

Aged Care Workforce Submission

Presented to the Royal
Commission into Aged Care
Quality and Safety

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety on behalf of the physiotherapy profession.

Our profession focuses on maximising the quality of care delivered to older Australians. We want to achieve the best health and wellbeing outcomes at the lowest cost whilst maintaining an individual's right to safe and high-quality care. Physiotherapy can improve the value of quality care in community and Residential Aged Care Facilities (RACFs), however the systems and structures of the current system make value difficult to achieve.

The Royal Commission provides the opportunity to re-orient aged care services towards a high quality and safe model that allocates resources to evidence-based early interventions, especially those which would reduce acute care episodes and improve the quality and safety of care provided.

Physiotherapy can play a substantial role in keeping people well and in maximising their wellbeing and quality of life if they have a health or functional condition. This includes ensuring safe and quality care delivery as part of a multidisciplinary team.

We are concerned that aged community members, and their families, may not fully appreciate the safe, and quality care that a physiotherapist can achieve in aged care, or the important role physiotherapists play in the early detection of elderly mistreatment.

Care delivery and planning that supports the early detection of changes in behaviour, and physical and cognitive decline is vital. Investing further in early detection of change will save money on complex care in the future. Physiotherapists have the skill and knowledge to thoroughly assess a person, and where required, to change a person's care plan.

At the APA we have implemented a number of peer and professional regulatory tools to support the profession in delivering high quality and safe care, such as the APA Code of Conduct. We want to see further expansion of resources such as these across service providers to prevent the mistreatment of people living in the community and residential aged care facilities.

A sustainable workforce cannot be overlooked to ensure safe and high quality care. While supporting the existing workforce is an integral part of aged care services, it is important that a strong and sustainable career pathway is implemented for the emerging workforce. This includes students and individuals who are new to working with older people.

The APA strongly recommends the Commission:

- *Explore mechanisms that would see aged care workforce personnel provided with consistent ongoing education, training and support;*
- *Determine ways to improve reporting of mistreatment while not placing excessive and duplicative regulation burden on providers;*
- *Define mechanisms that ensure that the aged care workforce adheres to consistent and transparent decision-making, which includes the participant, carers/family members and physiotherapists.*

We welcome the opportunity to attend a Royal Commission Hearing on behalf of the physiotherapy profession.

Summary of Recommendations

Recommendation 1

We strongly recommend the substantial investment in workforce research and the establishment of an age care workforce Steering Committee representing the sector, medical and allied health professions, including physiotherapy, tasked with commissioning and assessing research into best practice workforce models.

Recommendation 2

The Commission apply a human-rights based approach to the design, delivery and monitoring of services for older people to ensure all Australians, regardless of location, demographics or socio-economic status are able to access high quality and safe care as they age, in the environment of their choosing.

Recommendation 3

We strongly recommend that the Commission work with governments and other agencies to prevent a duplication of regulation and accreditation in the primary health and social services arena.

Recommendation 4

The Commission needs to fund and support aged care workforce career progression, including appropriate supervision, mentoring, networking (peer support) and quality improvement.

Recommendation 5

The APA believe the Commission should develop support mechanisms to help staff to undertake specific geriatric training and education, and to promote the supply of an adequately skilled workforce.

Recommendation 6

The Commission consider developing a map of the workforce 'market', including workforce distribution, skills and experience across Australia, charted against older demographics to address issues of the accessibility, timeliness, and availability of aged care workers.

Recommendation 7

The Commission support the development of a communications and information platform to capture data on the effectiveness of high quality care, identify areas of acute need and improve transparency and accountability for service providers.

Strengthening the quality of aged care services

It is clear that there is a dearth of data about best practice workforce models in the aged care sector to inform future approaches. Yet, this modelling is precisely what is required to understand the complex mix of skills, staffing ratios, training and commitment required in a sustainable aged care sector.

Before any new workforce models are implemented, we recommend substantial investment into researching best practice with the participation of the sector, medical and allied health specialists, including physiotherapy.

Having undertaken significant effort to understand successful staffing mix options, ratios and education requirements will establish a firm foundation for reform of the workforce.

This reform should not be a “one size fits all” approach but rather encourage tailored approaches to meet the distinct needs of individual communities. The tailored approaches should be guided by best practice models to ensure consistently safe and high quality care.

Wider changes to the sector cannot occur without also considering reform to the existing workforce and regulatory environment.

Physiotherapists working in Australian Residential Aged Care Facilities (RACFs) and with older people, like all physiotherapists, are obliged to follow several forms of regulation to ensure individuals receive high quality care. These regulatory mechanisms are in place to ensure safe and quality practice. We believe these regulatory mechanisms can be expanded across the breadth of the aged care workforce to encourage quality care.

