



Australian Government

Australian Government response to the Senate Community Affairs
References Committee report:
Future of Australia's aged care sector workforce

June 2018

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Introduction

The Australian Government welcomes the report of the Senate Community Affairs References Committee (the committee) into the future of Australia's aged care sector workforce.

The Government thanks the committee for its work, and notes the wide range of matters covered in submissions and evidence from individuals and organisations with an interest in the role of the workforce in delivering high quality services and care for senior people in Australia.

Australian Government funding for aged care services

The Australian Government is the principal funder of aged care, providing estimated funding of \$17.1 billion in 2016–17 to support aged care consumers and the sector. Government spending on aged care will continue to grow over future years and is expected to reach over \$22.3 billion by 2020–21. The delivery of services to senior people under these arrangements depends upon the workforces of funded providers.

Continuing reform and a responsive workforce

As noted by the committee, the aged care sector is in the midst of a continuing transition process which started in 2013.¹ Fundamentally, this is about moving towards a consumer-centred demand-driven system. Providers, their workforces, consumers and informal carers are being supported by the Australian Government in a variety of ways to respond to these reforms.

The Government and providers have a shared interest in an aged care system that is sustainable and gives consumers choice and control over their care. The workforce is a key enabler in ensuring these outcomes.

Aged care workforce strategy taskforce

The Committee's report acknowledges the Australian Government's commitment to establish a taskforce to develop an aged care workforce strategy. 12 of the Committee's 19 recommendations raise considerations relating to the work of the taskforce and development of an aged care workforce strategy.

The taskforce has been established and commenced its work. On 14 September 2017, the Minister for Aged Care announced the appointment of the taskforce chair, Professor John Pollaers. Taskforce membership and Terms of Reference were announced on 1 November 2017, with the first meeting held on 30 November 2017.

The taskforce will examine a range of issues to boost workforce supply, address demand issues and improve productivity of the aged care workforce, and is due to report to the Minister for Aged Care by 30 June 2018. The taskforce is a significant opportunity for the sector to develop a considered view of what needs to be done to achieve a skilled and sustainable workforce that supports safe, quality aged care for senior people. The taskforce is engaging and consulting with interested stakeholders through mechanisms including

¹ The Aged Care Financing Authority's fourth report 2015-16, pages 24-25 summarised the scope and progress of the projected 10-year reforms see: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/10_2016/acfa_annual_report_on_funding_and_financing_of_the_aged_care_industry_2016.pdf

technical advisory groups, roundtables, workshops, workforce summits, public submissions processes, aged care community consultations, and specialist advisers.

On 14 March 2018 the Australian Government and the Australian Industry and Skills Committee (AISC) announced the establishment of a specific-purpose Aged Care Industry Reference Committee (IRC) to focus on the reforms arising from the work of the Aged Care Workforce Strategy Taskforce. The Aged Care IRC will be responsible for:

- reforming national training package qualifications and skill sets needed by the industry
- examining new approaches to career structuring and progression in the sector, and the education pathways needed to support these
- scoping of opportunities for collaboration across vocational education and training, higher education and a range of industry sectors to tackle the challenges of an ageing society.

Aged care and disability workforces

The Government has also committed funding of \$33 million over three years, from 2017-18, to help existing service providers in the disability and aged care sectors grow their workforce, particularly in regional, rural and outer suburban communities. This package will help employers increase the supply of care workers in the right geographical areas to meet the needs of both National Disability Insurance Scheme participants and the aged care sector.

Outcomes of two independent reviews with workforce components

The outcomes of two independent reviews have become available since the committee's 20 June 2017 report. The findings will inform the Australian Government and contribute to the taskforce's consideration of workforce issues.

The Aged Care Legislated Review report, tabled in Parliament on 14 September 2017, covered a range of workforce matters.

The report of the Review of the National Aged Care Quality Regulatory Processes, released by the Minister for Aged Care on 25 October 2017, covers improvements to regulatory activities applying to quality of care in residential aged care facilities.

Action on workforce matters involves a number of Commonwealth bodies

The involvement of a number of government agencies with policies, activities and programs relevant to the aged care workforce featured in the Commonwealth's information and evidence to the Committee.²

The Department of Health led the coordination of this response to the Inquiry that includes information from the Department of Education and Training.

