



Australian College of Nursing

RESPONSE TO AUSTRALIAN GOVERNMENT: SKILL SET CONSULTATION PAPER

DEPARTMENT OF EDUCATION, SKILLS AND EMPLOYMENT (DUE APRIL 29TH, 2020)

Please Note:

- i) In the Australian College of Nursing's (ACNs) response, the proposed personal care assistant role described in the Skill Set Consultation Paper will be referred to as an "entry level care worker".**
- ii) ACN's response is relevant for both the aged care and disability sectors.**
- iii) In Australia there are two categories of nurse who hold registration with the Nursing and Midwifery Board of Australia (NMBA). These include the registered nurse (RN) and the enrolled nurse (EN). Both the RN and EN have successfully completed an education program of study accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA, however the EN must only provide nursing care, under the direction, delegation and supervision of a RN.¹**

¹ Australian Nursing and Midwifery Federation 2019. Nursing education: enrolled nurse. Accessed at: http://www.anmf.org.au/documents/policies/P_Nursing_education_EN.pdf

General Comment

The Australian College of Nursing (ACN) welcomes the opportunity to provide feedback on the Skill Set Consultation Paper developed by the Department of Education, Skills and Employment (April 2020).

In general, ACN understands the “intent” behind the proposal to upskill individuals for a surge workforce from other industries (mainly non-health e.g. hospitality and hotel industries) into entry level caring roles to respond to potential workforce demands within the aged care and disability sectors that could eventuate as a result of the COVID-19 pandemic. While the proposal attempts to take a pragmatic approach to an emergency guidance workforce, ACN feels it is important to acknowledge the inherent risks to public safety and to these vulnerable populations. ACN believes that the Australian Government cannot gamble with these potential risks even if the proposed entry level care worker is intended for use in a time limited and function limited manner as a surge workforce solution.

While the proposed role intends for entry level care workers to undertake “low-risk” tasks, ACN believes that even tasks such as transferring fragile people carry risk of major injury to the elderly. Notably, the proposal makes the underlying assumption that these workers will be working under the direct supervision of a registered health care worker. In light of recent evidence presented at the Royal Commission into Aged Care Quality and Safety and the fact that even nurse workers cannot find training placements with adequate supervision, ACN does not believe delegation of “low risk” tasks to these workers can be safely supervised. ACN therefore does not support the proposed role of an entry level care worker. ACN views these workers and the early skill set training as a second layer/tier to the Unregulated Health Care Worker (UHCW) workforce and the Certificate III in Individual Support Training Package respectively.

In response to this consultation, ACN details specific reasons for not supporting this new role and provides alternative solutions to potential workforce demands in the aged and disability sectors. Specifically, ACN believes it is more valuable (in the current pandemic situation as well as for future workforce planning) to:

- i) Upskill non-practicing nurses;
- ii) Utilise out-of-work and/or under-employed nurses;^{2 3} and
- iii) Utilise unemployed graduate nurses.^{4 5 6}

² Hello Care 2020. Nurses join Centrelink queues during pandemic. Accessed at: <https://hellocaremail.com.au/nurses-join-centrelink-queues-pandemic/>

³ ABC News 2020. Coronavirus preparations leave casual nurses facing Centrelink queue as surgeries cancelled. Accessed at: <https://www.abc.net.au/news/2020-04-08/casual-nurses-facing-centrelink-queue-amid-coronavirus-pandemic/12129310>

⁴ Health Times 2016. Generation Next - Helping Worker Nurses and Midwives Find Jobs. Accessed at: <https://healthtimes.com.au/hub/nursing-careers/6/news/nc1/generation-next-helping-worker-nurses-and-midwives-find-jobs/1422/>

⁵ Nursing Review 2017. Worker nurses face frustration in gaining registered nurse experience. Accessed at: <https://www.nursingreview.com.au/2017/08/worker-nurses-face-frustration-in-gaining-registered-nurse-experience/>

⁶ The West Australian 2019. Hundreds of WA nurses go to Britain to find work under Health Department deal. Accessed at: <https://thewest.com.au/news/wa/wa-nurses-go-to-britain-to-find-work-under-health-department-deal-ng-b881140044z>

Care and Safety Concerns

ACN has provided a list of potential issues for your consideration (see below), which serve as reasons for not supporting the entry level care worker role.

