



12 November 2020

Solicitors Assisting the Royal Commission
Royal Commission into Aged Care Quality and Safety

Via email: ACRCfinalsubmissions@royalcommission.gov.au

Dear Commissioners

Ahpra's response to Counsel Assisting's Final Submission – Royal Commission into Aged Care Quality and Safety

I am pleased to provide the Australian Health Practitioner Regulation Agency's response to the Final submission of Counsel Assisting the Royal Commission; in particular to recommendations 48 and 49 which propose that personal care workers (PCWs) be regulated under the National Registration and Accreditation Scheme (the National Scheme) with a mandatory minimum qualification for this workforce at Certificate III level. Ahpra also responds to recommendation 45 (review of health professions undergraduate curricula).

Ahpra supports the regulation of PCWs in ways that are commensurate with the risks and which is appropriate for the aged care context. We note that PCWs work with other vulnerable populations such as people with disabilities and may also work across both aged care and disability sectors. We express reservations about whether the National Scheme is the right regulatory framework for the regulation of PCWs. We note that the threshold requirements for regulation under the National Scheme have not yet been fully addressed and are significant. With this in mind, we provide comment in this submission on the design and implementation issues for regulating PCWs in the National Scheme.

Importantly, we highlight the absence of an existing definition and professional infrastructure for the workforce. For example, there appears to be no current professional capabilities or identifiable body of professional knowledge. This complexity requires an appropriate lead-in time before any national regulation commences, so that the extensive issues that must be resolved during implementation are addressed. If national regulation is agreed, based on our experience with introducing health professions into national registration, at least three years from the decisions of Ministers to commence regulation of this profession is a more feasible timeframe. No regulatory scheme will absolve employers from their responsibilities to ensure they undertake probity and other employment checks to ensure a safe workforce within individual aged care services and ensure there is appropriate supervision and oversight of the workforce.

The question of who funds registration will also need to be addressed. The National Scheme is self-funded by practitioners in each regulated profession. Australian Health Ministers have also determined there would be no cross subsidisation across registered health professions in the design of the scheme. The funding of a regulatory scheme will need to be met by PCWs, employers and/or government.

There may be other options that build on the current National Scheme framework. However, these would also require detailed analysis and changes to legislation to achieve both appropriate community protection for older Australians and the development of the aged care personal care workforce. Ahpra would welcome the opportunity to be involved in further deliberations about regulatory options and to have an opportunity to bring our expertise and understanding of the broader environmental considerations to help inform discussions.

The Nursing and Midwifery Board of Australia also provides a response to recommendation 47 and supports the Australian Government requiring approved providers of residential aged care facilities to meet a minimum staff time quality and safety standard.

Australian Health Practitioner Regulation Agency
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Ahpra and the National Boards regulate these registered health professions: Aboriginal and Torres Strait Islander health practice, Chinese medicine, chiropractic, dental, medical, medical radiation practice, midwifery, nursing, occupational therapy, optometry, osteopathy, paramedicine, pharmacy, physiotherapy, podiatry and psychology.

We would welcome the opportunity to further brief the Commission if this would be helpful and have no objections to this response being published.

If you require any further information, please do not hesitate to contact me on (03) 8708 9046.

Yours sincerely

A handwritten signature in black ink that reads "Martin Fletcher". The signature is written in a cursive, slightly slanted style.

Mr Martin Fletcher
Chief Executive Officer

Encl: Response to Counsel Assisting's final submission

Introduction

1. The Australian Health Practitioner Regulation Agency (Ahpra) works with 15 National Boards to help protect the public by regulating Australia's registered health practitioners. Together, as the National Registration and Accreditation Scheme (National Scheme) for the health professions, we adopt a risk-based approach to our regulatory decision making for the approximately 769,000 registered health practitioners regulated across 16 recognised health professions. The National Scheme is established under a national law that is not a Commonwealth law. The Health Practitioner Regulation National Law is legislation that is in force in each state and territory (the National Law). The Commonwealth did not need to pass legislation for the scheme to be established.
2. Ahpra and National Boards have significant experience and expertise in establishing and implementing a national regulatory system for registered health practitioners; most recently regulating paramedics from 1 December 2018 which successfully came about after much careful planning.
3. Ahpra welcomes the opportunity to provide a response to the Final Submission of Counsel Assisting the Royal Commission; in particular to recommendations 48 and 49 which propose that personal care workers (PCWs) be regulated under the National Scheme with a mandatory minimum qualification for this workforce at Certificate III level. Ahpra also provides comments in response to recommendation 45 (review of health professions undergraduate curricula), while the Nursing and Midwifery Board of Australia provides a response to recommendation 47 (minimum staff time standard for residential care).

