

# Minimum educational qualifications for nursing staff in residential aged care settings

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## KEY STATEMENT

The Australian College of Nursing (ACN) advocates for the workforce in residential aged care facilities (RACF) to be appropriately skilled and qualified. Residents of RACFs often require complex care due to physical and cognitive decline, multimorbidities, chronic conditions, and polypharmacy. It is paramount that staff are qualified to clinically assess those under their guardianship to ensure optimum care.

ACN believes it is imperative that health care workers in RACFs provide care with knowledge, skills, and experience appropriate to residents' needs. Registered nurses (RNs) must lead this workforce, as they alone have the qualifications and scope of practice suitable to ensure the provision of high-quality care.

The overarching responsibility and accountability for care in this specialised practice setting resides with the RN, who may delegate and directly supervise care to an ancillary workforce of unregulated health care workers (UHCW). This unlicensed workforce provides an invaluable source of support and care to a vulnerable cohort and are important members of the health care team. To ensure residents in RACFs receive quality, timely, and safe care from this mix of care providers, ACN proposes a minimum educational qualification for all staff who deliver care in this setting. These qualifications will establish a minimum skill set required to ensure reliability, consistency, and excellence in evidence-based care for this population.

ACN recommends that all UHCWs in RACFs possess a Certificate IV in Aged Care or equivalent and that RNs in this setting possess at minimum a Graduate Certificate in Aged Care.

## KEY ISSUES

The Royal Commission into Aged Care Quality and Safety (Royal Commission) found "the aged care system fails to meet the needs of older, often very vulnerable citizens. It does not deliver uniformly safe and quality care for older people" (Tracey & Briggs, 2019 p.1).

Sub-standard care, particularly regarding dementia care, was noted in many submissions to the inquiry. Notably, the Royal Commission identified the need to ensure appropriately trained workers provide care. Considering the number of statements, comments, and submissions the Royal Commission received, ACN firmly advocates for minimum educational requirements for staff caring for this most vulnerable population.

While ACN acknowledges the importance of UHCWs in RACFs, ACN notes that there is presently no intention to regulate UHCWs under the National Registration and Accreditation Scheme (NRAS). ACN believes it is incumbent on the nursing profession to describe and recommend a minimum educational standard for this valuable workforce. Similarly, for RNs working in this field a minimum level of specialist education is required. As stated in the Royal Commission, it is vital that those "providing nursing and personal care services have the experience, qualifications, skills, knowledge and training required to perform the work that they are doing" (Pagone & Briggs, 2021 p.39).

In a review of UHCW role descriptions in RACFs across Australia, most employers mandate that UHCWs possess a Certificate III in either Health Services Assistance or in Individual Support. This has led to variability in educational preparedness (ACN, 2019a). Anecdotally, few organisations require RNs have completed an aged care qualification. This situation provides no consistency across the sector and ACN believes it contributes to the reports of substandard care in RACFs the Royal Commission cited.

The Royal Commission proposes the expansion of the current Australian Commission on Safety and Quality in Health Care to include aged care, establishing and monitoring standards related to staffing, training, and staff development. ACN proposes that the minimum qualification for UHCWs in RACFs is a Certificate IV in Aged Care or equivalent, and the minimum qualification for RNs is a Postgraduate Certificate in Aged Care. Research indicates that the use of less qualified staff provides limited specialist knowledge regarding reporting requirements, dementia care, and holistic, person-centred care (Henderson et al., 2016). In contrast,

the inclusion of higher skilled RNs improves the quality of care and resident outcomes, enhances supervision of the UHCW, and reduces the incidences of missed care (Blackman et al., 2020; Nhongo et al., 2018; Ludlow et al., 2021; Laging et al., 2015). In addition, aged care facilities with an affiliated nurse practitioner (NP) provide enhanced overall quality of care (Zimmerman & Cohen, 2010). Because of their leadership role in RACFs, it is imperative that RNs are supported in their work through access to leadership training and other professional development opportunities. This is particularly critical for afterhours and night duty where RNs are frequently unprepared and ill-equipped in clinical leadership and complex supervisory skills (Nhongo et al., 2018).

A recent scoping review (Weller-Newton et al., 2021) found no specific studies that examined the required skill mix or education essential in RACFs to deliver safe person-centred care. Although studies touched on aspects of supervision and the need for staff to be appropriately educated, they did not propose minimum standards.

RACFs with a person-centred care philosophy have been found to enhance residents' quality of life (Choi et al., 2021; Lynch et al., 2018; Wijk et al., 2018) while creating a positive workplace environment for staff. The existing literature points to a pressing need for appropriate preparatory education, leadership development, and the establishment of more speciality aged care programs (Corazzini et al., 2012). The lack of skills and education within the nursing team impacts on residents' care and outcomes (Andersson et al., 2018; Blackman et al., 2020; Henderson et al., 2018), resulting in many instances of missed care and adverse outcomes.

In this group of vulnerable, older people, missed care is unacceptable and unsustainable. This was reinforced in the final report of the Royal Commission (Pagone & Briggs, 2021). Caring for this community of individuals, who often have complex and multiple comorbidities, cannot be delegated to an unskilled, undereducated health worker. The current mandated ratio of RN to patient in RACFs is too low, resulting in an increased reliance on inadequately trained health-care workers to undertake critical tasks (Forough et al., 2021).

Establishing a base level of required skill mix in RACFs is critical. Growing skills in delegation, building effective teams and demonstrating strong leadership will improve outcomes in care facilities. Further research on person-centred care in aged care facilities (Lynch et al., 2018; Wijk et al., 2018) offers an avenue for moving forward in creating a substantive, national model of person-centred care. Adopting existing toolkits that enable interventions focused on staff development, teamwork, and leadership (for example, Etherton-Beer et al., 2021) could provide a basis from which to facilitate positive culture change within RACFs.

### RECOMMENDATIONS

- That minimum qualifications are endorsed nationally for workers in RACFs as follows:
  - UHCWs: Certificate IV in Aged Care or equivalent.
  - Enrolled nurses: Certificate IV in Aged Care or equivalent.
  - RNs: Graduate Certificate in Aged Care.
- That governments and education providers work with ACN to develop, fund, and support with scholarships:
  - A nationally consistent training program for UHCWs in RACFs.
  - A clinical leadership training program for RNs working in RACFs.
- That funding models be established and expanded to facilitate the employment of NPs in and across RACFs.
- That research into the relationship between skill mix, delegation, teamwork, leadership, person-centred care, and outcomes in RACFs be funded and undertaken.

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