1. Skill Mix

In ACN's 2019 White Paper titled 'Regulation of the Unregulated Health Care Workforce across the Health Care System', skill mix is described as follows:

"The terms 'skill-mix' and 'skills' are often used interchangeably, despite having different meanings. While 'skills' refer to an individual's abilities and level of performance to complete certain tasks, 'skill-mix' is related to staffing and refers to the number of nurses and their level of knowledge and skills on each ward and on every shift (Brennan & Daly 2009; Fagerström, Kinnunen & Saarela 2018). 'Skill-mix' varies by the nature of each patient's needs and can significantly impact patient outcomes. For example, a richer skill-mix is one where there is a greater number of RNs to other staff including Unregulated Health Care Workers (UHCWs), ensuring more hours of nursing care are provided by qualified and appropriately trained Registered Nurses (RNs). Staffing with a richer skill-mix is ideal to achieving better patient outcomes for the consumer/patient/resident." (Page 9)⁷

A poor skill mix has been strongly linked to poor patient outcomes.

UHCWs have a variety of work titles including personal care workers, assistants in nursing, and age care workers, however unlike a regulated RN or Enrolled Nurse (EN), they have limited knowledge and training around safe care and assessment of patients/residents/clients, including deterioration and functional decline. Therefore, the introduction of an entry level care worker as proposed in this consultation paper, who will have even less training than an UHCW presents significant risks to skill mix which requires consideration. Please refer to findings from the Royal Commission into Aged Care Quality and Safety (2019) for specific issues related to UHCWs.⁸

It is important to acknowledge that roughly 70% of the aged care workforce is currently made up of UHCWs. ACN has consistently expressed that this is of serious concern considering that an increasing number of elderly people entering the aged care sector are presenting with more complex care needs, and UHCW's have limited and varied training and preparation for the care of vulnerable individuals. The ACN white paper (2016) on 'The role of the RN in residential aged care facilities (RACFs)',⁹ and the ACN White Paper (2019) on 'Achieving Quality Palliative Care for All: The Essential Role of Nurses',¹⁰ outline the complex care needs of residents living in RACFs. Specifically, people living in RACFs more commonly have co-morbidities, chronic disease and multiple medications and 75% of people in RACFs are known to be 85 years of age or older. With the growing prevalence of co-morbidities associated with physical and cognitive decline, polypharmacy, and greater professional accountability, increasingly the residential aged care population requires more complex care that can only be provided under the direct supervision of an RN. In addition, the introduction of UHCWs in aged care settings impacts skill-mix (proportion of regulated RNs to UHCWs), particularly when introduced in a substitutive model (replacing RNs) versus a complementary model

⁷ ACN 2019. Regulation of the Unregulated Health Care Workforce across the Health Care System White Paper.

⁸ [Royal Commission into Aged Care Quality and Safety 2019. Interim Report.](#)

⁹ [ACN 2016. The role of registered nurses in residential aged care facilities Position Statement](#)

¹⁰ [ACN 2019. Achieving Quality Palliative Care for All: The Essential Role of Nurses White Paper](#)

(alongside/additive to RNs). ACN is particularly concerned as the current Aged Care Act 1997 (Cth) fails to establish and legislate safe staffing levels and skill-mix in the RACFs to ensure resident safety. For these reasons, the introduction of an entry level care worker in the home care or aged care facility setting (as well as the disability sector) is concerning and could not be supported.