The physiotherapy profession engages in a range of strategies to reduce the prevalence of low value care. These include driving the application of clinical guidelines, reducing error and harm, and strengthening the skills of patients and older people as consumers.

We understand the importance of improving the value and quality of care, which is created for residents in RACFs and older people in the community. This includes reducing the likelihood of resident mistreatment due to low quality care.

Regulation in physiotherapy includes self-regulation, regulation by peers, regulation by the market and regulation by government.

Regulation by self and peers

Self-regulation and regulation by peers are based on establishing cultural and behavioural traits of practitioners to minimise the mistreatment of residents in residential aged care facilities. Professional culture, and ‘peer pressure’ within the profession can be leveraged for good – helping to oppose antisocial, unsafe and uncivil behaviour. The APA Code of Conduct and clinical practice standards and guidelines, are an important part of self and peer regulation.

The APA Code of Conduct sets out the ethical foundation and professional obligations for APA members. The APA Code acknowledges the moral responsibility of physiotherapists to clients (including older people), families, colleagues and communities they work with and the healthcare system they work within.

The four principles of the Code of Conduct are:

- *Respect the rights and autonomy of the individual*
- *Cause no harm*
- *Advance the common good; and*
- *Act fairly*

The Code of Conduct works to prevent the mistreatment of residents in RACFs and other work environments by ensuring physiotherapists identify the causes and effects of harms, whether intentional or unintentional. The Code stipulates physiotherapists work to prevent, manage and mitigate harm.

The principles in the Code of Conduct support a value-base framework that guides and strengthens physiotherapist's capability to make ethical decisions and provide safe, quality care.

The APA Code of Conduct, guidelines for clinical notes and practice standard, are a comprehensive resource to guide the reporting, escalation and response to mistreatment of consumers in a variety of settings, including RACFs. The resources encourage self and peer regulation, and support physiotherapists to detect and manage the mistreatment of older people in their care.

The APA strongly supports other staff working in RACFs to be trained to escalate safety issues through a consistent peer-reviewed pathway, while providing high quality care. Training and support mechanisms are vital to empower staff to respond appropriately when mistreatment is detected.

The APA Response – the National Professional Standards Panel

The APA has established the National Professional Standards Panel (NPSP). The purpose of the NPSP is to educate, encourage and assist APA Members to uphold standards of professional conduct, meet professional and ethical obligations of the APA Code of Conduct and achieve a high quality standard of practice. In the event that a complaint is made against a member physiotherapist, the NPSP acts as a peer response mechanism. The outcomes may vary from escalation of the case to the Australian Health Practitioner Regulation Agency (AHPRA), or other disciplinary action. The NPSP also has a role in remediation should this be appropriate for the involved physiotherapist.

A strength of the NPSP is its capacity to conduct disciplinary proceedings in a fair and consistent manner without over regulating physiotherapists. The NPSP ensures that issues that arise are considered in a timely and appropriate manner.

Regulation by Government and the market

The Physiotherapy Board of Australia externally regulates physiotherapy services. The APA Code of Conduct closely aligns with the Physiotherapy Board of Australia Code of Conduct.

Like many other health professions, physiotherapists providing services in RACFs and aged community care are required to meet regulations set by the Australian Health

Practitioner Regulation Agency (AHPRA). AHPRA set registration standards, accreditation standards, and codes and ten guidelines to ensure high quality care.

The Physiotherapy Board of Australia works in partnership with AHPRA to implement the National Registration and Accreditation Scheme, under the Health Practitioner Regulation National Law.

The role and function of regulatory authorities appear to be varied and at times, inconsistent. The role and function of quality agencies needs to have a reliable and consistent approach to regulation.

We support the work of Aged Care Quality and Safety Commission. In the event that mistreatment occurs, we encourage members of the public, family and consumers to complain to NPSP and AHPRA and the police if necessary. We want to see any issues that do arise are dealt with appropriately.

The negative impact of overlapping accreditation requirements

Despite the government's commitment to ensuring safe and quality care through adherence to standards, primary care physiotherapists are increasingly alarmed at the prospect of meeting multiple sets of external standards and accreditation schemes.

The most obvious of these duplications is between the health sector and the proposed accreditation process by the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission.

The fundamental systems and processes for ensuring safety and improving quality are essentially the same in these different arenas. Physiotherapists find that the costs of participation outweigh the positive impact of being accredited by multiple schemes.

As a result, we strongly oppose any model that would result in duplication of demands for accreditation to ensure high quality care in RACFs and aged care community care.

Recommendation 1

We strongly recommend that the establishment of an age care workforce Steering Committee representing the sector, medical and allied health professions, including physiotherapy, tasked with commissioning and assessing research into best practice workforce models.

