SUBMISSION

12 March 2021

Dr Richard Kidd
Chair
AMACGP

Dear Dr Kidd

Thanks for asking AMA Queensland with the opportunity to review the recommendations from Royal Commission into Aged Care Quality and Safety.

AMA Queensland has consulted with members of AMA Queensland CGP and Council. Our summary of comments which are focused on ensuring comprehensive patient directed care:

- *Accreditation of GPs for RACF*
  i. (a)Urgent meeting needed between AMA and RACGP - to ascertain their positions on Accreditation;
  ii. (b)Accreditation needs to be straightforward otherwise it is an unprofessional gesture;
- *Antipsychotics* – while we agree the use of antipsychotics should be reduce, a punitive approach which involves criticism of GPs which prescribe these medications is not appropriate;
- *Restrains* – should only be used as a last resort*;*
- *Independent experts* - The term "independent experts" is used throughout the report – need a clear definition;
- *Multidisciplinary care in aged care should be standard practice* **–** AMA Queensland supports multidisciplinary care including the involvement of doctors, allied health, geriatricians, nursing and community groups.
- *ACAT and community services are poorly accessible, complex, or absent* - for many of our members ACAT and community services are poorly accessible, complex, or absent
- *Minimum staff time standard for residential care (recommendation 86)* - AMA Queensland questions where the minimum staff time standard for residential care came from?;
- *Better support for GPs to provide care in RACF*
  i. the amount of unpaid work GPs do is unsustainable e.g. much work occurs separate to the patient, (dementia/administration) but MBS requires attendance and time;
  ii. MBS items for case conferencing in RACF - AMA should argue for an MBS number for case conferencing where a patient cannot give consent or be present – e.g. case conferencing between Doctors, EPOAs , Guardians , Public trustees;
  iii. Increase in in MBS rebates for RACF visits needed – they cannot be the same as if those consults are occurring in a consulting room as they are very complex and time consuming;
  iv. Care provided in RACF is inconsistent - e.g. one of our members indicates that their local nursing home allows carers to provide the medications, which has resulted in many errors being made and the GP having to resign the sheets again. You can't bill Medicare without seeing the patient.
- *New codes and levy's to fund aged care* - throughout the report there is a plan to introduce new codes and levy's to support a better aged care system, however, some of these are seem to be introduced without good reason or evidence;
- *There should be more exercise, recreational and psychological supports* in aged care – this help prevent most of the falls, depression, sleep and behaviour problems;

Rural and remote

- *Hard to access specialist supports including geriatricians and psychiatrists* - in rural aged care facilities it is not possible to access specialist supports including geriatricians and psychiatrists;
- *Significant investments in telehealth and video capability in rural aged care required – in rural and remote areas,* significant investments in telehealth and video capability in rural aged care required especially for after-hours care with suitable MBS items for rural GPs to provide this service and to stop aged care residents put in back of an ambulance and sent to nearest Emergency Deaprtment;
- *Service agreement between GPs and Aged care facilities* – should be in a standard non-complex format;
- *Medication management reviews* – in rural areas it is hard to get accredited pharmacists to do medication management reviews as it does not make business sense for accredited pharmacists to travel rurally to do them – AMA could argue that accredited pharmacists could be done by telehealth rather than physical reviews;

AMA Queensland believes there should be an increased emphasis on encouraging older people to keep working, and with more people wanting to transition to part-time and altered roles (for the sake of better health outcomes), employers should be supported to help limit the "age-ism" in the workforce Government needs to share the responsibility with the community for spending, as there are simply not enough people working and paying taxes to afford the kind of ideals listed in recommendations for the numbers approaching older age in Australia.

Your sincerely

_____

Dr Brett Dale
Chief Executive Officer
Australian Medical Association Queensland

AMA Queensland has responded to the recommendations from the Royal Commission into Aged Care Quality and Safety using 4 different responses based on the level of evidence supporting the recommendation.