The Government has considered the 19 recommendations made in the committee's report and responses follow on each recommendation.

² See submission number 293 at:

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Aged_Care_Workforce/Submissions

Additional information was also provided in March 2017: see

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Additional_Documents

Recommendation 1

The committee recommends that the aged care workforce strategy taskforce be composed of representatives of service providers, workforce groups, including nurses, care workers/personal care attendants, medical and allied health professionals, and others, and representatives of consumers and volunteers. Representatives of workers, care providers and consumers from regional and remote areas should also be included.

Australian Government response

The Australian Government **supports** the engagement of a broad range of stakeholders, including those identified by the committee, in the development of an aged care workforce strategy.

The taskforce will access required expertise and ensure effective engagement with the significant number and variety of interests in the development and implementation of a strategy.

The Department of Health is responsible for supporting the taskforce to access advice and guidance on a number of specific areas or issues, including such aspects as:

- rural and remote workforce issues;
- allied health;
- staffing requirements, including access to General Practitioners and other health professionals;
- access to vocational education and training, including improved responsiveness to employer needs;
- higher education, including specialised professional training and development; and
- sector attractiveness.

Recommendation 2

The committee recommends that the government, as a key stakeholder in aged care in terms of regulation, policy, intersections with other sectors and the coordination of government involvement, and as the key source of funding and revenue for the aged care sector, must be an active participant of the taskforce and must take ownership of those aspects of the workforce strategy that will require government intervention and / or oversight.

Australian Government response

The Australian Government **supports** the recommendation, noting that outcomes or priorities for action are likely to be for the medium to long-term.

The Government will take an active part in the work of the taskforce, principally through the Department of Health, which includes:

- providing an ex-officio representative on the taskforce
- making available information, data and research to support the work of specialist advisory groups and the development of the strategy
- supporting access to specialist or subject matter advice and expertise
- engaging with other Commonwealth departments or agencies having policies, programs or expertise relevant to strategy development and implementation.

Aged care reform is a continuing process, affecting consumers, informal carers, providers and their workforces, with the current reform program starting in 2013 and expected to cover a 10 year period. This means any workforce matters arising for consideration by the Government would need to be dealt with in the context of broader ageing and aged care policy development.

Recommendation 3

The committee recommends that the aged care workforce strategy include a review of existing programs and resources available for workforce development and support and ensure consideration of the NDIS Integrated Market, Sector and Workforce Strategy to identify overlapping issues and competitive pressures between the sectors and how they may be addressed.

Australian Government response

The Australian Government **supports** the recommendation.

Existing programs and resources

The Australian Government's submission (number 293) to the inquiry summarised the programs and resources available across government to aged care providers for workforce development and support, including coverage of such aspects as dementia, palliative care, workforce data and supports for providers in rural, remote and very remote locations. This information can be drawn on and considered by the taskforce as part of its work in developing a workforce strategy.

Consideration of the NDIS Integrated Market, Sector and Workforce Strategy

The Australian Government agrees the NDIS Integrated Market, Sector and Workforce Strategy should be considered in the context of developing the aged care workforce strategy.

The Department of Health and the Department of Social Services are committed to working in a complementary and coordinated way to employ cross-sectoral approaches to growing the disability and aged care workforce.

A practical and immediate reflection of this is in the Boosting the Local Care Workforce 2017-18 Budget measure. The Specialist Coordinator element of the measure will engage a group of up to 10 nationally focussed Specialist Coordinators to assess and respond to changes in the disability and aged care sectors. They will work with key stakeholders to identify and analyse risks, including observing consumer demand versus provider supply and identifying gaps in the market.

The Specialist Coordinators will address ten focus areas, including supporting participants with high support needs; allied health providers in the NDIS and aged care, specialist disability accommodation providers; supporting market development in remote areas across aged care and NDIS; and encouraging more Indigenous owned organisations to register as NDIS providers or work in the aged care sector.

The recommendations they make to Government will help to address identified market issues, and provide an input to the development of an aged care workforce strategy.