Is the National Scheme the right system for regulating personal care workers?

4. The Royal Commission has heard compelling evidence and distressing personal testimony about the significant impact of sub-standard aged care on older Australians, who are among the most vulnerable people in our community. In response, the Counsel Assisting has recommended compulsory registration of the personal care workforce through national registration, standards and accreditation of programs of study.
5. The Counsel Assisting has considered that, on balance, the occupation of 'aged care personal care worker' is likely to meet the requirements for the National Scheme and the preferred mechanism for administering a registration scheme for PCWs is via a National Board and Ahpra.
6. Three major areas of focus appear to be suggested by Counsel Assisting which make a national system of regulation of PCWs appealing:
 - a. The need to better identify and define the personal care workforce in Australia and inform workforce planning and strategies (registration and workforce data)
 - b. The need to set requirements to improve the quality of the personal care workforce (registration and accreditation standards and code of conduct)
 - c. The need to stop PCWs who provide sub-standard care being able to work in aged care anywhere in Australia (complaints and breaches of code of conduct).
7. We are supportive of regulation of PCWs in ways that are commensurate with the risks and which is appropriate for the aged care context. We also note that PCWs work with other vulnerable populations such as people with disabilities and may also work across both aged care and disability sectors). We express reservations about whether the National Scheme is the right regulatory framework for the regulation of PCWs. With this in mind, we provide comment in this submission on the threshold issues of design and implementation for regulating PCWs in the National Scheme.
8. PCWs are an occupation not like all other health professions regulated through the National Scheme. This will create significant issues to be addressed if they are to be regulated as part of a statutory regulatory system designed for regulating health practitioners. The workforce to be regulated will need to be clearly defined. We highlight the absence of existing definition and professional infrastructure for the workforce. For example, there are no apparent current professional capabilities or an identifiable body of professional knowledge.
9. This complexity will require an appropriate lead-in time, given the extensive issues to be resolved in implementation. Given our experience with introducing health professions into national regulation, we suggest that at least three years from the decision of Ministers to regulate this profession may be more realistic.

10. The question of who funds registration will also need to be addressed. The National Scheme is self-funded by practitioners in each regulated profession, and there is no cross-subsidisation of costs. The funding of a regulatory scheme will need to be met by either PCWs, employers and/or government.
11. We also suggest that the current National Scheme framework is likely to require substantial modification to achieve community protection for older Australians and the development of the aged care personal care workforce. It is important to recognise that no regulatory scheme will absolve employers from their responsibilities to ensure they undertake probity and other employment checks to ensure a safe workforce within individual aged care services and ensure there is appropriate supervision and oversight of the workforce.
12. As noted by Counsel Assisting, the *Intergovernmental agreement for a National Registration and Accreditation Scheme for the health professions* established criteria for considering whether a health profession should be regulated under the National Law¹. We note that all criteria must be met, including whether the workforce to be regulated are an occupation that Health Ministers exercise responsibility for (criteria 1), whether regulation under the National Scheme is both possible and practical (i.e. that this type of regulatory scheme is compatible with the type of occupation proposed to be regulated under it) (criteria 4 and 5), and that the benefits to the public of regulation need to clearly outweigh the potential negative impact of such regulation on the occupation.
13. Ultimately, the decision as to which professions to regulate within the National Scheme rests with governments and Parliaments. Regulation of PCWs would require amendments to the National Law to be enacted after resolution of these threshold issues.
14. Internationally, there are no formal approaches applied to regulate PCWs; only oversight approaches or the use of registries within the United States. The Health Professional Regulatory Advisory Council of Ontario, Canada explored the approach of registering the personal support workers but concluded the potential costs and resources required outweighed the potential overall benefits of a registry system. The final report recommended to neither regulate nor maintain a registry of personal support workers as the potential costs and resources required outweighed the potential overall benefits of a registry system.