2. Nomenclature/Work Titles

It is ACN's understanding that these entry level care workers will be referred to as some variation of a personal care assistant or UHCW. The current consultation paper indicates that new entry level care workers will only be required to undertake 55 hours of training (< 2 weeks) to perform "low-risk" direct care tasks, versus the roughly 715 hours (+120 hours in clinical assessments) undertaken by the majority of UHCWs who complete the Certificate III in Individual Support. Given that UHCWs have a much-limited scope of practice to RNs and ENs, this would then mean that the entry level care worker would have an even more limited scope of practice than an UHCW. ACN therefore questions the validity of referring to these entry level care workers as UHCWs or a variant of this work title. ACN believes the nomenclature could cause further confusion that already exists around the UHCW role due to an abundance of work titles.¹¹

In ACN's 2020 UHCW Position Statement,¹² ACN recommends that UHCWs must be regulated; and that nationally consistent nomenclature/titles, code of conduct, professional standards and scope of practice must be developed and implemented. Also, ACN recommends minimum education (specifically Certificate III) and ongoing professional development requirements for UHCWs. The ACN White Paper (2019) on 'Regulation of the Unregulated Health Care Workforce across the Health Care System',¹³ outlines the issues related to this workforce being unregulated. ACN is therefore concerned that the issues associated with UHCWs, which are also raised in findings from the Royal Commission into Aged Care Quality and Safety,¹⁴ will be heightened with the introduction of an entry level care worker.

During the pandemic, it would be more appropriate to utilise an existing skilled workforce who have experience understanding the complexity of vulnerable people and their susceptibility to rapid deterioration (e.g. nurse graduates, out of practice nurses, unemployed registered nurses, casual under-employed nurses etc.).

3. Screening, Tracking and Accountability

It is widely known that interpersonal skills matter to people receiving care, and especially to vulnerable populations in the aged and disability care sector. The proposed early skill set model fails to emphasise a screening process for such skills and in turn neglects to prioritise the vulnerable people receiving care. To meet the current legal and ethical crisis facing consumers in our society, the new Single Quality Framework (2018)¹⁵ was developed as a single set of standards to replace the following previous standards from 1 July 2019;

¹¹ [ACN 2020. Unregulated Health Care Workers Position Statement.](#)

¹² Ibid

¹³ [ACN 2019. Regulation of the Unregulated Health Care Workforce across the Health Care System White Paper.](#)

¹⁴ [Royal Commission into Aged Care Quality and Safety 2019. Interim Report.](#)

¹⁵ Australian Government (2018). Quality of Care Amendment (Single Quality Framework) Principles 2018. Accessed at: <https://www.legislation.gov.au/Details/F2018L01412>

1. Accreditation Standards;
2. Home Care Standards;
3. National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework Standards; and
4. Transition Care Standards.

Further from the reforms in aged and community care legislation, the care provider now has the new charter of rights (2019) that is mandated for compliance to protect and respect the rights of older people who are receiving government funded aged care services. It will be an important factor in establishing the positive partnership in care that is integral to maintaining a clinical governance framework. ACN believes that this entry level care worker will not be equipped with the knowledge base of the care standards and that the provider will inevitably be unable to meet the accreditation standards when under assessment for human resources and having quality trained suitable staff.

In addition, given that the entry level care worker is not a regulated health care worker, there is no method to track these individuals. Tracking is a necessary mechanism to hold workers accountable for their behavior. As highlighted in the Royal Commission into Aged Care Quality and Safety, vulnerable people are at risk of abuse including elder abuse. The inability to track or hold workers accountable, means that even if an entry level care worker is dismissed due to poor behavior with patient/clients/residents, there is risk of those employed individuals moving unnoticed onto other employers and continuing the elder abuse or unsafe practices.

On the contrary, ACN acknowledges that there are many workers who will seek to undertake the entry level care training with the best of intentions. However, it is important to highlight and not dismiss the potential risks these workers may face in the aged and disability sectors. Given the increased acuity of residents/clients in these settings along with their complex care needs, entry level care workers may not be sufficiently supported or supervised. These work environments can be very demanding and ACN believes it is necessary to ensure professional well-being, physical and psychological safety in an environment that may be in lock down and with diminished resources to supervise and support them.

4. Scope of Practice and Role Blurring

ACN has identified that the proposed entry level care model presumes that employees will perform low risk tasks (e.g. delivering meals) without engaging with the client. ACN disagrees with this presumption because for many clients accessing home care, this is a connection point for them and not just a “drop and run” delivery service. Using the delivery of meals as an example, the health care consumer in home care or the resident in RACFs may be experiencing loneliness or swallowing issues that the entry level care worker may not be able to identify to alert a registered health professional. More so, the patient/resident/client may expect other issues to be discussed when their meal is delivered and experience confusion when this does not occur (as this would be outside the scope of practice for the entry level care worker).

