles but for the purposes of this submission, the primary focus is their work associated with nursing professionals and nursing care outcomes.

RCNA strongly suggests that funding be allocated to scope and develop a national practice framework for unlicensed care workers (however titled) to establish practice, career and education pathways into and through nursing.

### **The current situation for unlicensed care workers**

Unlicensed care workers provide valuable and sensitive services to older Australians who access residential care across a range of contexts. Many have nationally recognised qualifications through the Australian Qualifications Framework (AQF) that they achieved through the vocational education system. All who have such qualifications have met the quality and competence requirements stipulated under the AQF, which binds registered training organisations (RTOs) delivering these vocational qualifications. The intention in the late 1990s was that all unlicensed care workers in direct care roles would have at least a Certificate III in Aged Care Work or a Certificate III Assistant in Nursing qualification, which overlaps significantly with the aged care qualification. There is no requirement that such qualifications are necessary for employment and when staff, without such a certificate, are hired, the responsibility of employers to ensure their safe work practices is heightened.

RNs and enrolled nurses (ENs) working in care teams must work within the constraints of the skill mix they have available. When unlicensed care workers have a vocational qualification, the ability to delegate certain tasks is made more certain than if workers do not have such a qualification.

In order to protect the health and safety of the public, there is a need to ensure that unlicensed care workers are appropriately qualified and skilled to undertake tasks associated with supporting nursing care. Integrating this group of workers within the care environment presents a significant challenge for employers and health care professionals, particularly nurses. There is a need to scope and develop a nationally endorsed practice framework for unlicensed care workers (both qualified and not) that includes codes of ethics, codes of conduct and competency standards to assist and guide them, and the nurses to whom they report, in the delivery of competent and safe care.

Such a framework would need evidence-based solutions to any issues discovered through examination of unlicensed care workers' roles within the practice model. The framework must take into account the variance in content, hours, assessment and other quality indicators of existing training courses and include establishing accreditation criteria related to aged care practice for such training programs.



## Considerations for the framework

Also of key importance in the development of a practice framework for the unlicensed care worker workforce is recognising and responding to its common characteristics, such as its multicultural nature and older demographic. These characteristics could have a direct impact on how the workforce responds to the introduction of any new practice framework. The framework must enable and attract workers while ensuring a safe and effective workforce. It must take into consideration the realities of unlicensed care workers, including level of education, English language proficiency and incentives and reasons for working in aged care, and measure the workforce supply risks associated with introducing or increasing practice requirements. RCNA stresses that there must be national acceptance of the standards for scope of practice, including career pathways to assist workers in qualification.

RCNA stresses that there is a need for a national practice framework and scope of practice, but is not necessarily promoting registration or further regulation of the unlicensed care worker role. Currently, the legal responsibility for hiring appropriately skilled workers rests with employers, as it does in all other employment contracts. External registration adds a further dimension to this employment arrangement that is arguably unnecessary in the case of unlicensed care workers, as it imposes a level of accountability that extends beyond their employer. RCNA stresses the need for extensive consultation with key stakeholders in the exploration of any intention to license or further regulate this group working within health care settings.

**Recommendation:** *Funding be allocated to scope and develop a national practice framework for unlicensed care workers.*

## Aged care workforce education and training

A commitment to up-skilling the aged care workforce is vital to ensuring quality aged care service delivery. RCNA strongly supports an educational and training incentive program and views the current Australian Government's plans for the Incentives Program and Building Nursing Careers Program as positive and substantive steps towards building, attracting and retaining a skilled and competent aged care workforce to provide high quality care to the community.

### Mentorship programs across aged care

Providing structured, flexible and dedicated support mechanisms for graduates and early career nurses to support a professionally rewarding transition from university or TAFE to the workplace, is an essential and pro-active retention strategy which should be resourced throughout the aged care sector. In order to attract and retain graduates and early career nurses, aged care services need the resources to establish formalised, effective and robust mentorship programs that include access to nurse educators. Such programs will promote personal and professional development and support the retention of nurses in the aged care system.

**Recommendation:** *Resources should be allocated to provide structured, flexible and dedicated mentoring support mechanisms for graduates and early career nurses throughout the sector.*

### Information technology

Technology needs to link in to the aged care industry to promote greater efficiencies and to create opportunities for eHealth solutions. As key players and leaders in aged care services, the aged care workforce must have easy access to eHealth solutions to promote effective uptake. Significant knowledge gaps in relation to information and communication technology exist within the aged care workplace and there is a substantial need to support the up-skilling of some nurses, ancillary and care staff in information and communication technologies (ICT).

There is a critical need to improve basic ICT access and connectivity as well as a need to increase ICT literacy amongst aged care workers. Common barriers to the uptake of



electronic mechanisms include:

- a lack of availability of computers
- significant double entry requirements
- many services are still paper-based
- limited access to the internet
- a lack of connectivity
- a paucity of training opportunities.

In the transition to a national eHealth system, adequate funding and resources must be available to service providers to set up eHealth teaching, training and change management, and to support aged care workers at all levels. RCNA strongly recommends the introduction of national standards relating to ICT use and availability in aged and community care contexts, and the critical mass of computer skills within aged care teams to ensure national eHealth systems are optimised within all health settings, especially aged care.

**Recommendation:** *Introduce national standards relating to information technology and computer skills to ensure eHealth systems are optimised within aged care.*

### Language skills

While the employment of staff is the responsibility of aged care service providers, RCNA is advised that a significant proportion of unlicensed care workers are deficient in English language. Inadequate English language skills, spoken and written, pose risks to safety and quality of care for residents as well as occupational health and safety risks for other aged care staff and managers. RCNA urges the vocational education sector to be supported in the development of workplace English language skills courses that can be freely distributed to all employment contexts and accessed by all staff who would benefit from improvement in this area of performance.

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