Defining personal care workers for the purpose of regulation

15. PCWs are not a health profession. Indeed, arguably they can be described as an occupation rather than a distinct profession with a clearly defined body of professional knowledge. Substantial work will be required by governments and the sector to define the scope of the aged care personal care workforce as a profession for the purposes of regulation under the National Scheme. This is important not only to enable the workforce to be registered, but also to be able to protect use of a professional title and ensure provisions can be drafted to enable the registration of people who have been working as personal care workers but do not have an approved qualification.
16. One of the important design features of the National Scheme is that the National Law protects professional title rather than the scope of practice for each profession. This is the primary basis for the regulation of health professions under the National Scheme. By and large, we do not regulate scope of practice.
17. Ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered and can use the protected title/s for the profession is a key public protection mechanism. There are criminal offences for any unregistered or unauthorised persons using professional titles. This means that only a health practitioner registered in a regulated health profession can practise the profession. Current protected titles include 'medical practitioner' or 'nurse'.
18. Therefore, it is important that each profession regulated in the National Scheme is clearly defined for the purposes of regulation. The existence of a distinct profession with a clear body of professional knowledge is a necessary precursor to developing professional capabilities, registration standards and accreditation standards that enables programs of study to be accredited and approved for registration purposes, and for practitioners to be approved for registration.

¹ AHMAC *information on regulatory assessment criteria and process for adding new professions to the National Registration and Accreditation Scheme for the health professions*, accessible: www.coaghealthcouncil.gov.au

Minimum requirements for regulation of health professions under the National Scheme

19. Counsel Assisting has identified the key features for establishing a National Board and a registration scheme for aged care PCWs, including a mandatory minimum qualification (at certificate III level), ongoing training and continuing professional development (CPD) requirements, minimum levels of English language proficiency, criminal history screening, a code of conduct and power for the registering body to investigate complaints into breaches of the Code of Conduct.
20. The above requirements are significant given the lack of a definition of the scope of the aged care personal care workforce to define the minimum requirements for profession entry and the apparent lack of professional infrastructure to deliver requirements such as CPD for members of the profession. In addition to these requirements, all National Boards must have approved registration standards for professional indemnity requirements for practitioners and recency of practice. These two registration requirements under the National Law are significant (in terms of both practice and cost) for each profession in the National Scheme, and significant work would be required to define these for this workforce.
21. We understand the Commission may look to the experience of national regulation of Aboriginal and Torres Strait Islander health practitioners as drawing parallels for what might need to occur for regulating PCWs under the National Scheme. However, there are differences and we provide a case study below which highlights some of these.

Regulating Aboriginal and Torres Strait Islander health practitioners

Health Ministers first asked that Aboriginal Health Workers (registered in the Northern Territory only) be given priority consideration for national regulation in 2007 – Aboriginal and Torres Strait Islander health practitioners were regulated under the National Scheme from 1 July 2012.

The scope of practice for Aboriginal health workers (then and now) varies considerably depending on the context and the state or territory in which they work. Before Australian Health Ministers agreed that these health practitioners be regulated as a profession under the National Scheme, the profession to be regulated needed to be defined nationally. Ministers accepted advice that it was the cohort of workers that provided clinical health services including as first line or as the only source of health care in communities that should be regulated. The approved qualification is a Certificate IV in Aboriginal and Torres Strait Islander primary health care.

Despite the challenges associated with defining this profession for regulation, Aboriginal health workers were health practitioners within the Northern Territory and clearly fell within the scope of Health Ministers portfolio and the Intergovernmental Agreement for the national scheme. Registered Aboriginal health workers in the Northern Territory were able to automatically transition into the National Scheme based on their state registration, while the workers in other states and territories were transitioned in on the basis of experience, training, and other qualifications.

Accreditation requirements under the National Scheme

22. Regulation of health professions under the National Scheme is not only about registration requirements and standards. Accreditation provides a framework for assuring that people seeking registration as a health practitioner are suitably trained, qualified and competent to practise their profession in Australia. This is a crucial quality assurance and risk management mechanism for the National Scheme. Accreditation authorities develop, review and submit accreditation standards to National Boards for approval. They also assess and accredit education providers and programs of study against those approved standards, and they are often responsible for assessing overseas-trained practitioners.
23. However, the other prerequisites for accrediting programs of study are likely to be more complex and time consuming than establishing an accreditation authority, as explained below.
24. Personal care work is an occupation with areas of work and job descriptions rather than a distinct profession with a clearly defined body of professional knowledge. The existence of a distinct profession with a clear body of professional knowledge is a necessary precursor to developing professional capabilities and accreditation standards that enable programs of study to be accredited and approved for registration.
25. Each National Scheme profession has a set of professional capabilities, graduate outcomes or equivalent which identify the knowledge, skills and professional attributes needed to safely and competently practise as a registered health practitioner in Australia. Regardless of the name, they generally describe the threshold or minimum level of capability required for both initial and continuing registration in a profession. Accreditation standards generally reference the professional capabilities

for the relevant profession.

