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# AMA Submission to the Department of Health - Terms of Reference for the Royal Commission into Aged Care Quality and Safety

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## Background

The AMA welcomes the Prime Minister's request for a Royal Commission into Aged Care Safety and Quality, and thanks the Department of Health for the opportunity to provide feedback on the Terms of Reference. The aged care system is in crisis. The recent reforms, and the government's response to the multiple reviews and inquiries to date is not enough to ensure quality and safe care for older people.

The AMA supports the Terms of References as proposed by the Prime Minister:

- The quality of care provided to older Australians, and the extent of substandard care;
- The challenge of providing care to Australians with disabilities living in residential aged care, particularly younger people with disabilities;
- The challenge of supporting the increasing number of Australians suffering dementia and addressing their care needs as they age;
- The future challenges and opportunities for delivering aged care services in the context of changing demographics, including in remote, rural and regional Australia;
- Any other matters that the Royal Commission considers necessary.

However, we believe that the wording of the second point should be changed from "particularly" to "including". It should not be presumed that one group of people with a disability is more important than another.

While the above Terms of Reference is supported, the Royal Commission should also cover clinical issues in aged care.

There have been too many cases of elder abuse and neglect in aged care to ignore, many of which involve inadequate clinical care. Aged care providers commonly do not meet the Clinical Care

Accreditation Standard<sup>1</sup>. This is likely because they are unable to carry out what is expected of them due to a shortage of trained, experienced and appropriate staff, and a lack of resources. There is a lack of registered nurses with aged care experience who would provide the clinical governance, oversight and leadership required in these facilities.

AMA members report that one of the major reasons they either will not visit or anticipate ceasing to visit residential aged care facilities (RACFs), is the lack of access to nurses in the aged care workforce and the problems that stem from this<sup>2</sup>. Examples include poor clinical care of the older person, a lack of adequate communication, and a lack of knowledge about the older person. AMA members are deeply concerned and have repeatedly, and continuously, expressed their frustration that the health and aged care systems are not well coordinated or resourced to allow timely access to clinical care for older people.

Australia's older people already have multiple, chronic, complex health conditions that require more clinical attention than ever before. With an ageing population, and aged care reform moving to ensure older people can stay in their home for as long as is appropriate, it is likely that the clinical attention required by those living in RACFs will become more intense. The government must, as a matter of urgency, ensure that the health and aged care systems, and its workforces, are prepared for this.

### **Additional Terms of Reference**

AMA President Dr Tony Bartone wrote to Prime Minister Scott Morrison on the 18 September 2018 calling for additional Terms of Reference and outlined the AMA would provide more detail in this submission. The AMA calls for the following additional Terms of Reference to be included in the Royal Commission:

- The impact of fragmentation of State and Commonwealth health and aged care systems on the standard of care of older people.

#### **Rationale:**

- Aged care impacts upon State, Territory and Federal Government, however there is a lack of coordination and information-sharing between the different jurisdictions<sup>3</sup>.
- There is a disparity between the views of the different levels of health and aged care systems on the roles of aged care services. Some aged care providers believe they should not be held accountable for clinical services<sup>4</sup>, and, as mentioned, the Australian Aged Care Quality Agency has a clinical care Standard that is commonly not met by aged care providers<sup>5</sup>. Entering an RACF is usually not a lifestyle choice, but a necessity due to chronic medical conditions resulting in permanent disability.

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<sup>1</sup> Australian Aged Care Quality Agency (2017) *Annual Report 2016-2017*, p13

<sup>2</sup> <https://ama.com.au/article/2017-ama-aged-care-survey>

<sup>3</sup> Carnell, K and Paterson, R (2017) *Review of National Aged Care Quality Regulatory Processes*, p77

<sup>4</sup> The Senate Community Affairs References Committee (2018) *Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised* interim report. p54-56

<sup>5</sup> Australian Aged Care Quality Agency (2017) *Annual Report 2016-2017*, p13

- For more information, see AMA's [submission](#) to the *Inquiry into the quality of care in Residential Aged Care Facilities in Australia* and AMA's [submission](#) to the *Aged Care Workforce Strategy Taskforce*.
- Access gaps to clinical care in all aged care settings (i.e. RACFs, at the older person's home, and in the community).

**Rationale:**

- There is a lack of timely access to GP, specialist and allied health professional services in aged care settings, especially in rural, regional, and remote Australia.
- There is a need for a multidisciplinary team approach to health care delivery in aged care settings to avoid care gaps.
- For more information, see AMA's [submission](#) to the *Aged Care Workforce Strategy Taskforce* and AMA's *Rural Workforce Initiatives 2017* [position statement](#).
- The suitability of funding models, and the level of funding, for the care of older people in the health and aged care systems.