1. *Strongly supportive* – high level of evidence that demonstrates that, if implemented, it will result in improved care and better health outcomes for aged care residents;
2. *Supportive* – there is some evidence that demonstrates that, if implemented, it will result in improved care and better health outcomes for aged care residents;
3. *Supportive in-principle* – needs further investigation or information to demonstrate that there will be improved care and better health outcomes for aged care residents
4. *Not supportive* – there is no evidence to show that, if implemented, it will result in improved care and better health outcomes for aged care residents.

Chapter 1: Foundations of the New Aged Care System

Recommendation	Response
Recommendation 1: A new Act	***Strongly supportive*** - AMA Queensland supports a new *Aged Care Act.* As it currently stands, there is no clear statement in the *Aged Care Act* of the basic responsibility of approved providers to ensure that the care provided to residents is safe and of high quality.[1] AMA Queensland hopes that this new Act is more focused on the rights of older Australians rather than profits for aged care providers.
Recommendation 2: Rights of older people receiving aged care	***Strongly supportive -*** AMA Queensland strongly agrees with this recommendation. Australians are living longer than ever, with the projected number of Australians over 85 years old to increase from 515,700 to more than 1.5 million by 2058.[2] This means that the demand for good quality aged care is going to increase dramatically. Elderly Australians deserve to be treated with dignity and respect as they enter the aged care system.
Recommendation 3: Key principles	***Strongly supportive -*** AMA Queensland agrees with the recommended key principles in the new *Aged Care Act.* AMA Queensland believes that elderly Australians living in residential aged care facilities (RACFs) deserve self-autonomy. AMA Queensland also believes that residents deserve to have their needs heard and fulfilled without there being risk of inadequate care. COVID-19 was a trying time for the aged care sector, especially the spontaneous lockdowns. Once visitors were not allowed into RACFs, elderly residents suffered

[1] *Royal Commission into Aged Care Quality and Safety,* Executive Summary, p91.
[2] Ibid, p61.

	as seeing family and friends is extremely important for their mental, physical and emotional health.[3] Therefore, AMA Queensland is very supportive of taking the relationships which are important to the resident and acknowledge, respect and foster the relationship. AMA Queensland is also supportive of comprehensive care for all residents, regardless of their location. This is especially so in Queensland, where a large part is rural/remote. AMA Queensland believes that even those who live in RACFs in rural/remote Queensland deserve the same quality of care received in metropolitan areas. AMA Queensland believes that one of the best strategies to achieve this would be through the use of telehealth/telephone consultations.[4]
Recommendation 4: Integrated long-term support and care for older people	***Supportive in-principle –*** AMA Queensland is supportive as long as health professionals are consulted during development process.

Chapter 2: Governance of the New Aged Care System

Recommendation	Response
Recommendation 5: Australian Aged Care Commission	***Supportive –*** AMA Queensland agrees that there should be an Aged Care Commission to act as a regulator to ensure that RACFs are delivering quality care.
Recommendation 6: Australian Aged Care Pricing Authority	***Supportive in-principle*** **-** AMA Queensland supports one pricing authority for both aged care and health care. In the AMA and AMA Queensland view, if well managed, a pricing authority has the potential to deliver cost and funding allocation transparency and ensure decisions of government and aged care providers are accountable. However, we warn that an independent pricing authority will not correct the issue of aged care underfunding, in particular under-indexation, unless the new authority is given the power to set these parameters independent of the Federal Government. [5]
Recommendation 7: Aged Care Advisory Council	***Supportive in-principle*** **-** AMA Queensland supports in principle this recommendation. The AMA and AMA Queensland calls on the Royal Commission to either define the membership or to propose a terms of reference for this group. AMA Queensland believes that there is a need to ensure that genuine voice aged care recipients are present on this group, which is currently

[3] *Aged care and COVID-19: a special report,* Aged Care Royal Commission, p6.
[4] *AMA,* Submission to the Royal Commission into Aged Care Quality and Safety, p5.
[5] AMA, "Additional Response – AMA Submission to the Royal Commission into Aged Care Quality and Safety – Final Recommendations by the Counsel Assisting, p10.

