RACMA
ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

# Royal Australasian College of Medical Administrators Submission to the Draft National Care and Support Economy Strategy 2023

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## CONTENTS

# ABOUT RACMA

The Royal Australasian College of Medical Administrators (RACMA) is unique as a provider of medical management and leadership qualifications as it is the only specialist medical educator whose programs are recognised for the granting of Specialist Registration in Medical Administration. The Fellowship Training Program offered by RACMA is accredited by the Australian Medical Council and the New Zealand Medical Council. Fellows of our College are recognised as medical specialists.

Our education programs are aimed at equipping doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders.

The strength of RACMA is its Members, who strive to lead for change and positive outcomes for all Australians, New Zealanders, and peoples in all parts of the world in which their Members practice; demonstrating their skills in key areas such as system leadership, clinical governance, financial management, workforce management, and professional leadership. RACMA Members fill key roles in all aspects of health, including government and the public and private sectors. Their roles are diverse, including Chief Executives, Chief Medical Officers, Heads of Departments, working in the university sector and in key areas of system clinical governance and quality. RACMA Members are engaged in health systems throughout the world.

# EXECUTIVE SUMMARY

The care and support economy is most important and growing in size and relevance. RACMA strongly supports the need to identify and address the issues such as quality of care, work security, worker remuneration, professionalisation of the workforce and funding that are evident. The overall development of this part of the economy will be held back unless these issues are addressed.

This submission has been prepared with careful consideration given to each of the goals within the *Draft National Care and Support Economy Strategy 2023*. It provides a number of recommendations and areas of focus which RACMA believes should be taken into account when the final strategy is developed and published. These areas of focus include:

- The various sectors that are part of the care and support economy
- The need for better alignment across sectors
- Quality Care and Support and Clinical Governance
- Building Regulations and Preparation for Care at Home
- Integrated Commissioning
- Research for the Care and support economy
- Navigating Sectors
- Digital Platforms
- The Informal Carer Workforce
- Funding and consumer contributions across programs
- First Nations Peoples and Access to Services for All

By necessity the *Draft National Care and Support Economy Strategy 2023* is a “high level” document identifying the “What” to be addressed. The real challenges will come in considering “How” these challenges will be met. Many of the problems are longstanding with some resulting from the structure of the care and support economy itself, as well as traditional gender pay gaps in a predominantly feminised and casual workforce.

# RECOMMENDATIONS

## 1. The various sectors that are part of the care and support economy

Figure 1 outlines the various sectors that are part of the care and support economy. There are two important issues which need to be highlighted with this:

1. The links between these various sectors. Some sectors will have many more interactions between them than other sectors. For example, the linkages (meaning that an individual may access care and support in two or more sectors) between aged care, health and allied health may be greater than, say, the linkage with the employment sector.

2. The fact that the overall care and support economy has several different sectors, raises the potential for "leakage" of resources at the interfaces.

> *"Governments have often sought to address the challenges in many of the care and support sectors individually, but when policies are made in silos there can be unintended consequences for the service user and other sectors. This often occurs when different government departments are responsible for administering different programs or when there is a division of responsibilities between the Australian Government and state and territory governments."* ***(Page 6)***

This is already evident, say, within health where there has been "cost shifting" between parts funded by different entities (e.g., state and commonwealth governments). At the interface between aged care and health, an aged care resident who is hospitalised could be discharged prematurely by the hospital to "free up" an acute bed. Conversely, an aged care resident may be transferred to a hospital emergency department for an assessment, which could have been done at the aged care facility if proper professional staffing was available.

The parlous state of Australia's health and aged care workforce is a constraint to ensuring good quality of care consistently across the sector. The move to 24-hour registered nurse cover may assist but as there are insufficient registered nurses in Australia and a deficit in those skilled in geriatric nursing, a purposeful strategy to attract nurses back into the workforce and provide incentives and opportunity for their training in geriatric nursing is needed.

