

# A new model for regulating aged care

**Response to consultation  
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## **Recipient**

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## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8600 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession, people and communities it serves.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians play an important role in aged care, such as in the assessment and dietary management of clients with chronic diseases and malnutrition, in the planning and coordination of food service within aged care homes and home delivered meal programs, and in the training of aged care sector staff.

This submission was prepared in consultation with members of Dietitians Australia following the [Conflict of Interest Management Policy](#) and processes approved by the Board of Dietitians Australia. Contributors include Dietitians Australia members with wide ranging expertise in aged care, including residential aged care and in-home aged care.

## Recommendations

### Regulating home delivered meal services and centre-based meal programs

1. Expand the application of 'Aged Care Quality Standard 6' (Food and Nutrition) within the draft revised Standards to home delivered meal services and centre-based meal programs for community dwelling older adults.
2. Introduce a 'provider-specific condition' (in addition to category-specific conditions) that requires providers of home delivered meals and centre-based meal programs to meet Aged Care Quality Standard 6 (Food and Nutrition) as part of their registration requirements. Audits against Quality Standard 6 can be used to incentivise best practice in food and nutrition, continuous improvement, innovation and excellence.
3. Include Accredited Practising Dietitians in the design and assessment of menus for home delivered and centre-based meal programs for older Australians, to ensure nutritional adequacy of meals, including therapeutic meals. This aligns with Outcome 6.3.1 (Menus - including for texture modified diets) in the draft revised Aged Care Quality Standards, to ensure older people receive food and drinks that meet their nutritional needs, are appetising and flavoursome, have variation and choice about what they eat and drink and are able to eat and drink as much as they want.
4. Introduce nationally recognised meal standards for caterers providing home delivered meals and centre-based meals to older people once 'Dietary Guidelines for Older People' have been developed (as planned with Federal government funding) and provide adequate funding to support their implementation and monitoring.

### Registration for allied health professionals working in aged care

5. Department of Health and Aged Care to action Royal Commission recommendation 38 (Residential aged care to include allied health care), which is for approved residential aged care providers to employ, or otherwise retain, at least one of each allied health professional, including one dietitian.
6. Introduce a streamlined and harmonious system for allied health professionals which draws on professional registration already in place by allied health peak bodies or the Australian

Health Practitioner Regulation Agency (AHPRA). The streamlined model for allied health professionals working in aged care as employees, sub-contractors or sole providers (wishing to provide Commonwealth subsidised aged care services in a home or community setting) would permit allied health practitioners with a professional registration or equivalent (certification, credentialling etc) to work in aged care (either as an employee, sub-contractor or sole trader), pending a signed declaration to: adhere to the Code of Conduct for Aged Care; comply with the Aged Care Quality Standards for clinical care; and deliver services consistently with rights and principles in the new Aged Care Act.

## Discussion

### Regulating Home Delivered Meal Services and Centre-based Meal Programs

While there are presently some evidence-based national meal guidelines<sup>1</sup> that exist to support home delivered and centre-based meal programs for older people in Australia, there is no mandate or incentive for any guidelines to be followed. Consequently, caterers providing home delivered or centre-based meals to community dwelling older adults in Australia do not have nationally recognised meal standards to guide them. Nor are they able to seek guidance from existing Australian Dietary Guidelines<sup>2</sup>, which do not meet the unique nutritional needs of older people, who have higher protein, calcium and nutrient needs than younger adults.

The nutritional quality of these meals is therefore highly variable (from very good to very poor). As such, some older people potentially receive meals at home or in centre-based programs that are not suited to their unique nutrition needs, increasing the risk of malnutrition and subsequently falls, ill health and early entry into residential aged care and/or hospital.

There is also no oversight on how home delivered meal services or centre-based meal programs for older Australians provide therapeutic meals (e.g. low potassium meals for clients with renal issues, or texture modified meals & beverages for people with dysphagia), increasing the risk of harm and ill health.

Within the draft revised 'Aged Care Quality Standards', Standard 6 (Food and Nutrition) is intended to apply only to residential care services. Dietitians Australia considers it equally vital to establish food and nutrition Quality Standards for home delivered meal services and centre-based meal programs for community dwelling older adults receiving aged care services.

Standard 6 of the draft revised Quality Standards includes four outcomes that could be applied to meal delivery services and centre-based meal programs. Outcome 6.1 (Partnering with older people on food & nutrition), 6.2 (Assessment of nutritional needs & preferences) and 6.3 (Provision of food and drink) are certainly relevant to providers of meals for older people receiving in-home aged care services. Outcome 6.4 (Dining experience) is also relevant, particularly when meals are consumed in a communal eating environment.

Dietitians Australia recommends the following to the Australian Government Department of Health & Aged Care:

1. Expand the application of 'Aged Care Quality Standard 6' (Food and Nutrition) within the draft revised Standards to home delivered meal services and centre-based meal programs for community dwelling older adults.
2. Introduce a 'provider-specific condition' (in addition to category-specific conditions) that requires providers of home delivered meals and centre-based meal programs to meet Aged Care Quality Standard 6 (Food and Nutrition) as part of their registration requirements.

