



**dementia
australia™**

Royal Commission into Aged Care Quality and Safety

Response to Counsel Assisting's submissions on the future of the aged care workforce

Dementia Australia

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About Dementia Australia

Dementia Australia (formerly known as Alzheimer's Australia) is the peak, non-profit organisation for people with dementia and their families and carers. We represent the more than 459,000 Australians living with dementia and the estimated 1.6 million Australians involved in their care.

Dementia Australia works with people of all ages impacted by dementia, all governments, and other key stakeholders to ensure that people with all forms of dementia, their families and carers are appropriately supported – at work, at home (including residential aged care) or in their local community.

Our close engagement with individuals and communities means that we can advocate for those impacted by dementia and we are also well placed to provide input on policy matters, identify service gaps and draw on our expertise to collaborate with a wide range of stakeholders, including researchers, technology experts and providers.

In addition to advocating for the needs of people of all ages living with all types of dementia, and for their families and carers, Dementia Australia provides support services, education and information aimed at addressing the gaps in mainstream services.

Dementia Australia is a member of Alzheimer's Disease International, the umbrella organisation of dementia associations around the world.



Introduction

Dementia Australia welcomes the opportunity to respond to Counsel Assisting's submissions on the future of the aged care workforce. While Dementia Australia is broadly supportive of the recommendations made, we remain concerned that the pressing issue of dementia is not adequately highlighted through the submissions and their related recommendations. Although we acknowledge that the Royal Commission's final recommendations must have a view to system-wide transformation and avoid highlighting particular population cohorts, diseases or geographies over others, Dementia Australia would posit that the capacity of the aged care workforce to respond to dementia (and appropriately support those living with dementia, their families and carers) is so intrinsic to aged care service provision – and so inadequate at a systemic level currently – that it deserves specific and strong attention. To put it simply, with the increasing prevalence of dementia, it is imperative that the aged care workforce is equipped to respond appropriately to the care needs of people living with dementia. And for this to be a reality, some significant capacity-building steps are both necessary and warranted for specific attention.

As outlined in our submission to the Royal Commission on the aged care workforce, we need a strong and sustained focus on leadership and culture as well as practical initiatives to improve the knowledge, skills and capacity of the workforce to ensure the aged care system provides quality dementia care. A competent and confident aged care workforce, that is well supported and led, is critical to ensuring the sector is well placed to develop and provide quality dementia care as an integral part of aged care. While the preliminary submissions made by Counsel Assisting will go some way to addressing workforce deficits, we would encourage the inclusion in your final recommendations of some dementia-specific components.

Response to principles

- ***an approved provider of residential aged care services should have to meet mandatory minimum staffing requirements***

Dementia Australia recommends that, in addition the mandatory minimum staffing requirements, there be a requirement for staff of approved providers of residential aged care services to receive a minimum level of mandated dementia education. This is because more than half of all current residents in residential aged care have dementia and population trends suggest that residential care services in the future are increasingly likely to have residents with advanced or complex care needs – including symptoms of advanced cognitive decline. In this form of service provision, more than any other, quality dementia care is contingent not only on there being adequate *numbers* of staff but on staff who understand the symptoms of dementia and strategies for engaging with, supporting and interpreting the responses of people living with dementia.

- ***registered nurses (including nurse practitioners) should make up a greater proportion of the care workforce than is presently the case***

Dementia Australia supports this principle, noting that the proportion of registered nurses will have the most significant impact when the nurses in question have a solid clinical knowledge of dementia. As such, Dementia Australia reiterates that workforce structures should be informed by the specific care needs of residents and that, in all cases, minimum levels of dementia education need to be built into qualifications, position descriptions and continuing education pathways. The need to qualify the capacity of the proposed workforce composition to this degree stems from the issue that levels of dementia education among nurses are, on the whole, currently poor, so an increased number of nurses who still have this educational deficit will not necessarily improve the support of people living with dementia.