	not the case with relevant Government advisory bodies. AMA and AMA Queensland also believes that researchers and academia representatives should be included. In the AMA and AMA Queensland view, current Government reform advisory forums have over-representation of aged care providers, while consumer organisations involved have low membership of people in residential aged care for example. Any new forum that is established needs to ensure that genuine consumers, those receiving care, are included.[6]
Recommendation 8: Cabinet Minister and Department of Health and Aged Care	***Supportive –*** AMA Queensland agrees with this as it is important that the Department of Health have a strong focus on the aged care system in Australia. Additionally, AMA Queensland is supportive of subsection 6 as having small, focussed regional offices will be effective in delivering better health outcomes for those in aged care dependent on the needs of that area in particular. AMA Queensland also agrees with subsection 8 as it is important that the Department report to Parliament as that will be a key indicator performance.
Recommendation 9: The Council of Elders	***Supportive in-principle –*** This proposal does have potential, however, this is the first of its kind. Therefore, there is insufficient evidence to firmly support this is an effective measure.
Recommendation 10: Aged Care Safety and Quality Authority	***Strongly supportive***
Recommendation 11: Independent Hospital and Aged Care Pricing Authority	***Strongly supportive***
Recommendation 12: Inspector-General of Aged Care	***Supportive –*** AMA Queensland is supportive of establishing an independent office of the Inspector-General of aged care. AMA Queensland agrees with all of the powers which will be conferred on the Inspector. However, AMA Queensland believes that audits on RACFs should be conducted without prior notice.

Chapter 3: Quality and Safety

Recommendation	Response
Recommendation 13: Embedding high quality aged care	***Strongly supportive***
Recommendation 14: A general duty to provide high quality and safe care	***Strongly supportive*** **-** AMA Queensland agrees with this recommendation, as it is important that aged care providers have a duty of care to ensure that care provided is of a high standard.
Recommendation 15: Establishment of a dementia support pathway	***Supportive*** **-** AMA Queensland agrees with this recommendation. AMA Queensland believes that

[6] Ibid.

Recommendation 16: Specialist dementia care services	management and behavioural training for nursing and personal care staff attendance will help in reducing prescribing anti-psychotic medication.[7] AMA Queensland is excited to see the effectiveness of this program if implemented.
Recommendation 17: Regulation of restraints	***Strongly supportive*** **-** AMA Queensland believes that the use of physical and chemical restraints in RACFs should be the last resort. AMA Queensland supports this recommendation as physical or chemical restraints should only be used in cases where, but for the use of such restraints, the residents could seriously injure themselves or other residents. AMA Queensland agrees that if there are any breaches of these requirement, there should be civil penalties.
Recommendation 18: Aged care standard-setting by the renamed Australian Commission on Safety and Quality in Health and Aged Care	***Supportive***
Recommendation 19: Urgent review of the Aged Care Quality Standards	***Strongly supportive***
Recommendation	Response
Recommendation 20: Periodic review of the Aged Care Quality Standards	***Supportive***
Recommendation 21: Priority issues for periodic review of the Aged Care Quality Standards	***Supportive***
Recommendation 22: Quality indicators	***Strongly supportive***
Recommendation 23: Using quality indicators for continuous improvement	***Supportive***
Recommendation 24: Star ratings: Performance information for people seeking care	***Supportive in-principle*** **-** AMA Queensland understands the importance of comparing performance of RACFs for those looking to enter care. AMA Queensland believes that this recommendation could work, however, as there is lack of evidence to show that this works in practice, AMA Queensland is supportive in-principle.

Chapter 4: Program Design

Recommendation	Response
Recommendation 25: A new aged care program	***Supportive***
Recommendation 26: Improved public awareness of aged care	***Supportive in-principle*** **–** AMA Queensland agrees that this is a good recommendation. However, public awareness campaigns are known to be ineffective in some instances. Therefore, AMA Queensland can only agree to this in-principle due to lack of supporting evidence.
Recommendation 27: More accessible and usable information on aged care	***Supportive***

[7] Ibid, p51.