There is therefore a risk that patient/resident/client needs may not be met and that entry level care workers will be put in difficult situations working outside their scope of practice or working

beyond their scope of practice due to role blurring. We are aware of these issues with UHCWs and the potential for harm to patients/residents/clients. ACN believes that just like UHCWs, there is no guarantee that entry level care workers will work under the direct supervision of a regulated health care worker, nor that an RN will always be present and/or available. There is also no guarantee that the worker will be aware of all out of scope activities to know when to refer to an RN or other regulated health care worker.

The entry level training only provides two core competency units. It is concerning that dementia training is not offered to these workers given the high prevalence of cognitive decline in individuals cared for in the aged care sector. The assumption that dementia is not as much of an issue in home care is also incorrect as most people with dementia are cared for in their home. Without appropriate training in dementia care and the varying degrees of dementia including BPSD (Behavioural and Psychological Symptoms of Dementia), there is risk of failing to refer to a RN where necessary. This entry level training could be viewed as an opportunity or future career pathway and not as a certainty for immediate employment during the COVID-19 pandemic.

5. Competency and Assessment of Entry Level Care Worker

ACN does not believe that the proposed skill set assessment can be met. Supervision will require mediation from a registered health care worker to interpret care plans, the clients funding budgets and rights in the individual programs so that both the worker and patient/client/resident understand the needs and meet the requirements.

The units offered in the entry level training package are not adequate to meet the needs of even basic daily care to patient/client/resident even when adding the complexity of working with cognitive disability, dementia specific needs, responsive behaviours, mobility and dexterity, frailty and vulnerability, and incontinence.

The assessment of the practical skills that are outlined will require a Training and Education (TAE) qualified assessor and then further third-party evidence to assess whether competence in the task had been achieved by the learner. This person would need to be a supervisor (i.e. a registered health care provider) at a cost to the Registered Training Organisation (RTO) or provider. The providers at RTO level will not be able to supervise and manage the assessment and workplace assessment to a level that is suitable to meet industry standard nor meet the cost to deliver the requirement of supervision in the task. The negotiation for the assessment to take place under the guidelines of the RTO and provider will require the collaboration and permission with the patient/client/resident and or representative at the time of event.

6. Utilising an Existing Regulated Workforce

Out-of-Work and/or Under-employed Nurses requiring more work or increased hours

In this consultation, an out-of-work nurse refers to ENs or RNs who are currently registered and have lost their jobs as a result of the COVID-19 pandemic, whilst an under-employed nurse refers to ENs or RNs who have either had their work hours reduced or are offered minimal hours despite being available to work increased hours. This can include nurses in the primary health care sector (e.g. general practice nurses and community nurses); the acute care sector (e.g. hospital nurses);

the university sector (e.g. university clinician academics) and nurses who are already casually employed and are seeking more hours.

It has recently been reported that casual/agency nurses are being forced to apply for Centrelink benefits despite Australia being in a pandemic crisis.¹⁶ In Western Australia (WA), the roughly 1,500 casual nurses had hours cut by 50 per cent since February 2020 due to measures taken to prepare for the pandemic, including cancellation of non-urgent elective surgeries. Healthcare Australia reported there has been a five-fold increase in nurse job applications in WA as a result of casual nurses having their hours reduced or terminated.¹⁷

The Australian Primary Health Care Nurses Association (APNA), recently surveyed more than 1,000 primary care nurses about the impact of COVID-19 on their employment and found that 31 percent have had paid hours reduced, 7 percent have had employment terminated and 27 percent indicated that their employer had discussed potential (or further) loss of paid hours or job termination with them.¹⁸

Out-of-work nurses therefore serve as a skilled and immediate workforce that can be utilised to manage the demands potentially facing Australia's health care system during the COVID-19 pandemic.