- ***all aged care workers should receive better training***

Dementia Australia agrees that all aged care workers must receive better training. Both vocational and tertiary trained staff need to receive better and consistent levels of dementia education. With regard to vocational education, the Certificate III in its current form is problematic as a minimum level of education and the Aged Care Industry Reference Committee is currently seeking to address this issue. However, given this mechanism for change will take some time to develop, and given it will not address the fact that skills like problem solving and exercising judgement would be outside this scope (currently they are considered to be at a Certificate IV level), Dementia Australia recommends that all aged care workers be required to complete the Dementia Essentials unit of competency as an interim measure until the Certificate III is reviewed and until Dementia Training Australia develop an appropriate foundation model for use in undergraduate courses.

Further, it should also be a condition of receiving funding as an approved provider that they demonstrate that they have appropriately qualified staff with dementia expertise. This staffing skillset should not be limited to areas like memory support/dementia-specific units, given the high prevalence of dementia in residential aged care more generally. To assist this analysis, providers should undertake a regular review of their staff dementia competencies to inform the ongoing professional development of its workforce.

In addition, to support the application of this dementia knowledge into practice, providers should be encouraged (through both compliance and industry-led mechanisms) to promote career pathways for workers to specialise in dementia. Given the growing number of undergraduate and postgraduate courses in dementia, providers should establish dementia practice leaders from suitably experienced and qualified professionals. These roles should include a focus on coaching and mentoring of other workers so as to maximise the opportunities for learning on the job. As outlined in our workforce submission, dementia practice leaders are a vital component of driving the changes required in the aged care sector to improve the quality of care provided to people living with dementia.

- ***unregulated care workers should be subject to a registration process with a minimum mandatory qualification as an entry requirement***

Dementia Australia supports this principle, provided that a minimum mandatory qualification includes mandatory dementia education. To maintain this registration, there should also be a requirement for regular ongoing professional development against mandated levels of Continuing Professional Development. Without this level of specificity to dementia education,

there is a risk that even qualified care workers will not sufficiently understand the care needs of a person living with dementia.

- ***the care workforce should be better remunerated and should work in safe workplaces***

Dementia Australia supports this principle, acknowledging that there are multiple drivers in the issue of better remuneration that are beyond our scope to comment on. We also acknowledge the right of the aged care workforce to work in safe workplaces and note that severe manifestations of changed behaviours in some people living with dementia in residential aged care may challenge the safe environment. However, in this instance, more than any other, consistent education and training in dementia for all components of the workforce will mitigate or minimise the risk of an unsafe workplace for aged care staff, and unsafe home for aged care residents.

In addition, the current state of limited career opportunities for aged care staff must be addressed. It is incumbent on aged care service providers to develop structures and opportunities (such as appointing staff as dementia practice leaders) to assist with embedding good practice and quality dementia support and care.

- ***the organisations for which they work should be better managed and governed***

Dementia Australia supports this principle, noting that there is currently a gap in the sector with regard to governance. We reiterate the recommendations made in our workforce submission, where we noted the importance of sound governance in which there is better understanding of dementia across management and governance structures within the aged care sector. Specifically, we stress the need to:

- Develop clear selection processes for board members based upon relevant skills mix and firm understanding of their governance responsibilities.
- Provide relevant comprehensive dementia education program for board members.
- Develop initiatives at a provider and industry level to build leadership capability that help to create strong organisations.
- Embed the principles of quality dementia care into the Aged Care Standards and Industry Voluntary Code of Practice against which the governance and management of providers is assessed.

- ***the Australian government should provide practical leadership***

Dementia Australia agrees that the Australian government must provide leadership to the aged care sector. With regard to ensuring the dementia capacity and competency of the aged care workforce, there are roles for government in mandating qualifications and workforce capacity at a broad level but that there is also a role for industry in driving sector improvement and for consumers to contribute to (but not be solely responsible for) market mechanisms that improve service delivery. The roles and responsibilities of government, industry and consumers need to be clearly defined and articulated so that the drivers of change and ongoing improvement are consistent and persistent.