Audits against Quality Standard 6 can be used to incentivise best practice in food and nutrition, continuous improvement, innovation and excellence.

3. Include Accredited Practising Dietitians in the design and assessment of menus for home delivered and centre-based meal programs for older Australians, to ensure nutritional adequacy of meals, including therapeutic meals. This aligns with Outcome 6.3.1 (Menus - including for texture modified diets) in the draft revised Aged Care Quality Standards, to ensure older people receive food and drinks that meet their nutritional needs, are appetising and flavoursome, have variation and choice about what they eat and drink and are able to eat and drink as much as they want.
4. Introduce nationally recognised meal standards for caterers providing home delivered and centre-based meals to older people once 'Dietary Guidelines for Older People' have been developed (as planned with Federal government funding) and provide adequate funding to support their implementation and monitoring.

### **Registration for Allied Health Professionals working in Aged Care**

Dietitians Australia considers it concerning that the new model for regulating allied health professionals does not address the systemic under-provision of allied health services in aged care, particularly residential aged care. Residential aged care homes currently engage dietitians in an ad hoc manner, often when a resident is already underweight, malnourished and in dire need of dietetic intervention. A reformed aged care system that does not address the under-provision of dietetic services will not achieve improvements in the nutrition care and quality of life of residents, even if a new model for regulating allied health service providers is introduced.

In order to address this vital issue, Dietitians Australia recommends the implementation of Royal Commission recommendation 38 (residential aged care to include allied health care).

Recommendation 38 was for approved residential aged care providers to employ, or otherwise retain, at least one of each allied health professional, including one dietitian.

The consultation paper on 'A new model for regulating aged care' proposes that allied health professionals who are subcontractors or employees of (registered) providers – whether in home care or residential care – will not be required to be registered in any manner additional to what currently applies. However, sole traders or partners wishing to provide Commonwealth subsidised aged care services in a home or community setting will need to be registered under the new model.

Dietitians Australia does not support a two-tier regulatory system for allied health service providers, which is likely to negatively impact allied health professionals who operate as sole traders in aged care. Rather our organisation supports a streamlined and harmonious system for allied health subcontractors, employees and sole traders to achieve fairness and reduce complexities for allied health professionals who work as subcontractors, employees and sole traders, or a combination of these, in their operations.

Most allied health professions in Australia are either regulated by the Australian Health Practitioner Regulation Agency (AHPRA), or voluntarily adhere to the regulatory standards produced by the National Alliance of Self Regulating Health Professions (NASRHP). Allied health professions under either of these schemes have a system in place to ensure that practitioners are appropriately qualified, undertakes ongoing professional development, and adheres to professional standards.

Dietitians Australia is a member of NASRHP – providing assurance to patients/clients they are receiving a quality service from a certified health professional.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. It is important to note that:

- National competency standards for dietitians<sup>3</sup> outline what is expected of a dietitian in Australia. They describe the skills, care and diligence required by a competent dietitian.
- Dietitians who hold APD status adhere to our Code of Conduct for dietitians and nutritionists<sup>4</sup>.
- Dietitians with the APD credential commit to ongoing training and education throughout their careers.
- The APD credential is recognised by Medicare, the Department of Veterans' Affairs (DVA) and many private health insurers.

As outlined above, APDs are already regulated by standards similar to all other allied health professionals, nurses and doctors.

The purpose of AHPRA and similar regulatory entities is to ensure that those professionals who are registered are able to comply with clinical and other standards relevant to the profession. Pre-existing comprehensive regulatory requirements significantly mitigate clinical risks for allied health professionals who provide aged care services. Yet the proposed model for regulating allied health professionals does not acknowledge this.

In the new model for regulating aged care, Dietitians Australia recommends introducing a streamlined and harmonious system for allied health professionals which draws on professional registration already in place by allied health peak bodies or the Australian Health Practitioner Regulation Agency (AHPRA). The streamlined model for allied health professionals working in aged care as employees, sub-contractors or sole providers (wishing to provide Commonwealth subsidised aged care services in a home or community setting) would permit allied health practitioners with a professional registration or equivalent (certification, credentialing etc) to work in aged care (either as an employee, sub-contractor or sole trader), pending a signed declaration to:

- adhere to the Code of Conduct for Aged Care; and
- comply with the Aged Care Quality Standards for clinical care; and
- deliver services consistently with rights and principles in the new Aged Care Act.

## References

1. Australian Meals on Wheels Association (2016) National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians. Australian Meals on Wheels Association.
2. National Health and Medical Research Council (2013) Australian Dietary Guidelines. Canberra: National Health and Medical Research Council.
3. National competency standards for dietitians. Dietitians Australia website: <https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/national-competency-standards-dietitians>
4. Code of Conduct for dietitians and nutritionists. Dietitians Australia website: <https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/code-conduct-dietitians-and-nutritionists>