Non-Practising Nurses

A Non-Practising nurse holds a type of registration whereby the individual chooses to stop all nursing practice however retains a protected nursing title. This is usually someone who has retired from nursing practice, is experiencing an illness, or is intending to take a long period of absence from practice for personal reasons.¹⁹

ACN believes there is an opportunity to recruit retired older nurses (defined as >45 years) back into the workforce. The literature demonstrates that many older nurses are leaving the workforce prior to retirement or pension age, primarily for financial, social and health reasons, taking with them significant experience and knowledge.²⁰ ACN believes there is an opportunity to bring back skilled older nurses by offering them satisfying work, flexible working hours, social interaction, and no financial disadvantage. These factors have been shown to serve as motivators for retaining the older workforce.²¹

ACN currently provides an online course in upskilling non-practising nurses in an attempt to facilitate utilisation of the non-practising nurse workforce. These include the:

- i) [Refresher program for registered nurses](#)

¹⁶ Hello Care 2020. Nurses join Centrelink queues during pandemic. Accessed at: <https://hellocaremail.com.au/nurses-join-centrelink-queues-pandemic/>

¹⁷ ABC News 2020. Coronavirus preparations leave casual nurses facing Centrelink queue as surgeries cancelled. Accessed at: <https://www.abc.net.au/news/2020-04-08/casual-nurses-facing-centrelink-queue-amid-coronavirus-pandemic/12129310>

¹⁸ Booth K 2020. Pandemic highlights health system gaps for nurses and complex care. Accessed at: <https://croakey.org/pandemic-highlights-health-system-gaps-for-nurses-and-complex-care/>

¹⁹ AHPRA 2020. Fact sheet: Non-practising registration for nurses and midwives. Accessed at: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Non-practising-registration-for-nurses-and-midwives.aspx>

²⁰ Duffield C, Graham E, Donoghue J, Griffiths R, Bichel-Findlay J, Dimitrelis S (2015). Why older nurses leave the workforce and the implications of them staying. *Journal of Clinical Nursing*, 24 (5-6): 824-831.

²¹ Duffield, C, Graham, E, Donoghue, J, Griffiths, R, Bichel-Findlay, J & Dimitrelis, S 2015, 'Workforce shortages and retention of older nurses', *Australian nursing & midwifery journal*, vol. 22, no. 7, pp. 18-19.

ii) [Refresher program for enrolled nurses](#)

Unemployed Graduates

These are worker nurses who have failed to find a place of employment.²² The lack of transition support is a major issue for worker registered nurses.²³ ACN believes there is opportunity to utilise this graduate RN and EN workforce.

In 2019, almost 70 per cent of applicants for worker jobs in WA public hospitals missed out. There were 2127 applications for 721 registered nurse, enrolled nurse and midwife worker positions in that year. Over the past five years the number of nurses applying for worker program positions increased from 1488 to 2112, according to WA Health; with the success rate falling from 62 to 33 per cent. As a result, the Nursing and Midwifery Office entered a five-year partnership with the National Health Service Grampian in Scotland (who are experiencing nurse shortages) to provide jobs for newly qualified registered nurses who could not find work in WA.²⁴

Poor employment opportunities for Australian worker nurses and the tendency for employers to utilise visa RNs is also outlined in the March 2016 Senate report, 'A National Disgrace: The Exploitation of Temporary Work Visa Holders'.²⁵

Nurse Practitioners

ACN believes that there are opportunities to utilise highly skilled nurse practitioners (NP) in aged care and provide alternative funding models to incentivise NPs into aged care. This would go far to assist Senior Australians although it is acknowledged that people requiring care in remote, isolated and socially disadvantaged areas, may not be guaranteed equitable geographical access to a NP due to this small workforce. The NP is a unique health service provider combining practice privileges previously limited to medicine or general practitioners (GPs). They are registered nurses with specialist and extensive qualifications in the care of the older person. There are currently approximately 1,500 NPs and 100 working in the aged care sector.²⁶