Response to recommendations

- 1. An approved provider of a residential aged care facility should be required by law to have a minimum ratio of care staff to residents working at all times. The ratio should be set at the level that is necessary to provide high quality and safe care to the residents in its facility and should be based on the following:***
 - It must be sufficient to achieve a 4 star rating under the current CMS staffing star rating as adjusted for Australian conditions.***
 - Average case-mixed total care minutes of between 186 and 265 minutes per resident per day from a trained workforce comprising nurses (including registered and enrolled nurses), and personal care workers.***
 - A minimum of 30 minutes of registered nurse care time per resident per day.***
 - In addition, at least 22 minutes of allied health care per resident per day.***
 - That there is a registered nurse (RN) present on each shift and available to direct or provide care subject to limited exceptions.***

Dementia Australia recommends that the Commission note the following:

- All staff – including personal care attendants, nurses, allied health professionals, GPs, administration and maintenance workers – must have minimum levels of dementia education.
- The onsite registered nurse must have at a minimum the Dementia Essentials unit of competency until an agreed comprehensive course/module is developed for nurses and allied health professionals.

- 2. All approved providers must provide the Department with quarterly staffing levels for registered and enrolled nurses, allied health and other care staff by shift in residential care. The Department must publish this information at a service level. There needs to be clear explanatory material for older people and their families and carers to access to enable them to understand the published information and compare services.***

Dementia Australia recommends that, in addition to the provision of information on staffing levels, approved providers should be required to provide an audit of ongoing dementia education for staff. This audit could capture at a simple level, the ongoing professional development staff receive in relation to dementia, palliative care, pain management, and other key care criteria. The professional development profiles of services could also be published by the Department.

- 3. The Certificate III in Individual Support (Ageing) should be the minimum mandatory qualification required for personal care workers performing paid work in aged care (including residential, home-based, respite, restorative and palliative care).***

Although this version of the Certificate III does contain the dementia unit of competency, the quality of the delivery of this unit is variable and much of what is required in effective

dementia care is in the Certificate IV and above (for example with regard to exercising judgement and problem solving).

Dementia Australia recommends that there be a requirement for aged care providers to provide their staff with ongoing professional development in relation to dementia education. They should also have key staff who have a higher level of dementia knowledge (preferably a dementia specific qualification at a Certificate IV or higher level) who are designated dementia practice leaders. These dementia practice leaders should have a mentoring/coaching role to assist in the practical application of dementia knowledge.

4. The Medical Deans of Australia, in conjunction with the Australian Medical Council, the Royal Australian College of General Practitioners and the Australia Medical Association, should establish a working group to:

- a. Review the skills needed by GPs to enable them to meet the anticipated aged care needs of the Australian population over the next 30 years.**
- b. Determine the anticipated need for GPs to deliver geriatric medical services, particularly in the aged care context over the next 30 years.**
- c. Review the state of geriatric undergraduate medical education with a view to mandating a core subject that enables the medical graduate to adequately meet clinical needs and anticipate demand. They should have express regard to the ANZSGM Position Statement number 4 – Education and Training in Geriatric Medicine for Medical Students.**

5. Australian University Medical School should review its undergraduate medical curriculum with a view towards:

- a. making geriatric medicine a core element of the undergraduate medical curriculum.**
- b. making placement in a geriatric clinical setting a required portion of internship training in advance of registration.**

Dementia Australia is concerned with the focus on reviews in these recommendations. Dementia Australia recommends that the scope of the recommendation be widened beyond a review of GP skills and curriculum, and focus more strongly on how to embed dementia and geriatric education into curriculum and professional development at a practical level. Work conducted by Dementia Training Australia (and previously by the Dementia Training Study Centres) has highlighted the challenges associated with changing curriculum for GPs. Dementia Training Australia and Dementia Australia would be please to speak further with the Commission about this if it would be of assistance in formulating the final recommendations.

Dementia Australia recommends that there be minimum levels of dementia education to all medical students, with more detailed dementia education provided to those undertaking a geriatric specialisation. Dementia Australia currently delivers programs to medical students across parts of Australia and sees the value in this approach being embedded more consistently.

