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AMA submission to the Senate Community Affairs References Committee – Inquiry into the 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

Supplementary submission

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The AMA thanks the Committee for the opportunity to provide further evidence relating to health care, and in particular clinical care in the aged care sector. As an organisation with a focus on health care, the AMA's submissions focus extensively on clinical and medial regulation and issues from a doctor's perspective. For this reason, the AMA believes that its original submission satisfies the terms of reference for the Committee's investigation going forward. A copy of the AMA's original submission is attached.

There have been several inquiries and reviews since the original submission was lodged. The AMA recommends the Committee also review the following submissions, as they apply to aged care regulation and medical care:

- [AMA submission to the House of Representatives Standing Committee on Health, Aged Care and Sport – Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia](#)
- [AMA submission to the Aged Care Workforce Strategy Taskforce – the aged care workforce strategy](#)
- [AMA submission to the Australian Aged Care Quality Agency on the draft guidance aged care standards](#)
- [AMA submission to the Senate Community Affairs Legislation Committee inquiry into the Aged Care Quality and Safety Commission Bill 2018 and related Bill](#)
- [AMA submission to the Standing Committee on Health, Aged Care and Sport – Inquiry into the Aged Care Amendment \(Staffing Ratio Disclosure\) Bill 2018](#)

As the above submissions highlight, there are several factors that contribute to poor quality care in residential aged care facilities (RACFs). However, many quality issues could be rectified by improving the capacity and capability of the aged care workforce to meet the needs of older people.

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Older people often enter RACFs because of some form of disability that requires extra care, and this is reflected by the fact that many have high level care needs¹. There is a shift in focus within the sector and governments to keep older people in their homes for as long as possible. This means that the concentration of RACF residents with complex acute and chronic medical conditions will continue to increase, noting they will increasingly enter at a more advanced age.

Furthermore, there has been a decline in the proportion of nurses in RACFs² which does not reflect this increasing need. Nursing and staff levels have been shown to be major influencers of care quality^{3,4,5} and this needs to be recognised by the government and the sector. RACFs need a mandatory minimum staff to resident ratio, in line with the care needs of residents, that ensures registered nurses are available 24 hours a day. Adequate staffing ratios alone might not ensure quality in all aspects, but inadequate staffing certainly prevents it.

Inadequate access to medical practitioners is also a major barrier to quality care. One in three [2017 AMA Aged Care Survey](#) respondents plan to cut back or completely end their visits within the next two years, citing inadequate Medicare fees and a lack of suitably trained and experienced nurses. Patients are being transferred to hospitals for medical conditions that could be addressed by a general practitioner. Medical practitioners must be supported by the government and the sector to visit RACFs for the benefit of older patients.

Finally, as the AMA raised in its most recent committee appearance, we believe the role of a Chief Clinical Advisor within the Aged Care Quality and Safety Commission is essential. Only by having a registered medical practitioner (preferably a general practitioner or a geriatrician), with a senior role in the Commission will the medical profession have a conduit to raise clinical issues in RACFs, with someone who can understand the concerns and drive improved clinical governance across the aged care sector.

As you can see from the AMA's many submissions, the AMA has thought long and hard about the substantial clinical issues in the aged care sector. As such the AMA would like to express its interest in appearing at any future public hearings for this inquiry.

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Contact

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¹ <https://www.gen-agedcaredata.gov.au/Topics/Care-needs-in-aged-care>

² Mavromaras, K et al (2016) *The aged care workforce, 2016*. Department of Health

³ Castle, N and Engberg, J (2005) *Staff turnover and quality of care in nursing homes*. Medical Care. 43:6, pp616-626.

⁴ Dellefield, M et al (2015) *The relationship between registered nurses and nursing home quality: an integrative review (2008-2014)*. Nursing Economics. 33:2, pp95-108.

⁵ Henderson, J et al (2016) *Missed care in residential aged care in Australia: An exploratory study*, Collegian, 24:5, pp411-416.