Recommendation 4

The committee recommends that, as part of the aged care workforce strategy, the aged care workforce strategy taskforce be required to include:

- *development of an agreed industry-wide career structures across the full range of aged care occupations;*
- *clear steps to address pay differentials between the aged care and other comparable sectors including the disability and acute health care sectors;*
- *mechanisms to rapidly address staff shortages and other factors impacting on the workloads and health and safety of aged care sector workers, with particular reference to the needs of regional and remote workers including provision of appropriate accommodation; and*
- *development of a coordinated outreach campaign to coincide with developments introduced through the workforce strategy to promote the benefits of working in the aged care sector.*

Australian Government response

The Australian Government **notes** the recommendation.

The Government would expect the aged care workforce taskforce to consider the range of matters noted in the recommendation.

The Government notes, however, it would not be appropriate for the taskforce to deal with workplace relations matters for which individual employers are responsible for, or deal with matters that are subject to the jurisdiction of industrial tribunals.

Higher education

The Turnbull Government's changes to higher education are focused on improving the student experience and better preparing students for the workforce – including greater transparency around admissions and student outcomes, and holding universities to account in responding to student and labour market needs.

Staff shortages in rural and remote workforces

The Australian Government funds a Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel to assist aged care service providers to address issues of staff shortages and factors impacting workloads by undertaking reviews and providing recommendations on organisational and staffing structures and gaps in the organisations work practices.

Project requirements have been broadened to assist organisations to develop and implement operational strategies which will address staff shortages and other factors impacting on workloads and the health and safety of aged care workers.

Funding is also available through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program to support the engagement and retention of aged care staff in Indigenous communities. Grants are allocated to provide secure staff accommodation which is essential to the delivery of aged care services.

Skills development – access to the Skilling Australians Fund

The Australian Government-funded Skilling Australians Fund, prioritised towards apprenticeships and traineeships, includes occupations in high demand and growth industries, as well as rural and regional Australia. The Skilling Australians Fund underpins a new partnership with the states and territories. From 2017–18 to 2020–21, an estimated \$1.5 billion will be available through the Skilling Australians Fund. Payments from the Skilling Australians Fund will support agreed state and territory government projects for skills, aligned with priorities outlined in the new partnership agreement.

Projects supporting apprenticeships, traineeships, pre-apprenticeships and higher level apprenticeships in the aged care sector, which meet the priorities and requirements of the Skilling Australians Fund, will be eligible.

Recommendation 5

The committee recommends that the aged care workforce strategy taskforce include as part of the workforce strategy a review of available workforce and related data and development of national data standards in a consultative process with aged care sector, and broader health sector and other relevant, stakeholders. Any nationally agreed data standards should enable comparison across and between related sectors where possible.

Australian Government response

The Australian Government **notes** the recommendation.

The Commonwealth publishes a range of specific data about Australia’s workforce participation trends and on the health, care and social assistance workforces.

Taken together, these data can be drawn on and analysed to inform business decisions by both established and prospective providers about their service strategies, and the capabilities and capacity needed to align with those strategies.

It is recognised that there is no one single set standards to the collection of these data and as a result existing data sources may not be well aligned or comparable.

In developing the strategy the taskforce will need access to expert advice on available workforce data, including the Department of Health’s National Health Workforce Dataset and Australian Bureau of Statistics’ industry and occupation collections.

Recommendation 6

The committee recommends that the aged care workforce strategy include consideration of the role of informal carers and volunteers in the aged care sector, with particular focus on the impacts of both the introduction of consumer directed care and the projected ageing and reduction in these groups.

Australian Government response

The Australian Government **supports** the recommendation, noting there are different considerations affecting volunteers, who can be part of the workforce, and informal carers.

Recommendation 7

The committee recommends that the national aged care workforce strategy includes consideration of the role of medical and allied health professionals in aged care and addresses care and skill shortages through better use of available medical and allied health resources.

Australian Government response

The Australian Government **supports** the recommendation, and expects the taskforce to consider the role of the above mentioned professions in the development of the strategy.

