

4 October 2018

Mr Trent Zimmerman MP
Chairperson, Standing Committee on Health, Aged Care and Sport
C/-Committee Secretariat
PO Box 6021
Parliament House
Canberra, ACT 2600

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Dear Mr Zimmerman,

Re: *Inquiry into Aged Care Amendment (Staffing Ratio Disclosure) Bill 2018*

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the above Inquiry.

The RACGP has a strong interest in the care of residents in residential aged care facilities (RACFs), and publishes [Medical care of older persons in residential aged care facilities \(Silver Book\)](#), one of the RACGP's flagship publications.

The Bill's amendments to the *Aged Care Act 1997*, creating greater public transparency around staffing ratio in RACFs, is supported by the RACGP. The number, and skills, of staff members, must be proportionate to meet the needs of residents.

Suitably qualified nursing staff in RACFs are essential to the quality of care provided to residents. Concerns about RACF staffing levels and workforce skills are common and are predominant reasons GPs find it difficult to provide care in RACFs. As addressed in the [RACGP submission to the Senate Community Affairs References Committee inquiry into the future of Australia's aged care sector workforce](#) and [RACGP submission to the Aged Care Workforce Strategy Taskforce on the Aged Care Workforce Strategy](#), the RACGP is specifically concerned about the:

- insufficient number, and consistent lack of, nursing and other RACF staff available
- variable training and use of standard clinical communication tools
- heavy reliance on agency nursing staff
- high staff turnover
- heavy reliance on staff where English is their second language.

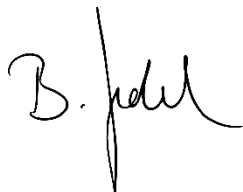
Appropriate clinical governance, especially appropriately clinically staffed RACFs, has the potential to reduce negative health outcomes by focusing on prevention and management rather than escalation to acute settings, especially referrals to ambulance and hospital emergency departments at night.

Patient access to care from general practitioners (GPs) and other members of the multidisciplinary care team is also important for this vulnerable population group. The complexity of care for residents in RACFs continues to rise, and the role of GPs is often overlooked. GPs face significant barriers in the provision of care to residents in RACFs, including inadequate support, clinical complexity, time pressures, workforce issues, and lack of infrastructure and support structures. We would welcome appropriately trained nursing staff to address clinical governance issues within RACFs.

The RACGP believes a national, consistent regulatory framework around minimum staffing and appropriate skills mix in RACFs is vital. A commitment to ongoing training in aged care issues for all staff should be an essential component for RACFs. Training specific to palliative care, pain management, use of psychoactive medication, and use of antibiotics would be encouraged by the RACGP.

We look forward to hearing about this Inquiry's progress and outcomes.

Yours sincerely



Dr Bastian Seidel
President