Recommendation	Response
Recommendation 28: A single comprehensive assessment process	***Supportive***
Recommendation 29: Care finders to support navigation of aged care	***Supportive***
Recommendation 30: Designing for diversity, difference, complexity and individuality	***Supportive in-principle –*** AMA Queensland supports this recommendation. However, AMA Queensland is hesitant to support this fully due to the lack of evidence demonstrating that this provides better care to RACF residents.
Recommendation 31: Approved provider's responsibility for care management	***Strongly supportive***
Recommendation 32: Respite support category	AMA Queensland believes that this is a good recommendation. However, due to the short time frame, it may be difficult to implement such a strategy.
Recommendation 33: Social supports category	***Supportive***
Recommendation 34: *Assistive technology and home modifications category*	***Supportive***
Recommendation 35: Care at home category	***Supportive***
Recommendation 36: Care at home to include allied health care	***Supportive***
Recommendation 37: Residential care category	***Supportive***
Recommendation 38: Residential aged care in include allied health care	***Supportive***
Recommendation 39: Meeting preference to age in place	***Supportive in-principle –*** There are currently approximately 102,000 people on the waiting list waiting for a home care package. While AMA Queensland is supportive of this recommendation, there is hesitance around the short deadline for the government to make these home care packages available.
Recommendation 40: Transition to care at home	***Supportive***
Recommendation 41: Planning based on need, not rationed	***Supportive in-principle -*** AMA Queensland supports this recommendation, especially (e). The experience of COVID-19 and establishment of Victorian Aged Care Response Centre have proven the benefits of having established aged care regions covering relevant LHNs and PHNs. The AMA and AMA Queensland calls for this structure to be formalised, with formalised governance groups that include LHNs, PHNs, ideally Public Health Units and relevant aged care governance structures.[8]

[8] AMA, "Additional Response – AMA Submission to the Royal Commission into Aged Care Quality and Safety – Final Recommendations by the Counsel Assisting.

Chapter 5: Informal Carers and Volunteers

Recommendation	Response
Recommendation 42: Support for informal carers	***Supportive in-principle*** **-** AMA Queensland supports this recommendation, however, due to lack of evidence that this this model is effective, AMA Queensland cannot fully support this.
Recommendation 43: Examination of leave for informal carers	***Supportive in-principle*** **–** This is not within AMA Queensland's jurisdiction, however, seems positive in principle.
Recommendation 44: Volunteers and Aged care Volunteer visitors scheme	***Support***

Chapter 6: Aged Care Accommodation

Recommendation	Response
Recommendation 45: Improving the design of aged care accommodation	***Supportive*** **–** AMA Queensland supports this recommendation as long as design principles and guidelines are based on best practice evidence
Recommendation 46: ***Capital grants for 'small household' models of accommodation***	***Supportive in-principle*** **–** This is due to lack of evidence demonstrating that this is an effective model.

Chapter 7: Aged Care for Aboriginal and Torres Strait Islander People

Recommendation	Response
Recommendation 47: Aboriginal and Torres Strait Islander aged care pathway within the new aged care system	***Supportive***
Recommendation 48: Cultural safety	***Supportive***
Recommendation 49: An Aboriginal and Torres Strait Islander Aged Care Commissioner	***Supportive***
Recommendation 50: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	***Supportive in-principle*** **–** AMA Queensland supports this recommendation as long as this is done using best practice evidence and consultation with Aboriginal and Torres Strait Islander organisations.
Recommendation 51: Employment and training for Aboriginal and Torres Strait Islander aged care	***Supportive***
Recommendation 52: Funding cycle	***Supportive in-principle*** **–** AMA Queensland supports this recommendation in-principle. However, AMA Queensland is hesitant as block funding is not always successful.
Recommendation 53: Program streams	***Supportive in-principle*** **–** AMA Queensland believes that this recommendation has potential to be successful. However, AMA Queensland is hesitant that the Australian Government will provide such a grant.