Carers are also critical in aged care and current government initiatives, such as the Pacific scheme, need monitoring and likely augmenting. Consideration should also be given to stronger strategies and support to increase attraction of people within Australia to be a carer in aged care, aligned with greater training and development opportunities including in regional & rural areas.

Also critical are much stronger and more purposeful incentives to engage community pharmacists, GPs and geriatricians with the aged sector. The current system makes it almost impossible for some nursing home residents to receive appropriate primary medical care and medications if they do not have relatives or someone else to facilitate this - and not everyone does. The passivity of some nursing homes in this area is startling.

Strong consideration should also be given to establishing 'advocates' for people receiving home care or residential care, similar to patient advocates in some hospitals such as in NSW. And, finally, a stronger and different approach to 'way finders' is recommended to assist people, so often at a vulnerable stage of life, efficiently, effectively and with kindness navigate the complex labyrinth that is our care sector.

In summary, attention should be given to considering ways that discourage cost shifting between sectors and addressing ongoing skilled workforce shortages with only the best decisions made about how and where care should be given. These decisions should not be impacted by other factors, such as which sector or who is paying, to ensure that decisions about care are made in the best interest of each individual.

## 2. The need for better alignment across sectors

> *"It is important to remember that none of the services being examined in this Strategy operate in a vacuum. Government programs are, in effect, competing with each other to secure services for their target cohorts. For example, the policy and program settings for the NDIS and aged care, especially the pricing of services, put pressure on the market for veterans' services. The unintended consequence of this misaligned pricing can be underservicing of the veteran population. Therefore, market stewardship strategies for care and support services need to consider the flow on effects to other sectors which will require enhanced coordination across government departments."* ***(Page 45)***

> *"There is strong stakeholder support for better alignment of the regulation that governs aged care, disability support and veterans' care. There are opportunities to implement coordinated or shared approaches to regulation across each of these sectors. This is especially so for worker screening, where currently there are different rules about screening in different sectors and across the states and territories. The different worker screening arrangements make it difficult for workers to work across sectors."* ***(Page 48)***

RACMA strongly supports better alignment of regulations that govern aged care, disability support and veterans' care. RACMA suggests alignment should also include the health sector.

## 3. Quality Care and Support and Clinical Governance

While this policy is economic in its focus, one of its objectives is Quality Care and Support. To this end, RACMA believes that attention should be given to whether or not effective clinical governance systems are in place, especially in the aged care and disability sectors. In health, it has been shown that poor quality care is associated with more adverse events and costs more. Effective clinical governance increases the likelihood that the care quality will be good. As an example, the recent Covid-19 pandemic demonstrated that poor infection control can lead to unnecessary morbidity and mortality with infection control policies and procedures a fundamental part of clinical governance frameworks.

## 4. Building Regulations and Preparation for Care at Home

In the future, the balance in the locations where some care services are given may change. For example, more Australians may wish to stay at home for as long as possible when they age. To this end, as well as staffing patterns and the availability of home care services, it may be necessary to consider whether their home is suitable or requires modification. While the report considers the importance of government funded infrastructure, it will also be necessary to consider privately funded infrastructure. Consideration should be given to a national set of building standards for private dwellings to ensure that modifications required for an ageing homeowner can be easily effected as the home already has many of the necessary features, such as door widths suitable for wheelchairs, and bathrooms that enable disabled access.

## 5. Integrated Commissioning

> *"The Australian Government is currently undertaking trials of integrated commissioning where providers are funded to deliver cross-sectoral services in thin markets. If one service delivers multiple services in a community (e.g., health, aged care and disability support), they may be better able to reach a sufficient number of clients to make service delivery cost effective. This requires government departments to pool funding and adjust regulatory requirements. The aim is to learn from these trials to iterate and develop good integrated commissioning models that can be more readily deployed to address thin markets."* ***(Page 17)***

RACMA supports this approach of integrated commissioning for cross-sectoral services, especially for rural and remote areas.

