

27 July 2021

Mr Marcus Riley  
Chair, Aged Services Industry Reference Committee Skills IQ  
Level 1 332 Kent Street  
Sydney 2000

Via email to committee secretariat: [melinda.brown@skillsiq.com.au](mailto:melinda.brown@skillsiq.com.au)

Dear Mr Riley

**Feedback on Certificate III in Individual Support, Certificate IV in Ageing Support  
and Certificate IV in Disability**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on Draft 2 of the updated Training Package Products for the Certificate III in Individual Support, Certificate IV in Ageing Support and Certificate IV in Disability.

The RACGP considers the work of the Aged Services Industry Reference Committee (AS IRC) is vitally important to ensuring the people working in the aged care, disability and palliative care sectors are well trained and supported to perform their roles effectively.

General practitioners (GPs) working in these sectors have consistently raised concerns about the need for support staff to be better trained and appropriately recognised for the work they do. As you will be aware, the RACGP wrote to the AS IRC on 31 March 2021 to provide general practice feedback on the qualifications for these support staff.

*General feedback on draft training materials*

The RACGP provides the following feedback on the draft training materials:

- The training should ensure community workers can identify risk, particularly during home visits. For example, being able to identify if the person they are visiting is eating, showering, taking their medications and seeing the GP regularly if required. This could be incorporated into the Unit of Competency on *CHCAGE010 Implement interventions with older people to reduce risk*, or could comprise an additional Unit of Competency.
- The materials should incorporate training in signs of physical deterioration which might indicate that an ambulance should be called. This is particularly important for certain circumstances, including at night in residential aged care facilities (RACFs) when a registered nurse may not be readily available.
- The training should provide an overview of the supports that are available and the roles of health professionals in aged care. This should focus on access to GPs and the health system, the structure of care packages to assist people staying in their home, and the ways in which people are supported to access respite and RACFs, social prescribing and support networks such as Dementia Support Australia.
- Communication skills should be included in the broader aged care curriculum. The Aged Care Royal Commission heard many complaints about the manner of communication from support staff being at times disempowering, childish and inappropriate.

- Although different jurisdictions have different requirements, education on Advance Care Planning should be included. Knowing the patient's wishes can assist in ensuring they are treated with dignity & respect. Additionally, having a clearer indication of expectations of the level of palliative care to be provided can help reduce worker concerns around appropriate care and support.
- Given the high rates of prescribing in aged care, it is critical that medication management is addressed in these training modules within the appropriate scope of practice.
- There needs to be recognition of the importance of continuity of care. While we note this is not the responsibility of the individual worker, an understanding of its importance will help support workers to advocate for their patients and ensure they receive the best possible care.
- Training should include guidance on how to manage and escalate occupational issues, for example criticism and harassment. Occupational issues can be a major contributor to staff attrition in this industry, and should be addressed at every level of aged care, including education.
- The place of employment needs to be considered as services and processes may differ between jurisdictions. This should be addressed in the training materials.

*Feedback on CHCAGE011 Provide support to people living with dementia*

The RACGP has the following feedback on this Unit of Competency:

- Some of the pathologies listed in this Unit may be beyond the scope of an aged care worker, who perhaps needs to recognise dementia but not the pathophysiology of the subtypes of dementia. While we support improving the competency and training of aged care workers, the depth of content within the training materials should appropriately reflect the scope of the role. This section of the curriculum could be revised to cover only the broad clinical features of different types of dementia.
- Non-pharmacological management of behaviours of concern should be included in *CHCAGE011 Provide support to people living with dementia*. This could include simple strategies such as distraction and environmental modification.
- Virtual resources have an emerging role in supporting people with dementia, particularly in the COVID-19 environment, and should be outlined in this Unit. These might be images of family and friends or previous events, and using virtual technology to help a patient stay in contact with family and community. Specific training and support could include how to help a patient have a virtual visit with a relative.

The RACGP looks forward to continuing to support high-quality training in aged care and disability, and welcomes the opportunity to further discuss any of the feedback provided in this submission.

Please contact Leonie Scott, National Manager – Policy and Advocacy, on (03) 8699 0031 or via [leonie.scott@racgp.org.au](mailto:leonie.scott@racgp.org.au) if you have any questions or comments regarding our feedback.

Yours sincerely



**Dr Karen Price**  
President