RACGP
Royal Australian College *of* General Practitioners

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Dear Mr Zimmerman,

Re: Inquiry into the Quality of Care in Residential Aged Care Facilities in Australia

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments and feedback on the Terms of Reference for 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 clinical publications.

The care of residents in RACFs is complex, and the important role of general practitioners (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. Suitably qualified nursing staff in RACFs is also essential to the quality of care that is provided to residents.

More information on the important role GPs play in providing care to residents in RACFs, as well as the significant barriers, can be found in *RACGP submission to the Senate Community Affairs References Committee inquiry into the future of Australia's aged care sector workforce*.

Incidence of mistreatment of residents in residential aged care facilities, and associated reporting and response procedures

Residents in RACFs are particularly vulnerable to elder abuse, which can take many forms, including verbal, physical, emotional, sexual and economic. Elder abuse can occur whenever there is an imbalance of power, and is associated with increased mortality and disability. While there is no factual account of the prevalence of elder abuse, statistics estimate the figure to be around 2.3–5.4%.[1–3] It has been noted that there may be up to five unreported instances of elder abuse to every one reported.[4]

GPs are often the first independent professional to see residents from RACFs who are experiencing elder abuse. Tools such as the Elder Abuse Suspicion Index (EASI)[5] can be used if there is suspicion that elder abuse is taking place. If the suspicion is confirmed, patient consent must be obtained in order to report the information to appropriate parties. While there is no legal onus on GPs to report elder abuse, GPs have a responsibility to ensure the continued health and wellbeing of all patients.

The employment of qualified and trained staff members in RACFs can also help to mitigate and prevent elder abuse. Inadequate staff numbers can inevitably lead to the neglect (ie unintended elderly abuse) of elderly residents in RACFs. Government funding could be made available to train RACF staff members in caring for high-risk patient groups (eg patients with dementia or behavioural problems).

More information on elder abuse can be found in Section 10.1 of the RACGP's *Abuse and violence: Working with our patients in general practice*.

Effectiveness of consumer protections including the Australian Aged Care Quality Agency, the Aged Care Complaints Commission, and *the Charter of Care Recipients' Rights and Responsibilities*

Consumer protection measures in Australian RACFs are robust and thorough, but they are highly risk averse and paper-focused, which can have unintended negative consequences for residents. One example is the priority given to tracking complaint processes, which can be at the detriment of the provision of clinical care and companionship to residents. A move to an electronic system can help to ensure the process is more time efficient and effective in dealing with resident complaints.

The management of difficult, aggressive and/or vexatious residents and family members is an issue that needs some attention. In these situations, staff members and providers do not have the ability to report these individuals, which has the potential to detract suitably qualified staff members from commencing or continuing employment, to the detriment of all residents in RACFs.

Lastly, while the availability of the *Charter of Care Recipients' Rights and Responsibilities* (Charter) in RACFs is not in question, the ability of residents to comprehend and understand what is written is of concern. The Charter should be made available in Easy English and translated to languages other than English for residents from non–English speaking backgrounds. This will help to facilitate residents understanding their rights in RACFs.

Adequacy of arrangements for aged care residents who do not have family, friends or other representatives to help them exercise choice and their rights in care

The RACGP recommends that advance care planning (ACP) should be incorporated into routine general practice with every patient, especially those who are at risk of deterioration in health.[6] ACP has been found to improve end-of-life care, and improve the satisfaction of patients and their family. ACP is particularly important for residents of RACFs who do not have family, friends or other representatives, and would reduce the need for the Office of the Public Guardian to appoint substitute decision makers.

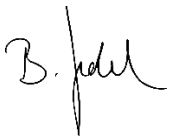
GPs often have long-lasting and trusted relationships with their patients, including those in RACFs. ACP is one part of managing a population that is ageing, and aims to be patient-centred, focusing on the principles of self-determination, dignity and the avoidance of suffering. GPs should consider raising ACP with all older patients as it helps to ensure that their expressed wishes remain the focus of decisions made about their care, especially when they lose the ability to make these decisions.

More information on ACP can be found in the RACGP's *Position statement: Advance care planning should be incorporated into routine general practice*.

The RACGP is currently in the process of updating *Medical care of older persons in residential aged care facilities* (Silver Book), and will undertake a thorough review of all the evidence discussed in this submission.

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

Yours sincerely



Dr Bastian Seidel
President

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5. The Royal Australian College of General Practitioners. Tool 6. Elder Abuse Suspicion Index (EASI) – Abuse and violence: Working with our patients in general practice. Melbourne: RACGP, 2014. Available at www.racgp.org.au/your-practice/guidelines/whitebook/tools-and-resources/6-elder-abuse-suspicion-index [Accessed 13 February 2018].

6. The Royal Australian College of General Practitioners. Position statement: Advance care planning should be incorporated into routine general practice. Melbourne: RACGP, 2012. Available at www.racgp.org.au/download/documents/Policies/Clinical/advancedcareplanning_positionstatement.pdf [Accessed 13 February 2018].