Chapter 8: Aged Care in Regional, Rural and Remote Areas

Recommendation	Response
Recommendation 54: Ensuring the provision of aged care in regional, rural and remote areas	***Strongly Supportive***
Recommendation 55: The Multi-Purpose Services Program	***Strongly Supportive***

Chapter 9: Better Access to Health Care

Recommendation	Response
Recommendation 56: A new primary care model to improve access	***Not supportive*** **-** AMA Queensland does not support and will oppose any system of accreditation separate to, and on top of, the RACGP Standards. The AMA and AMA Queensland fears that this proposed model will lead to further exodus of GPs from aged care and achieve the opposite of what is intended. However, AMA Queensland does support in-principle subsections (f) and (g) for the same reasons as the Federal AMA.[9]
Recommendation 57: Royal Australian College of General Practitioners accreditation requirements	***Supportive in-principle*** **–** AMA Queensland supports this recommendation. However, is hesitant due to the short time frame.
Recommendation 58: Access to specialists and other health practitioners through Multidisciplinary Outreach Services	***Supportive***
Recommendation 59: Increased access to Older Persons Mental Health Services	***Supportive***
Recommendation 60: Establish a Senior Dental Benefits Scheme	***Supportive***
Recommendation 61: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	***Supportive in-principle*** **-** AMA Queensland agrees in-principle as changes to the MBS often take time and may not be implemented at the time specified in the recommendation.
Recommendation 62: Enhance the Rural Health Outreach Fund to improve access to medical specialists for people receiving aged care	***Supportive in-principle*** **–** AMA Queensland supports this recommendation, however, is hesitant due to the short time frame recommended to the Australian Government.
Recommendation 63: Access to specialist telehealth services	***Supportive***
Recommendation 64: Increased access to medication management reviews	***Supportive***

[9] Ibid.

Recommendation	Response
Recommendation 65: Restricted prescription of antipsychotics in residential aged care	***Strongly supportive –*** AMA Queensland is strongly supportive of this due to the number of deaths involving anti-psychotics.[10]
Recommendation 66: Improving the transition between residential aged care and hospital care	***Supportive***
Recommendation 67: Improving data on the interaction between health and aged care systems	***Supportive***
Recommendation 68: Universal adoption by the aged care sector of digital technology and My Health Record	***Supportive*** **-** AMA Queensland has always been supportive of digital healthcare, but we are concerned that the transformation to ieMR and EMR has resulted in Queensland doctors having to use software which is inefficient and not user-friendly. Despite the direct involvement of our members to address the technical difficulties, the impact of ieMR on patient safety and hospital productivity and the quality of data to guide clinical and administrative decisions remain variable. For EMR, the issues which need to be addressed include clearer communication between doctors and Communicare, time-lags with EMR and difficulties with EMR communicating with some doctor's software platforms.
Recommendation 69: Clarification of roles and responsibilities for delivery of health care to people receiving aged care	***Supportive in-principle –*** AMA Queensland, along with the AMA, seek further clarification around whether external allied health professionals would still be able to provide the service, or whether aged care providers would need to employ multiple different allied health professionals to meet the needs of the residents. Additionally, further detail is required around how this will operate with the MBS.
Recommendation 70: Improved access to State and Territory health services by people receiving aged care	***Supportive***
Recommendation 71: Ongoing consideration by the Health National Cabinet Reform Committee	***In principle***

Chapter 10: Aged care for people living with a disability

Recommendation	Response
Recommendation 72: Equity for people with disability receiving aged care	***In principle***

[10] Penington Institute, Australia's Annual Overdose Report 2019. https://www.penington.org.au/wp-content/uploads/Australias-Annual-Overdose-Report-2019-1.pdf

By 1 July 2024, every person receiving aged care who is living with disability, regardless of when acquired, should receive through the aged care program daily living supports and outcomes (including assistive technologies, aids and equipment) equivalent to those that would be available under the National Disability Insurance Scheme to a person under the age of 65 years with the same or substantially similar conditions.	
Recommendation 73: Annual reporting to Parliament by the Disability Discrimination Commissioner and the Age Discrimination Commissioner	***In principle***

CHAPTER 11: Younger people in residential aged care

Recommendation	Response
Recommendation 74: No younger people in residential aged care	***Strongly supportive***