A mechanism to inform the taskforce in relation to medical specialist can be through the National Medical Training Advisory Network (NMTAN), which is an expert advisory group, supported by the Department of Health. The NMTAN has published the ‘Australia’s Future Health Workforce – Doctors’ report presenting long-term, national workforce projections for doctors to 2030. The NMTAN is currently undertaking supply and demand modelling of medical specialities. The information in the reports can be used to inform strategy development.³

Recommendation 8

The committee recommends that the government examine the introduction of a minimum nursing requirement for aged care facilities in recognition that an increasing majority of people entering residential aged care have complex and greater needs now than the proportions entering aged care in the past, and that this trend will continue.

Australian Government response

The Australian Government **notes** the recommendation. The Government expects the development of a workforce strategy would consider the composition of the workforce in light of the changing needs of older people.

Recommendation 9

The committee recommends that the aged care workforce strategy include consideration of and planning for a minimum nursing requirement for aged care services.

Australian Government response

The Australian Government **notes** the recommendation. The Government expects the development of a workforce strategy would consider nurses amongst the health professionals and other occupations engaged or represented in providing aged care services.

Consideration of this recommendation is linked with Recommendation 8.

³ Australia’s Future Health Workforce – Doctors’ report is available at:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-doctors>

Recommendation 10

The committee recommends that the government consider, as part of the implementation of consumer directed care, requiring aged care service providers to publish and update their staff to client ratios in order to facilitate informed decision making by aged care consumers.

Australian Government response

The Government **notes** the recommendation proposing residential aged care service providers publish and update their staff to client ratios.

There is already the opportunity for providers to include information outlining how they manage staffing at their facility in the aged care homes service finder tool on the My Aged Care website, in order to market this aspect of their offer to consumers.

The Government will consider additional approaches to achieve the intentions of this recommendation, which empower consumers with other forms of guidance and information on how to evaluate staffing levels and skills mix when considering an aged care home. For example, this may include questions they can ask providers about how staffing is managed in their service.

Through the Department of Health, the Government will continue to monitor the implementation of consumer directed care in home care and related reforms.⁴

See also: response to Recommendation 12.

Recommendation 11

The committee recommends that the government take immediate action to review opportunities for eligible service providers operating in remote and very remote locations to access block funding, whether through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program or through other programs. The committee further recommends that consideration be given to amending the 52 day limitation on 'social leave' for aged care residents living in remote and very remote aged care facilities.

Australian Government response

Access to block funding in remote and very remote locations

The Australian Government **supports** reviewing opportunities for eligible service providers operating in remote and very remote locations to access block funding. In the 2018-19 Budget, the Australian Government made \$105.7 million available to expand the National Aboriginal and Torres Strait Islander Flexible Aged Care Program progressively over 4 years. This will allow eligible service providers operating in remote and very remote locations to access block funding.

The Government recognises the challenges aged care service providers in rural and remote regions face. As a result the Government continues to respond to the needs of this group through a range of programs, funding supplements, education and training, and grants.

⁴ The Australian Government has made no decision on possible approaches to or timing of introducing consumer directed care into residential aged care.

The findings of the Australian National Audit Office's Report on Indigenous Aged Care were tabled in Parliament on 31 May 2017. Overall the report's findings were positive, concluding Government-funded aged care services are largely delivered effectively to Aboriginal and Torres Strait Islander people.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) has also been found to be effective in increasing access to culturally appropriate aged care services for elderly Indigenous Australians.

In 2017 the Government provided an opportunity for eligible residential aged care service providers that are not existing NATSIFACP providers to apply for funding under the NATSIFACP. This resulted in three additional North Queensland residential aged care services being funded under the program.

Social leave for aged care residents in remote and very remote facilities

The Australian Governments **notes** the part of the recommendation relating to consideration of amending the 52 day limitation on 'social leave'. Any changes of this legislative provision would need to be considered by government in the context of wider aged care reform.

Recommendation 12

The committee recommends that the Department of Health review the implementation of consumer directed care to identify and address issues as they emerge. Specific attention should be paid to any impacts on remuneration, job security and working conditions of the aged care workforce, and impacts on service delivery in remote and very remote areas, and to service delivery targeting groups with special needs, as identified in the Section 11-3 of the Aged Care Act 1997.

Australian Government response

The Australian Government **notes** the recommendation.

