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Palliative Care Australia

Response to the Royal Commission into Aged Care Quality and Safety Counsel Assisting's Submission on Workforce

Introduction

Palliative Care Australia (PCA) is the national peak body for palliative care.

PCA represents those who work towards high quality palliative care for all Australians who need it. Working closely with consumers, our Member Organisations and the palliative care workforce, we aim to improve access to, and promote palliative care.

We believe quality palliative care occurs when strong networks exist between specialist palliative care providers, primary generalist, primary specialist and support care providers and the community.

PCA has previously engaged with the Royal Commission into Aged Care Quality and Safety (the Commission) via the following:

- [PCA Issues Overview](#) (May 2019);
- [PCA Board Chair Witness Statement](#) (May 2019);
- [Appearance at the Perth hearings by the PCA Board Chair](#) (June 2019);
- [PCA Submission to the Royal Commission into Aged Care Quality and Safety](#) (October 2019); and
- [PCA Response to the Royal Commission into Aged Care Quality and Safety Consultation Paper - Aged Care Program Redesign: Services for the Future](#) (January 2020).

Counsel Assisting's Submission on Workforce

PCA welcomes the release of the Royal Commission into Aged Care Quality and Safety Counsel Assisting's Submission on Workforce (Counsel's Submission) and the opportunity to submit a response to the Counsel's Submission. In particular, PCA would like to provide comment on four recommendations made in the Counsel's Submission - recommendations 3, 5, 7, and 8. Further details are outlined below.

Mandatory Training requirements

PCA supports minimum training qualifications as per recommendation 3 and the inclusion of mandatory geriatric medicine training and clinical placements as per recommendations 5 and 7:

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

- *RECOMMENDATION 5 Each Australian University Medical School should review its undergraduate medical curriculum with a view towards:*
 - a) *making geriatric medicine a core element of the undergraduate medical curriculum.*
 - b) *making placement in a geriatric clinical setting a required portion of internship training in advance of registration.*
- *RECOMMENDATION 7 The Nursing and Midwifery Board of Australia and the Australian Nursing and Midwifery Accreditation Council should incorporate an introductory module/subject on geriatric medicine and gerontology care into the Enrolled Nurse Accreditation Standards and the Registered Nurse Accreditation Standards.*

In addition to the mandated qualifications and training at recommendations 3, 5, and 7, PCA supports mandatory palliative care training for all those working in aged care including nursing, allied health, medical and care workers. PCA has long advocated that palliative care should be recognised as part of the normal scope of practice of residential aged care, and as a core competency for all aged care workers.

At the Commission's Perth hearings on 27 June 2019, a panel of palliative care specialists gave evidence, including the then Chair of PCA, Dr Jane Fischer. As noted in the Counsel's Submission (at paragraphs 105-107) the panellists considered that:

- The capacity to deliver palliative care by the aged care workforce is presently lacking;
- Palliative care should feature as part of the skill mix in aged care; and
- Palliative care should be mandated as part of the training of the aged care workforce.

Some 35 per cent of all Australians who die do so in residential aged care, equating to approximately 60,000 people each year.¹ Staff working in aged care therefore need to be suitably trained and equipped to work with residents and consumers who have palliative care needs, and their families.

In order for staff within aged care to deliver effective palliative care, they must have minimum levels of core competencies to provide care for people with a life-limiting illness whose needs are relatively straightforward. This includes, at a minimum:

- understanding difference in illness trajectories;
- management of physical symptoms;
- management of depression and anxiety;
- awareness of the importance of cultural and spiritual care needs;
- recognising deterioration and dying;
- appropriate goals of care discussions;
- advance care planning;
- awareness of legal responsibilities;
- effective communication with people living with a life-limiting illness and their carers and families;

¹ Productivity Commission 2017, *Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services*, Report No. 85, Canberra. page 109.

- an understanding of grief and bereavement; and
- self-care.²

Additionally, complex palliative care needs may require support through the secondary provision of specialist palliative care from multidisciplinary teams with specialised skills, competencies, experience and training in palliative care. It is important, therefore, for general practitioners and aged care staff to be able to identify when specialist palliative care is required and referral pathways to initiate consultation.

Undergraduate and vocational education and training (VET), including nursing, allied health, medicine and Certificate III in Individual Support and Certificate IV in Ageing Support, do not currently include palliative care as core units and there is no requirement for aged care providers to include palliative care on their internal training calendars. As a result most people working in aged care have received no formal training in palliative care. Access to this training should be facilitated by palliative care as a core or mandatory unit in all undergraduate nursing, allied health, medicine and VET certificate based training for those working in aged care.

PCA has been engaging with Skills IQ regarding the work of the Aged Services Industry Reference Committee (IRC) and its major review of aged care qualifications. PCA continues to advocate to the IRC for the inclusion of palliative care units within Aged Care Certificate III and IV qualifications. PCA notes that the Commission has also committed to monitoring the work of the Aged Services IRC and the Enrolled Nursing IRC as they review the Aged Care Certificates and the Diploma and Advanced Diploma of Nursing.

Nurse Practitioners

PCA supports an increase in the supply of nurse practitioners, especially palliative care Nurse Practitioners and welcomes recommendation 8 to introduce scholarship programs:

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

Palliative Care Nurse Practitioners are a highly valuable and important part of the palliative care workforce.

Palliative Care Nurse Practitioners can provide essential support to patients within aged care residential and community settings who have a life limiting illness or are in the last days of life. Palliative Care Nurse Practitioners can work with their patients, families/carers and aged care providers to ensure plans are in place to manage symptoms as they emerge which can limit the need for emergency out of hours care.

As part of their role, in consultation with the primary health care provider, they can provide pain and symptom management complex care plans and support the patient and their families with the ability to refer within the multidisciplinary team to meet holistic goals of care. This can result in better care outcomes for patients, is valued by staff and families/carers and often reduces unnecessary and distressing requests for ambulance attendance and transfers to emergency departments in hospitals.

² Statement of Dr Jane Fischer, prepared for Royal Commission into Aged Care Quality and Safety, 29 May 2019.