26. Even when a profession is unregistered, there is typically a professional body or association that develops professional capabilities and education standards. These can be used to transition the profession into the National Scheme. A recent example is paramedicine.
27. The absence of a distinct profession for PCWs means there is no professional body or association that has developed professional capabilities. There is no specific qualification or training for a personal care worker so there are no agreed minimum competencies.
28. The lack of a defined body of knowledge or agreed minimum competencies is a significant obstacle to establishing accreditation standards and professional capabilities.
29. In essence, a PCW profession would need to be established from scratch – starting with the minimum competencies, then aligning VET sector units of competency to develop a training package for endorsement – so that accreditation standards and professional capabilities can also be developed to accredit delivery of such a training package.
30. Although there are no National Scheme professions that are directly comparable to an aged care personal care worker, based on our experience developing professional capabilities and accreditation standards for other new professions, we would expect the time involved to be at least two years after the work on the minimum competencies.

Implementation issues: time to achieve regulation

31. It is our experience that it takes considerable time for additional health professions to be regulated under the National Scheme as evidenced by the most recent profession to be included – paramedicine. New professions take time to prepare for the transition into the National Scheme and lead times are needed to allow for the profession to fully prepare for regulation. We provide a case study for the regulation of paramedics for comparison.

Regulation of paramedics in the National Scheme

By way of background, paramedicine was a well-established health profession in a predominantly public sector that had been regulated by jurisdictional ambulance services, but not under a state or territory registration scheme.

Health Ministers decided in 2015, after multiple years of assessment on its merits, to move towards national regulation of paramedics after the regulatory options and impacts had been comprehensively examined through a regulatory impact assessment. Nevertheless, there remained a range of implementation issues that Governments worked through with stakeholders – including Ahpra, the profession, unions and associations – before drafting of the specific amendments to the National Law to enable regulation of the profession could be undertaken. Resolution of the scope of the paramedic workforce and development of vocational and tertiary pathways were two critical policy issues.

There was significant work required to develop and implement the necessary regulatory infrastructure to support the regulation of paramedics. The lead time between the passage of the National Law amendment in the Queensland Parliament to include paramedicine in the National Scheme and the commencement of regulation was approximately 14 months. Significant work was required within this period to commence the work of the National Board, engage extensively with stakeholders to ensure the smoothest possible transition of the profession into regulation, develop a set of mandatory registration standards, 'grandparenting' registration standards, to decide an accreditation authority, approve qualifications for registration, and to enable regulatory operations to facilitate the commencement of regulation in the National Scheme.

Regulation of paramedics under the National Scheme commenced in December 2018 (eight years from the initial request from Health Ministers for advice on the regulating this profession under the National Scheme).

32. Given that many of the building blocks that existed for the paramedic profession are not yet in place for the personal care workforce, we suggest significant time, resources and funding will be required to enable regulation.
33. Importantly, we highlight that a proposed timeframe of 1 July 2022 is ambitious. Our experience indicates that at least three years from the point of decision of Ministers to regulate this workforce is closer to the time required.

Who pays?

34. Regulation of health practitioners in Australia is funded by fees paid by individual registrants. There is no ongoing funding from governments – making it a self-funding scheme.²
35. Australian Health Ministers have also determined there would be no cross subsidisation across registered health professions in the design of the scheme.
36. Ahpra has not undertaken an analysis of the likely costs to regulate aged care personal care workers in the National Scheme. It is worth noting that currently the lowest annual registration fee of any profession is \$116 paid by occupational therapists (noting there is also an initial application fee of \$116 as well as the registration fee). The highest registration fee is \$811 paid by medical practitioners.³ Nurses and midwives pay \$180 per year.
37. As highlighted previously, all National Boards must have an approved registration standard for professional indemnity requirements for practitioners. While the costs for practitioners to hold professional indemnity cover varies between professionals, these costs would typically be in the order of several hundred dollars for practitioners from professions considered to be lower risk. These costs would need to be met by PCWs or employers.
38. Funding would be required to establish national registration including the scoping of the PCW workforce for regulatory purposes, to progress policy development and legislative amendments, to support resourcing for the establishment of regulation under the National Scheme and the preparatory work to ready PCWs for national registration. This is not without precedent.
39. Governments have provided seed funding to support the implementation of regulation for other professions in the National Scheme (albeit through the Australian Health Ministers Advisory Council's cost share budget because the workforce being regulated were all health professions). For the paramedic profession, the total grant from government was approximately \$1.6M for a workforce of approximately 18,000.
40. Consideration will also need to be given to setting registration fees to be paid by the PCWs at a level that makes regulation of this workforce viable and sustainable under this self-funding model and is reasonable for a lower paid personal care workforce. Registration is renewed annually so this is an ongoing cost.
41. We also highlight that the differing registration fees of professions in the National Scheme in part reflects the regulatory activity of individual professions. A significant driver of this regulatory activity is the management of notifications (complaints) regarding health, performance or conduct concerns of a practitioner. It is therefore possible that the activity to manage notifications regarding PCWs will be significant – particularly if, as an unestablished profession, there are minimal established mechanisms currently within the aged care personal care workforce or their employers to manage professional concerns.
42. We also note that co-regulatory arrangements for the management of practitioner notifications/complaints exist in the states of Queensland and New South Wales which are also funded by registrant fees.