NPs however face many challenges, such as inadequate or absent compensation through the Medicare Benefits Schedule (MBS) for items/tasks that GPs would be remunerated for completing (e.g. wound care). This has resulted in some NPs exiting private nursing practice. In addition, NPs cannot currently refer an older person in a RACF to a geriatrician without a referral from a GP. The unnecessary and costly referral process could be avoided by utilising NPs who have the requisite skills and expertise to conduct a sufficiently comprehensive assessment to make the referral independently of the GP. The time taken to obtain a GP referral may also have a negative impact on the health of the resident as they wait for the GP referral and then wait again for the geriatrician to attend. ACN recommends that the Government funds advanced practice nurse (APN) roles (e.g. NPs) that work within the aged care sector. The ACN White Paper (2019) on 'A New Horizon for Health

²² Health Times 2016. Generation Next - Helping Worker Nurses and Midwives Find Jobs. Accessed at:

<https://healthtimes.com.au/hub/nursing-careers/6/news/nc1/generation-next-helping-worker-nurses-and-midwives-find-jobs/1422/>

²³ Nursing Review 2017. Worker nurses face frustration in gaining registered nurse experience. Accessed at:

<https://www.nursingreview.com.au/2017/08/worker-nurses-face-frustration-in-gaining-registered-nurse-experience/>

²⁴ The West Australian 2019. Hundreds of WA nurses go to Britain to find work under Health Department deal. Accessed at:

<https://thewest.com.au/news/wa/wa-nurses-go-to-britain-to-find-work-under-health-department-deal-ng-b881140044z>

²⁵ Parliament of Australia 2016. A National Disgrace: The Exploitation of Temporary Work Visa Holders. Accessed at:

https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/temporary_work_visa/Report

²⁶ Department of Health 2016. Nurse Practitioners NHWDS 2016 Fact Sheet. Accessed at: <http://data.hwa.gov.au>

Services: Optimising Advanced Practice Nursing',²⁷ outlines the significant role APNs would have on the health and wellbeing of Australians if they were enabled to work to their full scope of practice.

Conclusion

ACN does not believe that the proposed skill set will deliver on the aims provided and add that the “assumption” that caring for frail vulnerable and disabled persons is considered a “Low Risk” makes great steps in devaluing and dehumanising the needs of people in care and the highly skilled workforce that serves them.

ACN will therefore not be supporting the consultation paper recommendations. Our concerns are the unintended consequences of this proposal. ACN places great concern over how the holistic safety risk management of the resident or health care consumer, with frailty, vulnerability and/or disability and comorbidity will be impacted when being attended to for daily needs in long term care. These concerns are outlined in the body of this paper.

Workforce solutions

There is already an existing workforce to be called upon that is already available and needs to be called in to fill any void in the delivery of services (during COVID-19 and beyond). For example:

- There are a number of nurses on the new register with AHPRA to return to work if needed and should be activated first (the Pandemic Response Sub-Register),²⁸
- There are a number of new worker nurses available for immediate employment into these sectors to fill the void; and
- There are a number of skilled aged care and disability workers in the casual pool to draw upon, that are underemployed and need more hours during COVID-19.

There will be insufficient supervision from nurses to manage the risk to safety and competency levels as the provider allocates a consumer task load. For example:

- Supervision will require mediation from an expert (Registered staff) to interpret the care plans for the resident/health care consumer funding budgets and rights in the individual programs so that both worker and resident/health care consumer understand the needs and meet the requirements.
- The tasks that are allocated as “Low Risk” are actually “High Risk” needs for many elderly (particularly in RACFs) and we have enough crisis issues regarding the dignity of risk and choice and risks to patient health & safety with this perceived interpretation.

This program will increase the time and resource allocation needed for the service provider to meet the entry requirement for the worker to be fit to work safely. Overall there are several other alternatives to fill the voids in the human services sectors as indicated above. This suggested program is considered a band-aid solution and “policy on the run”.

²⁷ [ACN 2019. A New Horizon for Health Services: Optimising Advanced Practice Nursing White Paper](#)

²⁸ AHPRA 2020. Pandemic Response Sub-Register. Accessed at: <https://www.ahpra.gov.au/News/COVID-19/Pandemic-response-sub-register.aspx>