Related to the concept of taking a cross sectoral approach to problem solving, is the fact that there are many similarities across a number of the care sectors such that common approaches to workforce development, jobs classifications, reporting requirements and pay as well as career opportunities should be considered.

Reference is made in the *Draft National Care and Support Economy Strategy 2023* to the many IT reporting systems that exist for various sectors and the difficulty that providers operating in more than one area face, often needing to enter the same data about the same individual in different IT systems. This consumes health worker time unnecessarily, introduces risk and is wearying for individuals and their families/support people. As far as is possible, a common approach across as many sectors as possible should be pursued.

## 6. Research for the Care and Support Economy

Over the years health services research has provided many valuable insights that have led to service improvements in hospital and healthcare. As well as paying attention to worker education, skill development, pay, physical infrastructure in the care and support sectors, RACMA recommends that attention is also given to ways in which the vocational and tertiary education sectors can assist with service improvements in the care and support sectors particularly through research in these sectors which are often poorly supported by research. This will require specific, targeted research funding.

A model for the care and support economy might be The Australian Research Council (ARC) Centre of Excellence in Population Ageing Research (CEPAR), which is "a unique collaboration between academia, government and industry committed to delivering solutions to one of the major economic and social challenges of the 21st century … Based at the University of New South Wales (UNSW) with nodes at the Australian National University (ANU), Curtin University, The University of Melbourne and The University of Sydney, the ARC Centre of Excellence in Population Ageing Research (CEPAR) is producing world-class research on population ageing… providing global solutions to the economic and social challenges of population ageing and building a new generation of researchers to global standard with an appreciation of the multidisciplinary nature of population ageing." [1]

## 7. Navigating Sectors

*"Making it easier for people to navigate these systems quickly and easily will improve access to quality care and support."* ***(Page 23)***

Navigating a single complex system, such as health, can be difficult for many, while navigating across different sectors adds additional levels of complexity. RACMA supports the idea that funded "way finders" should be considered to assist consumers and their families to understand the services that are available and for which they may be eligible, as well as identifying potential providers that may meet their needs.

Such navigation services might be provided through the not-for-profit sector if supported with government funding. A further consideration is whether such navigation services are focussed on the sector or the different consumers that might use the services provided by that sector. For example, linking with existing organisations for particular consumer groups might be more effective than a generic service based on the particular sector. An example of such a consumer-focused organisation would be Dementia Australia.

[1] From the CEPAR website

## 8. Digital Platforms

*"We need to ensure the use of digital platforms is successful and equitable so certain key cohorts (including older Australians, people with disability, carers and support workers) are not digitally excluded."* ***(Page 24)***

While improving access and connectively between people and service providers using digital platforms is important - and reference is made to the low use of the "gig economy" in the aged care sector for finding a provider - it is also important to recognise that some users (e.g., aged care sector, disability sector) may not be digitally literate or have ready access to computers. What might be considered "old fashioned" ways that community users are familiar with when trying to access services or find information should not be overlooked to ensure that certain cohorts are not digitally excluded. The next big "bulge" in the aged care sector is the "baby boomer" cohort who grew up in a pre- digital age and, while many will have computers and are digitally familiar, they, unlike younger age cohorts, are not "digital natives" with many not using social media or having comprehensive digital literacy.

Education levels can also impact on digital confidence and experience.

Additionally, connectivity can be variable in rural and remote areas.

Consequently, it is important that these considerations are taken into account in policy development, especially where policy formulation might be drafted by well-educated advisors from a younger age cohort.