Dementia Australia also recommends that minimum levels of dementia education be mandated for doctors and GPs, and that dementia education be a requirement of

registration. Dementia Training Australia and Dementia Australia could assist in mandating minimum levels of education.

6. The Commonwealth Department of Health should fund and collaborate with the Royal Australian College of Medical Practitioners, the Royal Australian College of Physicians and the Australian Medical Association to conduct an ongoing research program designed to estimate the short, medium and long term demand for geriatric services for older Australians.

Dementia Australia supports this recommendation and notes the importance of interdisciplinary and multi-stakeholder involvement in this program of work.

7. The Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council should incorporate an introductory module/subject on geriatric medicine and gerontology care into the Enrolled Nurse Accreditation Standards and the Registered Nurse Accreditation Standards.

Dementia Australia recommends that a minimum level of dementia education be included in this module, and suggests that the Nursing and Midwifery Board of Australia and Australian Nursing and Midwifery Accreditation Council consult with Dementia Australia and Dementia Training Australia as they are developing a learning pathway and minimum standards of dementia education.

8. To increase the supply of nurse practitioners, the Australian Government should introduce scholarship programs (with aged care return of service obligations) for nurse practitioner training and advance skill nursing.

Dementia Australia supports this recommendation with the provision that nurse practitioner training includes dementia education and that the development of these programs builds on insights already gained by Dementia Australia through its work with nurse practitioners. It should also be noted that Dementia Training Australia is developing a national framework for dementia education and associated standards that may be informative for this recommendation.

9. A registration scheme for personal care workers should be established, with the following key features:

- **mandatory minimum qualifications**
- **scope to require that qualifications be obtained from certain approved training providers**
- **ongoing training and continuing professional development requirements**
- **minimum levels of English language proficiency**
- **criminal history screening requirements**
- **a Code of Conduct and power for the registering body to investigate complaints into breaches of the Code of Conduct.**

Dementia Australia agrees that a registration scheme for personal care workers will facilitate a more transparent system. We reiterate the point already made that mandatory minimum qualifications and ongoing and continuing professional development must include dementia.

10. The Commonwealth should lead workforce planning for the aged care sector, and should identify an agency or body that has overall responsibility for aged care workforce planning, with key actions being:

- a. long-term workforce modelling on the supply and demand of health professionals and care workers (however described), to inform the development of workforce strategies for aged care**
- b. overall management of the training pipeline for health professionals and care workers, in partnership with the States and Territories, universities, Registered Training Organisations, National Boards, professional associations, specialist colleges and other key stakeholders**
- c. driving improvements in labour productivity across the health professions and care workforce (however described)**
- d. ensuring an appropriate distribution of the health professional and care workforce to meet the needs of population across the aged care sector, particularly in rural and regional Australia, and**
- e. facilitating the migration of health professionals and care workers to Australia to address identified health, aged care and disability workforce needs.**

Dementia Australia supports this recommendation for a mechanism that facilitates a broad strategic approach to the aged care workforce, though we also note the importance of complementary mechanisms at a service level. We recommend that, for the most comprehensive system change, there should be obligations at the approved provider level to demonstrate how they undertake appropriate levels of workforce planning around recruitment, retention and creating career pathways with regard to developing dementia specialists and creating dementia practice leaders.

11. The Australian Government should work in partnership with the Aged Care Workforce Industry Council, and provide the financial and practical support necessary to implement the Aged Care Workforce Strategy Taskforce Report recommendations.

Dementia Australia supports this recommendation and welcomes ongoing engagement with and through these mechanisms.

Dementia Australia would welcome the opportunity to further discuss with you our comments on Counsel Assisting's submissions on the future of the aged care workforce. We urge you to consider the way in which dementia could be (and arguably should be) qualified within your final recommendations and look forward to the ways in which the Commission's final report will facilitate the creation of an aged care sector and workforce that has the ability and capacity to provide quality care to people living with dementia.