Recommendation 2

We strongly recommend that the Commission work with governments and other agencies to prevent a duplication of regulation and accreditation in the primary health and social services arena.

Recommendation 3

We recommend that the Commission consider mechanisms that would ensure that responses to mistreatment of residents in RACFs and in the community by regulatory agencies are consistent, timely and reliable.

Sustainable aged care service delivery

Aged care service delivery can be enhanced by making improvements to the aged care workforce and effective use of information technology.

Workforce

A thriving and sustainable workforce is integral to improving the quality and safety of care provided to older Australians. A workforce that is appropriately recruited, trained, remunerated and receives ongoing professional development, career advancement and recognition throughout their tenure will not only improve workforce satisfaction and lower staff churn, but also increase quality care delivered to older people.

It is acknowledged that the aged care workforce is under resourced in a variety of ways, including staffing levels. This directly impacts the capacity across all care environments, including residential aged care facilities, community care providers and flexible care (such as Short-Term Restorative Care – provided in the community or residential environments) to deliver preventive, restorative and reablement care.

As part of care delivery and planning, a sustainable workforce cannot be overlooked.

The aged care workforce must have an appropriate level of knowledge, skills and experience to appreciate the complexity of the people in their environment and provide support services appropriately.

Perception of the aged care workforce is important for decision making. New graduates will not be attracted to work with older people - it is generally believed to offer few development opportunities, even if this is not the case. We know that working in aged care can be an immensely rewarding career choice. However, for this to be more broadly understood, it is critical that the aged care workforce is recognised professionally and financially for their contribution, and that these positions are sought after for these reasons.

APA Members comment there is large variation in the skills, knowledge and experience of people working with older Australians, and there are often inconsistent and inadequate funds and services assigned to people with similar circumstances and abilities.

Inappropriate variations in aged care service delivery can be the result of a variety of factors. Issues of delivery can be significantly influenced by workforce experience, expertise and qualifications.

Career pathway

An aged care workforce that has access to appropriate career advancement and recognition (including appropriate remuneration) will improve care outcomes, as individual care providers invest in their career progression.

While supporting the existing workforce is an integral part of aged care services, it is important that a strong and sustainable career pathway is implemented for the emerging workforce. This includes students and individuals who are new to working with older people, along with professionals who have provided aged care services for some time.

The market needs to fund and support career progression, including appropriate supervision, mentoring, networking (peer support) and quality improvement for the workforce. A system that focusses on mentoring, maintaining excellence and advances and supporting a new generation of experts is critical for the aged care workforce.

Currently, the physiotherapy profession has a gerontology career pathway, which allows physiotherapists to complete additional training in gerontology and advance their career. Physiotherapists are able to complete level one and level two professional development, and thereafter, have the opportunity to pursue either 'titling', 'specialisation' or a 'fellowship' to become a Fellow of the Australian College of Physiotherapists through further practical or academic study. This clear career pathway provides physiotherapists the opportunity to become more specialised in the skills and services they provide, while gaining recognition amongst peers and consumers for the level of training and experience they have. The career pathway gives physiotherapists the chance to invest professionally in gerontology and be remunerated for their specialised skill set.

A model similar to the physiotherapy profession could be adapted to other areas of the aged care workforce.

Basic training and education for all aged care staff

Providing comprehensive, consistent and detailed training to all aged care employees, not only at the time of recruitment, but also annually during their employment, will encourage improved quality care delivery.

Similar to physiotherapists who are required to complete annual professional development to maintain registration, we believe a model of compulsory education and training for all aged care workers would encourage consistency and high quality service delivery for older people.

Acknowledging that professional development already exists for other allied health professions and nursing, there is an opportunity to streamline training pathways and content across all personnel working with older people.

A basic training module for new staff with regular 'refresher' courses would provide a baseline understanding of working with older people, and enhance understanding across providers.

Content may include, but not limited to:

- Communicating effectively with older people (verbally and in writing, including accessible information)
- Understanding frailty, palliative care, grief and loss when supporting older people and their families
- Understanding continuum of care
- Understanding common conditions frequently seen with the older person - including dementia and issues of continence, mobility changes and falls, and persistent pain
- Understanding scope and skillset of allied health professionals, including physiotherapists, and the value and evidence-based scope of services provided by allied health professions (including avoiding non-evidence-based therapies)
- Empowerment, rights and supporting consumer choice and control

Additionally, there is opportunity to improve basic exposure and gerontology training to health professionals through University and TAFE courses. Clinical exposure to older patients and residential aged care facilities through undergraduate courses also varies across training institutions.

Allied Health Assistants as part of the aged care workforce

Allied health assistants support physiotherapists in their work in RACFs. Allied health assistants are supported and supervised by physiotherapists to ensure that the care they are providing is conducted in a safe, effective and appropriate way.