Through the Department of Health, the Government will continue to monitor the implementation of consumer directed care in home care and related reforms. This will include consideration of any additional steps that may be needed to support providers and their workforces in transitioning to and embedding the reforms, particularly in rural, remote and very remote locations.

The department uses a variety of methods to identify any emerging issues and monitor progress with implementation, such as feedback on where local providers are experiencing implementation challenges, including in rural, remote or very remote locations. The department also analyses the home care data to understand the issues that may have an impact on provider viability and service availability, particularly for rural and remote providers and consumers. Through these processes, the department may identify where additional support may be needed or where additional consumer supports may be required to assist consumers in exercising choice.

The Government notes that issues relating to remuneration, job security and working conditions of the aged care workforce are matters for providers as employers. The Aged Care

Quality Standards applying to aged care providers funded by the Government include provision for regulatory compliance, including compliance with employment laws.⁵

See also: response to Recommendation 10.

Recommendation 13

The committee recommends that the aged care workforce strategy ensure consideration of the service delivery context in which the workforce is expected to perform. The strategy should also include medium and long term planning for location- and culturally-specific skills, knowledge and experience required of the aged care workforce working with diverse, and dispersed, communities throughout Australia. This must specifically include addressing workforce issues specific to service delivery in remote and very remote locations.

Australian Government response

The Australian Government **supports** the recommendation.

The factors noted in the recommendation relating to the delivery of aged care services are taken into consideration in policy settings and funding for the aged care system. They are pertinent considerations for workforce planning for the sector as a whole and by providers and individual organisations.

Increased Australian Government funding of the Viability Supplement for aged care services in rural and remote locations

In addition to specific measures to support aged care services in remote and very remote locations outlined under the response to Recommendation 11, the Government provides a Viability Supplement for residential care, a payment made under the *Aged Care Act 1997* to assist aged care services in rural and remote areas with the extra cost of delivering services in those areas.

- As part of the 2014–15 Budget measure *Reprioritising the Aged Care Workforce Supplement*, the Viability Supplement was increased by 20 per cent.
- In 2015-16 changes were announced to improve the Viability Supplement by using a more modern methodology (the Modified Monash Model) for classifying providers in regional, rural and remote areas.
- The change applied from 1 January 2017, increasing the Viability Supplement to \$102.3 million over four years.
- The Government announced a further increase in the Viability Supplement for providers of services in rural and remote locations and for homeless older people in the Mid-Year Economic and Fiscal Outlook of 19 December 2016.
 - This supports rural, remote and homeless service providers eligible under the 2017 Scheme to address impacts from changes relating to the Aged Care Funding Instrument.
 - From 1 July 2017, the Viability Supplement was increased by \$19.3 million over four years, through a flat rate increase of an additional \$2.12 per resident per day.

⁵ See: standards for providers at: <https://www.aacqa.gov.au/providers/accreditation-standards>

Rural Workforce Agencies

The Australian Government funds Rural Workforce Agencies (RWAs) in each state and the Northern Territory to deliver the Rural Workforce Agency Program. Under this program, RWAs are funded around \$86m (GST inclusive) over three years to deliver a range of activities aimed at improving health workforce access, quality and sustainability. RWAs collaborate with their state colleagues through jurisdictional Health Workforce Stakeholder Groups (Stakeholder Groups) with a focus on addressing health workforce shortages and maldistribution. Through these Stakeholder Groups, areas of need will be identified and prioritised for the provision of workforce support and assistance. RWAs also provide various levels of support to graduates (tailored to their individual needs) training in regional, rural and remote regions of Australia.

Aged Care Diversity Framework

On 6 December 2017 the Minister for Aged Care and Minister for Indigenous Health, the Hon Ken Wyatt MP, launched an Aged Care Diversity Framework (the Framework). The Framework addresses common barriers affecting access to aged care services for people with diverse characteristics and life experiences to drive cultural and systemic improvements to the aged care system.

Under the Framework, initial action plans will be developed to focus on the particular needs of four diverse groups.

- Aboriginal and Torres Strait Islander people and communities.
- Culturally and Linguistically Diverse (CALD) communities.
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) elders.
- Older people who are homeless or at risk of homelessness.