**Rationale:**

- Australia's ageing population will require an increasing amount of clinical support due to an increase in the prevalence of chronic, complex medical disorders<sup>6</sup>.
- The aged care system must be adequately resourced so older people are able to access the same level and quality of medical care as other people.
- The measures used to determine funding, such as the current Aged Care Funding Instrument (ACFI) have a profound impact upon the appropriateness and quality of care.
- There is ongoing concern regarding the burden of red tape in RACFs diverting resources away from caring for residents. Regulation is required but needs to be focused, efficient and effective.
- For more information, see AMA's *Resourcing aged care* [position statement](#).
- The suitability of the aged care workforce skills mix, and the case for a regulated registered nurse to resident ratio that is adequate and reflects the individual levels of care needed by older people living in RACFs.

**Rationale:**

- The proportion of registered nurses in RACFs is in decline<sup>7</sup>. Registered nurses must be available in sufficient numbers, 24 hours a day, to ensure older people's clinical care needs are adequately met.
- The level of training and adequacy of the non-nursing workforce has also declined.
- There is a need for improved training, continuous professional development, and

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<sup>6</sup> Australian Institute of Health and Welfare (2018) *Australia's health 2018: 3.3 Chronic conditions*.

<https://www.aihw.gov.au/getmedia/6bc8a4f7-c251-4ac4-9c05-140a473efd7b/aihw-aus-221-chapter-3-3.pdf.aspx>

<sup>7</sup> Mavromaras et al (2016) *The aged care workforce, 2016*. Department of Health

guidelines around best practice care for older people for all health professionals and aged care workers.

- For more information, see AMA's [submission](#) to the *Aged Care Workforce Strategy Taskforce* and AMA's *Resourcing aged care* [position statement](#).
- Quality of, and access to, specialist support and allied health in aged care settings, including palliative care, mental health care, and allied health services such as physiotherapy, audiometry, dentistry, optometry, and occupational therapy.

**Rationale:**

- Death is a normal part of life. In 2010-11, 80 per cent of people aged over 65 used aged care services in the eight years before their death<sup>8</sup>. However, access to specialist palliative and end-of-life care is limited in aged care settings. There is also limited training of aged care staff to incorporate palliative care principles into routine practice.
  - At 30 June 2017, 85 per cent of permanent RACF residents had at least one mental health or behavioural condition, 47 per cent had depression, and 52 per cent had dementia<sup>9</sup>. However, access to mental health services in RACFs, and the capability of RACF staff to adequately care for these individuals, is limited<sup>10</sup>.
  - There have been numerous reports regarding the overuse of antipsychotics and other medications. Our members report that lack of resources and access to alternative management strategies is a key factor behind this.
  - For more information, see AMA's [submission](#) to the *Aged Care Legislated Review 2016-17*, AMA's [submission](#) to the *Inquiry into the quality of care in Residential Aged Care Facilities in Australia*, and AMA's *Palliative Approach in Residential Aged Care* [position statement](#).
- The availability of, and need for, research and available data concerning the care of older people.

**Rationale:**

- Improvements in care will result from properly designed, analysed and reported biological, clinical and public health research.
- However, there is a lack of available data and research involving age-related issues<sup>11</sup>, such as the prevalence of health conditions and elder abuse, aged care regulatory data, the care needs of older people, and best-practice prevention and management techniques.
- For more information, see AMA's *Health and care of older people* [position statement](#).

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<sup>8</sup> Australian Institute of Health and Welfare (2015) *Use of aged care services before death*.

<sup>9</sup> <https://www.gen-agedcaredata.gov.au/Topics/Care-needs-in-aged-care>

<sup>10</sup> Stargatt, J. et al (2017) *The Availability of Psychological Services for Aged Care Residents in Australia: A Survey of Facility Staff*, Australian Psychologist, vol. 52, no. 6, pp. 406-413.

<sup>11</sup> Carnell, K and Paterson, R (2017) *Review of National Aged Care Quality Regulatory Processes*, p82-92

## **Conclusion**

It is essential that the Royal Commission investigate the underlying causes of issues in aged care and develop effective solutions, that can be measured over time. This will ensure that future policy or regulation achieves the outcome of making a better aged care system. That is, ensuring access to timely, quality care and support, that allows people to do what they value in their older age. In addition, it should ensure good quality end-of-life care that respects and carries out an individuals wishes, needs, and preferences. AMA members feel there is a growing tendency in some areas to treat older people less as human beings, and more as cost-driven numbers whose issues should be resolved through rigid policies and processes. Australia's culture must change to ensure older people have autonomy and are respected.

The AMA has responded to the several inquiries and reviews into the aged care system over the past three years. The AMA looks forward to continuing to work with the government in this important time to ensure older people receive the quality of care they deserve.

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## **Contact**

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