## 9. The Informal Carer Workforce

*"Almost 2.65 million Australians care for people with a disability, medical condition (including terminal or chronic illness), mental illness or a person who is frail due to ageing. Carers play a crucial role in sustaining the viability of the care and support economy."* ***(Page 25)***

Looking forward, it will be important to assess whether this informal carer workforce will be available at current levels. Anecdotal reports suggest that a significant contribution to childcare comes from the "baby boomer" grandparents, and much has been made of particularly "middle-aged" women feeling "squeezed" between childcare responsibilities while also providing unpaid care for ageing parents. It might be important to consider whether economic factors outside that care and support economy could impact on the availability of informal careers in the future. For example, will the generation currently trying, often unsuccessfully, to enter the home ownership market find that their circumstances are such that they will need to remain in paid employment for more years than their parents have. Further, inter-generational reports suggest a continuing increase in retirement ages, and government has been increasing the age at which certain pensions can be accessed.

## 10. Funding and consumer contributions across programs

*"Current arrangements have evolved over time within each program stream rather than considering best arrangements across care and support programs. This is not to suggest that a uniform approach to consumer contributions across programs is warranted. There are good reasons for different approaches for programs accessed at different times across a person's lifespan or accessed in varying circumstances.*

*The use of sliding scales based on a person or family's ability to pay is a commonly used mechanism in Australia's social assistance landscape. This helps ensure that public funding is directed to those who need it most. It is important to maintain the vital social infrastructure role of the care and support economy, consistent with the Australian value of a 'fair go'.*

*A national conversation about long-term sustainability*

*The forecast for significantly increasing costs across the care and support economy is a significant issue for the Australian Government's budget and intergenerational fairness." (**Page 50**)*

Sustainable funding of the care and support economy is a fundamental issue, and the draft strategy is right to identify the need to foster a national conversation about the balance of government funding support and the consumer contributions. Inter-generational issues are important when considering these issues, especially with future predictions about the reducing percentage of tax paying workers. The complexities are great with different sectors of the care and support economy often addressing the needs of different population cohorts e.g., childcare and education; aged care while NDIS' eligibility cut-off at age 65 years adds to complexity.

## 11. First Nations Peoples and Access to Services for All

*"In rural and remote areas and for First Nations communities there may be no service accessible." **(Page 16)***

*"… the increasingly diverse Australian population also requires a workforce that is culturally competent for First Nations peoples" **(Page 19)***

*"… there needs to be a sustainable First Nations care and support workforce , especially in regional, rural and remote areas where workforce shortages are more acute." **(Page 20)***

It is pleasing to see the focus on increasing First Nations workforce as part of the solution. When considering support for expansion of the Aboriginal and Torres Strait Islander workforce expansion for rural and remote, it is also important to recognise that many First Nations peoples live in metropolitan areas, and they too need to access culturally safe care.

The Aboriginal and Torres Strait Islander medical workforce is slowly increasing but remains a very low percentage of our current workforce. Consideration could be given to allocating funding through the Commonwealth-supported Specialist Training Program (STP) to assist medical colleges to support funded training positions, and RACMA would be pleased to assist in this area.

While it is important that attention is given to developing the Indigenous workforce, it is also important that the cultural competence and capability of the whole workforce is improved.

Given the geographical issues in Australia, the lack of reliable internet coverage in many rural and remote areas disproportionately affects First Nations patients, carers and workers. There may also be barriers to the progress of technological solutions to assist this workforce.

As well as enhancing digital platforms (page 23) the strategy could also consider how artificial intelligence might be used to enhance the sector, such as by reducing “boring” repetitive work and helping all workers work to their maximum scope. Similarly, “wearable” technologies are already being used in some places and have the potential to increase safety, while also increasing productivity in the sector. It is important that First Nations consumers and carers, especially in rural and remote communities, do not miss out on these developments as and when they are introduced. This would increase inequity across the system for carers, workers and patients/consumers.

Whilst the recommendations relating to Aboriginal and Torres Strait Islander medical workforce are welcomed, the strategy is weak on addressing identified issues for indigenous Australians and could be further developed. For example, the document does not refer to identifying indigenous models of care that may be supported with appropriate funding.