It is anticipated the first three action plans will be developed by May 2018, with the homelessness action plan to be developed later in 2018. The Framework is envisaged to be a living document and action plans may be adjusted as the need arises over time.

Recommendation 14

The committee recommends that all recommendations of the Senate Education and Employment References Committee inquiry into the operation, regulation and funding of private vocational education and training (VET) providers in Australia be implemented.

Australian Government response

The Australian Governments **does not support** the recommendation. The Government tabled its response to the report on 7 February 2018.⁶

See also: response to Recommendation 15.

⁶ Australian Government response to the Senate Education and Employment References Committee report— Getting our money's worth: the operation, regulation and funding of private vocational education and training (VET) providers in Australia is available at: <https://docs.education.gov.au/node/49981>

Recommendation 15

The committee recommends that the aged care workforce strategy taskforce work with Australian Skills Quality Authority to establish nationally consistent minimum standards for training and accreditation.

Australian Government response

The Australian Government **supports** the need for the aged care workforce strategy taskforce to work with key bodies involved in skills development and training under the reformed vocational education and training (VET) arrangements in place since January 2016. This includes the role of the Australian Skills Quality Authority (ASQA) and those Industry References Committees with a stake in VET packages of relevance to aged care sector skills and occupations.

The Government notes that ASQA, in accordance with the *National Vocational Education and Training Regulator Act 2011* and associated Standards, enforces the minimum standards set in the endorsed component of the relevant training package.

The establishment of training package components as requirements is a matter for the Australian Industry Skills Committee (AISC). This consists of industry leaders from across Australia, and was established in May 2015 by the Council of Australian Governments' Industry and Skills Council. The AISC provides leadership and guidance to the VET system, bringing a strong industry-based perspective to enhance responsiveness, quality and relevance within the sector.

The AISC draws on advice from Industry Reference Committees (IRCs) which are made up of people with experience, skills and knowledge of their particular industry sector.

IRCs drive priorities for the review and development of training packages. The IRCs are supported by a Skills Service Organisation (SSO). The SSOs are funded by the Australian Government to serve as independent professional bodies which work with their industry or industries to develop training packages.

Recommendation 16

The committee recommends that the aged care workforce strategy taskforce work with the Australian Nursing and Midwifery Accreditation Council (ANMAC) to establish aged care as a core part of the nursing curriculum, establish dementia skills training, and develop greater collaboration between the sector and nursing colleges to increase student placements in aged care facilities.

Australian Government response

The Australian Government **notes** the recommendation, and notes there is established machinery for considering the issues involved.

The Department of Health's Nursing and Midwifery Education Advisory Network (NNMEAN) is an advisory body responsible for the provision of high level strategic advice to Health Ministers on an evidence based approach to planning, education, and employment

of nurses and midwives in Australia. This covers all sectors of employment, including in aged care.

The NNMEAN is developing a range of strategies to inform policy initiatives and innovation to improve the sustainability of nursing in Australia. Membership includes ANMAC and representatives from the health and aged care sectors.⁷

Dementia skills training

The Department of Health's submission to the committee outlined the programs and funding directed at dementia-related training and provider supports for aged care workers, including for health professionals working with older Australians in health and aged care settings.⁸

An example is the Dementia Training Program (DTP) which delivers accredited education, upskilling, and professional development for the workforce providing dementia care in the primary, acute and aged care sectors. This includes personal carers, nurses, medical specialists, GPs, pharmacists, allied health and other relevant health professionals aiming to improve the care and wellbeing of people living with dementia.

The DTP provider uses a network of teams to ensure training is available nationally, including in rural and remote areas, through face to face training, online learning, and a comprehensive range of free online resources and webinars.

Delivered by a consortium of five universities and Dementia Australia, the DTP has a strong Essential Collaborators Network with members from leading aged care, specialist dementia care, health education (including nursing) and research organisations. The DTP learning pathway is designed to enable clients to participate in training options which progress their knowledge from a foundation level to advanced dementia knowledge. The DTP supports choice in learning preferences, depths of engagement, training modality, and accreditation needs. It enables flexible training entry and exit points according to topic, time, and organisational factors.