CHAPTER 12: The aged care workforce

Recommendation	Response
Recommendation 75: Aged care workforce planning	***Supportive***
Recommendation 76: Aged Care Workforce Industry Council Limited	***Supportive***
Recommendation 77: National registration scheme for the personal care workforce	***Supportive***
Recommendation 78: Mandatory minimum qualification for personal care workers	***Supportive***
Recommendation 79: Review of certificate-based courses for aged care	***Supportive***
Recommendation 80: Mandatory Dementia and palliative care training for workers	***Supportive***
Recommendation 81: Ongoing professional development of the aged care workforce	***Supportive***
Recommendation 82: Review of health professions' undergraduate curricula	***Supportive***
Recommendation 83: Funding for teaching aged care programs	***Supportive***

Recommendation	Response
Recommendation 84: Increases in award wages	***Supportive***
Recommendation 85: Improved remuneration for aged care workers	***Supportive***
Recommendation 86: Minimum staff time standard for residential care From 1 July 2022, the minimum staff time standard should require approved providers to engage registered nurses, enrolled nurses, and personal care workers for at least 200 minutes per resident per day for the average resident, with at least 40 minutes of that staff time provided by a registered nurse.	***Not supportive*** While the AMA and AMA Queensland supports staffing ratios and minimum staff time per resident, the AMA and AMA Queensland cannot support this recommendation. In the AMA and AMA Queensland view 36 minutes of care by a registered nurse per resident per day is not sufficient to meet the increasingly complex needs of residents in residential aged care. Registered Nurses (RNs) are the only aged care provider employees that can provide frontline, timely clinical care within their scope of practice. Doctors rely on RNs to carry out their clinical directions when they leave the RACF or the patient's home. Doctors need to communicate with RNs because RNs have clinical backgrounds and can assist to determine the best clinical care for older people. Older people who require aged care need RNs to safely administer medicines and help prevent medical issues such as bed sores and fractures. 36 minutes per day is not enough time to dedicate to each resident if the aim is to ensure residents' improved health outcomes and in particular if the overall aim is the reablement of residents. Furthermore, the AMA and AMA Queensland does not see the justification for this recommendation to be delayed to second half of 2022.[11]
From 1 July 2022, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility for the morning and afternoon shifts (16 hours per day).	The AMA and AMA Queensland cannot support this recommendation. It is the AMA and AMA Queensland ongoing position that registered nurses must be available on site in residential aged care 24 hours a day to ensure older peoples' medical needs are adequately met, including the appropriate administration of medicines. Mandated RN availability 24 hours in RACFs should start as soon as possible, and the AMA and AMA Queensland does not see the need for this recommendation to be delayed until 1 July 2022.[12]

[11] Ibid.
[12] Ibid.

From 1 July 2024, the minimum staff time standard should increase to require approved providers to engage registered nurses, enrolled nurses, and personal care workers for the average resident for at least 215 minutes per resident per day for the average resident, with at least 44 minutes of that staff time provided by a registered nurse. In addition, from 1 July 2024, the minimum staff time standard should require at least one registered nurse on site per residential aged care facility at all times.	The AMA and AMA Queensland does not see the reason for a delay until 2024 for increased staffing hours and registered nurse availability 24/7. The AMA and AMA Queensland supports registered nurse availability 24/7. However, in some RACFs one registered nurse will not be sufficient to care for all residents. The number of RNs at the RACF at all times should be determined by the number of residents and their care needs. The AMA and AMA Queensland would also warn against potential unwanted consequences of this recommendation. Specifically, there need to be safeguards in place to ensure that those providers who currently employ nurses in night shifts do not see this as a permission to discontinue their employment until July 2024 when this becomes a mandatory requirement.
Recommendation 87: Employment status and related labour standards as enforceable standards	***Supportive***

Chapter 13: Provider Governance

Recommendation	Response
Recommendation 88: Legislative amendments to improve provider governance	***In principle*** - due to the fact that it will require changes to three different pieces of legislative: • *Aged Care Act 1997 (Cth), the Aged Care Quality and Safety Commission Act 2018 (Cth) and the Freedom of Information Act 1982 (Cth)*
Recommendation 89: Leadership responsibilities and accountabilities By 1 July 2021, the Aged Care Quality and Safety Commission (and any successor body) should, as part of its approval of aged care providers and accreditation of aged care services, require governing bodies to: ensure that their leaders and managers have professional qualifications or high-level experience in management roles ensure that employment arrangements for the executive and other senior managers include performance appraisal against the demonstration of	***Supportive***

leadership, team development and support for organisational culture and practice consistent with the new Act, and adopt and implement a plan to manage and support staff training, professional development and continuous learning, staff feedback and engagement, and team building.	
Recommendation 90: New governance standards for approved providers	***Supportive***
Recommendation 91: Program of assistance to improve governance arrangements	***In principle*** **-** as there is no detail attached to what this "program of assistance" for approved providers entails