Allied health assistants are in regular contact with residents, and have the capacity to discover many issues of safety or quality, including mistreatment, prior to emergence or very shortly thereafter.

Literature suggests that introducing allied health assistants can lead to increased patient or resident satisfaction, increased frequency of clinical occasions, more time for allied health practitioners to concentrate on complex tasks and improved clinical outcomes¹.

The APA believe there is a role for allied health assistants in aged care. However, communication and supervision arrangements between allied health assistants and physiotherapists must be thoughtfully addressed and funded to ensure allied health services are safe and effective. Supervising, supporting and training allied health assistants is just one of the many non-face to face services physiotherapists provide.

The delegation of tasks to an allied health assistant is determined by the physiotherapist and depends on the knowledge, skills and prior training of the allied health assistant, the older person's goals and the level of supervision available to support the allied health assistant.

We believe the Government needs to explicitly document the formal partnership between physiotherapists and their therapy assistant to improve consumer and provider understanding.

Workforce distribution

It is likely that the true demand for the aged care workforce is yet to be realised nationally, as population demographics shift across Australia.

Importantly, our members foresee an increasing demand for the aged care workforce in coming years, as the aged care sector responds to the challenges of changing consumer expectations, technologies and social circumstances.

As aged care demand increases, we are concerned that the aged care sector has been unable to achieve the creation of a stable 'backbone' of experienced staff.

There is opportunity for the Government to develop a predictive model for aged care workforce supply and consumer demand. This would include differentiating consumer demand in residential aged care facilities and home and community care.

A transparent online data capture system that articulates rates of home care package use and fund utilisation would create a clearer picture of workforce supply and demand.

A map of the workforce 'market', including workforce distribution, skills and experience across Australia, charted against older demographics may help to address issues of the accessibility, timeliness, and availability of aged care workers.

Clearly articulating supply and demand for the workforce will help to improve system efficiency and, importantly, transparency for consumers and service providers, and improve the quality and level of supports made available to older Australians based on their personal circumstances.

Staffing ratios

The APA believe that staff delivering services to older Australians should focus on high quality and evidence-based care, that results in positive outcomes for consumers.

Consumer benefit, not a focus on the number of providers should drive demand.

As discussed earlier, by effectively mapping provider and consumer demand, it will be easier to distribute services more effectively to where it is required.

The government must support innovative incentives for quality care

We appreciate the active discussion occurring about the quality of care provided in community and RACFs. However, we feel there is opportunity for further outcomes-based approaches in reviewing quality care in community care and RACFs. We support both 'incremental fixes' along with a more extensive review of how quality care in RACFs can be maximised to avoid the mistreatment of older Australians and residents.

We believe that effective use of information and technology has the capacity to improve the efficiency and transparency of care service delivery.

Information and communications platform

We believe the development of an information and communications platform, which includes data collection, would improve aged care delivery and planning and in turn, improve quality and safety for consumers. Such a digital platform, may include an electronic health record, and could, among other attributes, have a function for recording consumer behaviour, wellbeing and function. This platform would be able to collate patterns and behaviours with the potential to include a predictive element.

Using data to prove the efficiency and quality of care delivered may help determine patterns of mistreatment, and conversely highlight excellent quality care.

A national dataset, collected from an effective information and communications platform will also enable better workforce planning. It could be used to identify areas of acute need. It will also support economic analysis that will provide transparency of value for funding and service delivery. It may also assist in directing where training hubs could be located, or where student clinical placements could be undertaken to shift distribution.

The APA supports the collection of de-identified data on aged care provider performance to improve transparency for consumers and other providers. Reporting will encourage accountability and reduce the likelihood of inappropriate treatment or poor-quality care.

The release of an annual public report demonstrating rates of mistreatment should be followed by the opportunity for consultation with the sector to allow continuous improvement.

Recommendation 4

The Commission needs to fund and support aged care workforce career progression, including appropriate supervision, mentoring, networking (peer support) and quality improvement.

Recommendation 5

The APA believe the Commission should develop support mechanisms to help staff to undertake specific geriatric training and education, and to promote the supply of an adequately skilled workforce.

Recommendation 6

Developing a map of the workforce 'market', including workforce distribution, skills and experience across Australia, charted against older demographics to address issues of the accessibility, timeliness, and availability of aged care workers.

Recommendation 7

The Commission support the development of a communications and information platform to capture data on the effectiveness of high quality care, identify areas of acute need and improve transparency and accountability for service providers.

Conclusion

The APA is committed to improving the quality of care provided to older Australians.

We would welcome the opportunity to provide evidence to the Commission and to work with the Commission and other stakeholders on the reforms that emerge.

Australian Physiotherapy Association

The APA is working to ensure is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 26,500 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.