Are there other options?

43. The Counsel Assisting indicates that there is widespread support for registration of PCWs. We have expressed reservations about achieving the regulation of PCWs under the National Scheme, drawing on threshold and other issues including: whether this workforce will meet all of the AHMAC criteria and be within Health Ministers' decision-making mandate; the challenges associated with scoping and defining PCWs as a profession for both registration and accreditation purposes under the National Scheme; the time it would take to establish this type of regulation to protect the public; and the costs for PCWs of a self-funded Scheme.
44. We understand Counsel Assisting's view to be that existing options for regulation, such as the National Code of Conduct for health workers is not fit for purpose for regulating aged care PCWs on the basis of the risk that is posed to some of Australia's most vulnerable people. However, if this negative licensing model has not been fully examined, there may be merit in considering whether this

² There is an annual renewal fee for 12 months of registration. These fees have been set at a level that enables the relevant National Board to effectively regulate its profession in Australia and meet its legal responsibilities under the National Law. A government grant for the Aboriginal and Torres Strait Islander Health Practice Board of Australia ceased from the financial year 2017/18.

³ <https://www.ahpra.gov.au/News/2020-19-18-fees-202021.aspx>

model could be strengthened or a more fit for purpose negative licensing system be established including empowering a Commonwealth entity to take complaints about PCWs and being able to issue prohibition orders to prevent individuals who pose a risk from working in aged care settings.

45. There may be other options for a form of national registration of personal care workers that captures the key elements identified by Counsel Assisting that builds upon the framework of the National Scheme. These options would not necessarily require the establishment of a new National Board for PCWs. However, alternate approaches would still require extensive modifications to provide fit for purpose, timely, risk-based regulation which recognises the unique nature of the PCWs and the distinct features of aged care.
46. Any proposal to regulate PCWs under statute will require a thorough examination of which legislative requirements would require amendment for appropriate regulation of PCWs.
47. Ahpra would welcome the opportunity to be involved in further deliberations about regulatory options and to have an opportunity to bring our expertise and understanding of the broader environmental considerations to help inform discussions.

Reviewing existing course accreditation standards to ensure professional entry qualifications across multiple professions are ensuring that graduates have the education and knowledge to meet the care needs of older people (Recommendation 45).

48. Professional capabilities and accreditation standards work together to ensure that graduates of approved programs of study have the knowledge, skills and professional attributes to practise their professions in Australia, including to meet the care needs of older people.
49. Of the professions nominated by Counsel Assisting in this recommendation, nursing, medicine, optometry, dental, psychology, occupational therapy, osteopathy, podiatry and physiotherapy are regulated under the National Scheme.
50. As a general principle, except in specific cases such as geriatricians, registered health practitioners in National Scheme professions need knowledge and skills to care for people across the lifespan including older people, and this is reflected in the relevant professional capabilities.
51. The accreditation standards then provide a framework that support content in approved programs of study developing these skills, including the foundational knowledge and skills needed to meet the care needs of older people.
52. For example, in the physiotherapy profession, the [Physiotherapy Practice Threshold Statements](#) (Physiotherapy Thresholds) and Physiotherapy Accreditation Standards work together to ensure graduating physiotherapy students are suitably trained, qualified and competent to meet the care needs of older people.
53. The Physiotherapy Thresholds provide that successful completion of a physiotherapy programme should generally include learning and assessment of foundational abilities which include “knowledge and understanding of theoretical concepts and principles relevant to physiotherapy practice with clients across the lifespan, from birth to end of life care, who present with one or more problems such as pain and/or impairment or dysfunction contributing to impairment, activity limitations and participation restrictions”. The key capabilities subsequently outlined in the Physiotherapy Thresholds apply within this broad scope, rather than referencing specific health conditions, care groups or settings.
54. These key capabilities apply in combination with key elements 3.2 and 3.3 of the Physiotherapy Accreditation Standards. 3.2 requires program learning outcomes to “address all the relevant attributes and competencies” (referring to the Threshold Statements) and 3.3 requires the quality and quantity of clinical education to be sufficient to produce a graduate competent to practise across the lifespan in a range of environments and settings.
55. As another example, all education programs that lead to registration as a registered nurse (RN) must meet the fundamental comprehensive education requirements as set out in the RN Accreditation Standards and Standards for Practice. The content of the current Bachelor of Nursing curricula are at capacity.
56. Historically in Australia, there were undergraduate nursing education programs, that provided a specific focus of education for nurses; for example, mental health, paediatric and disability nursing. In recognition of the need for RNs to have foundational comprehensive education across all areas of physiology and pathophysiology and across the lifespan, a commitment was made in the 1980s to move away from nursing education that lead to registration in specific areas.