Recommendation 17

The committee recommends that the government and the aged care workforce strategy taskforce develop a specific strategy and implementation plan to support regional and remote aged care workers and service providers to access and deliver aged care training, including addressing issues of:

- *the quality of training;*
- *access to training;*
- *on-site delivery of training;*
- *upskilling service delivery organisations to deliver in-house training; and*
- *additional associated costs relating to regional and remotely located staff.*

This strategy should take account of consultation and analysis such as that undertaken through the Greater Northern Australia Regional Training Network (GNARTN).

⁷ Information about the work of NNMEAN is at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/national-nursing-midwifery-education-advisory-network>

⁸ Submission number 293, pages 31-34.

Australian Government response

The Australian Government **notes** the recommendation, and would expect the taskforce to consider the various aspects identified.

The work undertaken by the Greater Northern Australia Regional Training Network, and other organisations which made submissions to the committee on regional and remote aged care workforce issues, can be drawn on to inform consideration of aged care training for regional and remotely located staff.

Recommendation 18

The committee recommends that the government work with the aged care industry to develop scholarships and other support mechanisms for health professionals, including nurses, doctors and allied health professionals, to undertake specific geriatric and dementia training. To succeed in attracting health professionals to regional and remote areas, scholarships or other mechanisms should make provision for flexible distance learning models, be available to aged care workers currently based in regional and remote areas, and include a requirement to practice in regional or remote locations on completion of the training.

Australian Government response

The Australian Government **notes** the recommendation, and would expect the taskforce to consider the various aspects raised in the Recommendation.

Administered through the Department of Health, the Health Workforce Scholarship Program (HWSP), established in June 2017, consolidates existing scholarship programs into a single program with a single administrator. The new program will deliver better outcomes and return on investment by targeting health outcomes of Australians through focusing support on up-skilling, capacity building, and retention activities for the existing health workforce with a commitment to rural service.

Through the HWSP, the Government is investing \$11 million per year over three years from 2017-18 to increase access to health services in rural and remote areas experiencing skill shortages through the provision of scholarships and bursaries to increase the skills, capacity and/or scope of practice of health professionals (including doctors, nurses and the allied health professionals) committed to rural service.

Under the Regional and Rural Enterprise Scholarship Program, the Australian Government is providing a total of \$24 million to support at least 1200 people from low socio-economic status backgrounds in regional and rural areas to access university study. The scholarships are eligible for courses in science, technology, engineering and mathematics, as well as medical studies, nursing, pharmacy, dental studies and public health science.

The Government is also providing \$15.2 million over four years to support the establishment and operation of regional study hubs across Australia, to improve access to higher education for regional and remote students who are studying via distance education at any Australian university.

Recommendation 19

The committee recommends that the government examine the implementation of consistent workforce and workplace regulation across all carer service sectors, including:

- *a national employment screening or worker registration scheme, and the full implementation of the National Code of Conduct for Health Care Workers;*
- *nationally consistent accreditation standards;*
- *continuing professional development requirement;*
- *excluded worker scheme; and*
- *workplace regulation of minimum duration for new worker training.*

The regulation of the workforce must address:

- *historical issues impacting on employment of Aboriginal and Torres Strait Islander peoples; and*
- *ways to ensure the costs of this regulation are not passed on to workers.*

Australian Government response

The Australian Government **notes** the recommendation.

The recommendation contains a number of elements, each of which would need to be considered in the context of experience with the full rollout of the NDIS (to be completed by 2019-20), the issues to be assessed by the sector-led taskforce in developing an aged care workforce strategy during 2017-18 and 2018-19, and wider aged care reform.

National Code of Conduct for Health Care Workers

Personal Care Workers, Assistants in Nursing and a number of allied health disciplines are not included in the National Registration and Accreditation Scheme (NRAS). In recognition of the need to provide for public safety for health care workers not regulated under NRAS, Health Ministers agreed in April 2015 to the establishment of the Code. This Code includes minimum standards expected of all health care workers, will include national prohibition orders, and includes workers in the aged care sector.

All state and territory governments are in various stages of passing relevant legislation for the Code in their jurisdiction, with four jurisdictions (New South Wales, South Australia, Queensland, and Victoria) having the Code in place for unregistered health practitioners at the time of this response.