CHAPTER 14: Quality Regulation and Advocacy

Recommendation	Response
Recommendation 92: Approval of providers	***Supportive***
Recommendation 93: Accreditation of high-level home care services	***Supportive***
Recommendation 94: Greater weight to be attached to the experience of people receiving aged care From 1 July 2021 onwards, the Aged Care Quality and Safety Commissioner (and from the commencement of a successor body, that body) should: periodically publish a report on the experience of people receiving care from an aged care service ensure that these reports are informed by interviews with at least 20% of people receiving aged care through the service (or their nominated representative) take into account information from people receiving aged care services and their representatives in accreditation assessments and other compliance monitoring processes establish channels (including an online mechanism) to allow people receiving aged care services and their families to report their experiences of aged care and the performance of aged care providers, year round.	***In principle*** **-** on the basis that there is no guarantee that including the experiences of people receiving aged care in this report will lead to change

Recommendation	Response
Recommendation 95: Graded assessments and performance ratings From 1 July 2022, the Quality Regulator should adopt a graded assessment of service performance against the Aged Care Quality Standards.	***Strongly supports***
Recommendation 96: Responding to Coroner's reports	***Supportive***
Recommendation 97: Strengthened monitoring powers for the Quality Regulator	***Strongly supports***
Recommendation 98: Improved complaints management	***Strongly supports***
Recommendation 99: Protection for whistleblowers	***Supportive***
Recommendation 100: Serious incident reporting	***Strongly supports***
Recommendation 101: Civil penalty for certain contraventions of the general duty	***Strongly supports***
Recommendation 102: Compensation for breach of certain civil penalty provisions	***Strongly supports***
Recommendation 104: Aged Care Quality and Safety Commission capability review By 1 May 2021, the Australian Government should commission an independent review of the capabilities of the Aged Care Quality and Safety Commission.	***Supportive*** - but remain concerned with the timeline associated with this recommendation
Recommendation 105: Transparency around the performance of the Quality Regulator	***Strongly supports***
Recommendation 106: Enhanced advocacy	***In principle*** - on the basis that consultation with existing providers and recommending certain increases in funding (for an advocacy network, for instance) may not be supported by the Commonwealth Government and may not increase the quality of care

CHAPTER 15: Research and Development and Aged Care Data

Recommendation	Response
Recommendation 107: Aged Care Research and Innovation Fund	***In principle*** - on the basis that the Australian Research Council and the National Health and Medical Research Council which are Commonwealth Government managed

	will determine whether to support this recommendation. The Health Minister has to agree to sign off this allocation.
Recommendation 108: Data governance and a National Aged Care Data Asset	***Supportive***

Chapter 16: Data, Research, Innovation and Technology

Recommendation	Response
Recommendation 109: ICT Architecture and investment in technology and infrastructure From 1 July 2022, the Australian Government should invest in technology and information and communications systems	***Supportive***

Chapter 17: Funding the Aged Care System

Recommendation	Response
Recommendation 110: Amendments to residential aged care indexation arrangements	***Supportive***
Recommendation 111: Amendments to aged care in the home and Commonwealth Home Support Programme indexation arrangements	***Supportive***
Recommendation 112: Immediate changes to the Basic Daily Fee	***In principle*** – on the basis that changes to the Basic Daily Fee does not guarantee improved quality of care
Recommendation 113: Amendments to the Viability Supplement	***Supportive***
Recommendation 114: Immediate funding for education and training to improve the quality of care	***Supportive***
Recommendation 115: Functions and objects of the Pricing Authority	***Supportive***
Recommendation 116: Requirement for all approved providers to participate in Pricing Authority activities	***Strongly Supportive***
Recommendation 117: Grant funding for support services to be funded through a combination of block and activity based funding	***Supportive***