57. The foundational knowledge and skills addressed in professional capabilities and accreditation standards provide practitioners with the knowledge, skills and professional attributes to practice their profession in Australia. However, working in particular roles or settings may benefit from additional knowledge and skills, which could be developed in a range of ways, for example graduate or induction programs, employer requirements or training or practitioner's own continuing professional development.
58. The January 2023 date may be achievable. It is good regulatory practice to review standards on a regular basis and it is common for reviews to be carried out every five years on a staggered basis. This proposal would see the accreditation standards for nine health professions regulated under the National Scheme being reviewed within a two-year period which is a substantial amount of review activity. It may be more helpful and sustainable for the regular scheduled reviews of accreditation standards to consider any changes to the knowledge skills and professional attributes to ensure the care needs of older people are met. This would mean some could be reviewed within the next year (noting medicine, podiatry and osteopathy have reviews underway so this could be addressed as part of these reviews) and others within 5 years.

Comments from the Nursing and Midwifery Board of Australia on minimum staff time standard for residential care (Recommendation 47)

59. The Nursing and Midwifery Board of Australia (NMBA) works in partnership with Ahpra to regulate registered nurses (RN), enrolled nurses (EN) and midwives in the interest of public protection. The NMBA and Ahpra play an important role in the system that protects the public in health and aged care. Our role is to ensure both RNs and ENs are trained and competent to practise, and to set regulatory standards for quality and safety that every nurse must meet.
60. The NMBA sets and maintains the 'regulatory' professional practice framework for nurses in Australia through its standards, codes and guidelines. Critical documents for the safe, quality and professional practise for nurses are: the Code of conduct for nurses, the RN Standards for Practice, the EN Standards for Practice and the Decision-making framework for nursing and midwifery; a document which guides decision-making relating to scope of practice and delegation and promotes decision-making that is consistent, safe, person-centred, and evidence-based.
61. The NMBA therefore supports recommendation 47, that the Australian Government should require approved providers of residential aged care facilities to meet a minimum *staff time quality and safety standard*. The *staff time quality and safety standard* should ensure RNs and ENs working in the aged care settings are able to meet the regulatory professional practice framework set by the NMBA.
62. As stated in Counsel Assisting's final submission, there is nursing research that indicates that nurse to patient ratios leads to improvements in resident safety and outcomes. The NMBA and Ahpra have reviewed some notifications about nurses working in the aged care setting, where clinical care and pharmacy/medication issues are raised. Clear linkages can be made between the workplace conditions and excessive resident to staff ratios and issues related to clinical care and pharmacy/medication management. These workplace conditions make it challenging for RNs and ENs to meet the expected professional practice framework set by the NMBA.

Conclusion

63. Ahpra supports the regulation of PCWs in ways that are commensurate with the risks posed for older people and which is appropriate for the aged care context. However, we express reservations about whether the National Scheme is the right regulatory framework for PCWs. The proposal to regulate PCWs within the National Scheme raises significant challenges and threshold issues including with the design and implementation of regulation for a workforce that does not currently hold many of the building blocks considered necessary for a health profession. The regulatory design requirements for PCWs as a profession within the National Scheme may not provide the best regulatory solution for the community, the aged care sector or the personal care workforce. Questions of time, resourcing and cost will need to be resolved. Whatever decisions are made to regulate PCWs, the National Scheme will continue to work in support of public protection for older persons.