Recommendation	Response
Recommendation 118: New funding model for care at home	***Supportive***
Recommendation 119: Maximum funding amounts for care at home	***Supportive***
Recommendation 120: Casemix-adjusted activity based funding in residential aged care	***Supportive***
Recommendation 121: Incentives for an enablement approach to residential care	***Supportive***
Recommendation 122: Reporting of staffing hours	***Supportive***
Recommendation 123: Payment on accruals basis for care at home	***Supportive***
Recommendation 124: Standardised statements on services delivered and costs in home care	***Supportive***
Recommendation 125: Abolition of contributions for certain services 1. Individuals who are assessed as needing social supports, assistive technologies and home modifications, or care at home should not be required to contribute to the costs of that support. 2. Individuals who are assessed as needing residential care should not be required to contribute to the costs of the care component of that support.	***Not supportive –*** due to the income disparity which exists in the Australian community. This recommendation will apply to those on low incomes equally to those who are on high incomes.
Recommendation 126: Fees for respite care	***Supportive***
Recommendation 127: Fees for residential aged care—ordinary costs of living	***Supportive***
Recommendation 128: Fees for residential aged care accommodation	***Supportive***
Recommendation 129: Changes to the means test	***In principle*** – on the basis that changes recommended in this section are completely controlled by the Commonwealth Government

Chapter 19: Prudential Regulation and Financial Oversight

Recommendation	Response
Recommendation 130: Responsibility for prudential regulation	***Supportive***

Recommendation	Response
Recommendation 131: Establishment of prudential standards	***Supportive***
Recommendation 132: Liquidity and capital adequacy requirements	***Supportive***
Recommendation 133: More stringent financial reporting requirements	***Supportive***
Recommendation 134: Strengthened monitoring powers for the Prudential Regulator	***Supportive***
Recommendation 135: Continuous disclosure requirements in relation to prudential reporting	***Supportive***
Recommendation 136: Tools for enforcing the prudential standards and guidelines and financial reporting obligations of providers	***Supportive***
Recommendation 137: Building the capability of the regulator	***Supportive***

Chapter 20: Financing the New Aged Care System

Recommendation	Response
Recommendation 138: Productivity Commission investigation into financing of the aged care system through an Aged Care Levy	***In principle –*** on the basis that providing extra money to the Commonwealth Government for aged care doesn't mean it'll be quarantined for aged care i.e. there may be another pandemic, flood or bush fire emergency which requires additional support instead of funding raised through this levy
Recommendation 139: Parliamentary scrutiny of determinations by the Pricing Authority	***Supportive***

Chapter 22: Personal Contributions and Means Testing

Recommendation	Response
Recommendation 140: Fees for residential aged care accommodation	***Supportive***
Recommendation 141: Changes to the means test	***In principle –*** on the basis that changes recommended in this section are completely controlled by the Commonwealth Government

Chapter 23 Capital Financing for Residential Aged Care

Recommendation	Response
Recommendation 142: Phasing out of Refundable Accommodation Deposits	***Strongly supportive***

Chapter 24: Financial Oversight and Prudential Regulation

Recommendation	Response
Recommendation 143: Implementation of new arrangements for financial oversight and prudential regulation	***Supportive***

Chapter 25: Financing the New Aged Care System

Recommendation	Response
Recommendation 144: Introduce a new earmarked aged care improvement levy	***Not supportive*** **–** on the basis that providing extra money to the Commonwealth Government for aged care doesn't mean it'll be quarantined for aged care

Chapter 26: Oversight, Implementation and Monitoring

Recommendation	Response
Recommendation 145: Report on recommendations	***Supportive***
Recommendation	Response
Recommendation 146: An implementation unit to be established in the Department of the Prime Minister and Cabinet	***Supportive*** **–** but we do question why this proposed new implementation unit is not in the Health and Community Services Department
Recommendation 147: An implementation taskforce	***Supportive***
Recommendation 148: Evaluation of effectiveness	***Supportive***

Dr Brett Dale
Chief Executive Officer
Australian Medical Association Queensland