

**Submission by the Australian Nursing and Midwifery Federation**

**Department of Health and Aged Care –  
National registration scheme to support  
personal care workers employed in aged  
care consultation**

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**Australian  
Nursing &  
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Federation**



Australian Nursing and Midwifery Federation / Department of Health and Aged Care – National registration scheme to support personal care workers employed in aged care consultation

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## Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 345,000 nurses, midwives and personal care workers (PCWs) across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. This submission sets out our key concerns with respect to the planned design, oversight, and implementation of a new national registration scheme to support PCWs employed in aged care, including new training and skills requirements.
6. The ANMF has advocated for many years across a range of consultations for the regulation of PCWs employed in aged care. In the ANMF's materials, 'personal care worker'/PCW refers to people employed to provide care to people who are aged or frail and people living with disability or illness. These workers currently have various titles including assistants in nursing, health assistants in nursing, personal care assistants or workers, and personal carers. Throughout this submission we will use the term personal care worker (PCW).
7. To protect the community and uphold standards of care, all PCWs must work under the direction and supervision of a registered nurse and should only provide aspects of nursing care at the



delegation of the registered nurse. This arrangement must continue following establishment of a registration and regulation system for PCWs. Here, the ANMF strongly recommends that any regulatory scheme for PCWs must ensure clear delineation and demarcation between PCWs, enrolled nurses, and registered nurses in terms of their respective roles and scopes of practice. This demarcation must be made very clear and explicit to all stakeholders including consumers, staff, providers, and regulators to uphold transparency as well as the safety and wellbeing of consumers.

8. In our position statement regarding regulation and registration of PCWs (referred to as assistants in nursing in the position statement),<sup>1</sup> we highlight that under the National Law, it is the responsibility of the Nursing and Midwifery Board of Australia (NMBA) to protect the public in relation to the practice of nurses and midwives through the registration regime. We recommend that the National Law should be amended to require PCWs to be registered and work under a professional practice framework that includes a scope of practice and national codes, guidelines and standards (including an English language skills standard). This is vital to ensure that all stakeholders are clear regarding the distinction between the role and scope of practice of PCWs relative to enrolled nurses and registered nurses. All PCWs must always work under the direction and supervision of a registered nurse to provide aspects of nursing care according to the nursing care plan and at the delegation of the registered nurse. Enrolled nurses may also supervise PCWs to ensure that the care they are providing is as outlined in the nursing care plan and must remain a distinct and delineated group separate and distinguishable from PCWs.
9. Critically, the ANMF strongly opposes administration of medicines by PCWs regardless of whether or not they are registered and which body ultimately regulates this workforce. While the Aged Care Rules – Release 3 (Provider Obligations) states that... “[t]he provider must ensure that: medicines are appropriately and safely administered, monitored and reviewed by health professionals, considering the clinical needs and informed decisions of the individual” ...PCWs do not and should not, when registered, have the authority to administer, monitor, and review medicines. Without clear articulation and planning, registration of PCWs under the National Law as health professionals would legitimise their role in the administration, monitoring, and review of medicines which would be unsafe, blur role and scope of practice boundaries, lead to confusion among consumers and

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<sup>1</sup> Australian Nursing and Midwifery Federation. ANMF Position Statement: Regulation and registration of assistants in nursing. November 2023. Available: <https://www.anmf.org.au/media/ehmp0pis/anmf-position-statement-regulation-and-registration-of-assistants-in-nursing.pdf> (Accessed 8 April 2025).



stakeholders, and ultimately put older people in aged care at risk.

10. The ANMF's position statement clearly outlines several key issues regarding the registration of PCWs.

Registration under the National Law must be underpinned by:

- A defined and clearly demarcated scope of practice that is distinct from that of registered nurses and enrolled nurses.
- Nationally consistent professional standards for practice including codes of ethics and conduct, a fair and transparent assessment process for workers applying for registration, and a fair and transparent accountability process for ensuring maintenance of professional standards, with appropriate sanctions for failure to do so (for example conditions applied to registration; suspension or cancellation of registration; or removal from the register to practice).
- A clear and efficient mechanism to inform people receiving care from a PCW that the worker is competent to provide that care.
- Representation of PCWs on the Board of the NMBA to ensure specific needs can be addressed by the national body
- Nationally accredited and mandated education and training at Certificate III level, with articulation pathways into enrolled nurse and registered nurse education programs.

11. In terms of the requirements around education, training and support for PCWs in line with a registration scheme, the ANMF's position is that PCWs must undertake nationally accredited education and training to ensure:

- That they are educationally prepared to protect the safety and dignity of people in their care
- They are educationally prepared to practice safely and competently.
- They can access, and are encouraged to access articulation pathways into enrolled nurse and registered nurse education programs as well as allied health professional education programs as appropriate.



- They have equitable access to continuing educational opportunities and study leave provisions

12. It is critical that any mandated education requirements for PCWs should recognise prior learning and experience to appropriately support and recognise the existing PCW workforce to transition over to the new registration and regulation scheme. Education requirements must also be delivered within the vocational education and training (VET) sector by a registered training organisation or a technical and further education (TAFE) institute with the required qualification on their scope of registration. Likewise, all clinical placements for PCWs during their education and training should take place in settings that are commensurate with their level of skill and knowledge and can provide a safe working environment that promotes best practice. Further, formal articulation and recognition of prior learning arrangements should be developed and implemented between VET Certificate III and Certificate IV courses for PCWs and the Diploma of Nursing qualification that leads to registration as an enrolled nurse.
13. Building a workforce of registered and regulated PCWs and importantly, incentivising and supporting existing workers to have their skills recognised and effectively transition to the new scheme is vital to reforming Australia's aged care sector in light of the Royal Commission's recommendations. The ANMF thanks the Department of Health and Aged Care for the opportunity to provide feedback on the National registration scheme to support PCWs employed in aged care. Below we have outlined our responses to the consultation survey questions.



## Section 1: National worker registration scheme design

*What types of approaches, or models, should be considered in the implementation of a national registration scheme to support personal care workers?*

1. Should there be a public register where people can see that a personal care worker has met their registration requirements? Why?
14. Yes. The ANMF supports the establishment of a public register with the Nursing and Midwifery Board of Australia (NMBA) within Australia Health Practitioner Regulation Agency (Ahpra) where people can see that a PCW has met their registration requirements. To provide quality care and protect older people from people who might not be safe to provide care, an individual PCW's qualification should be displayed and available for the public to see using an individually allocated registration number in the same way registered health professionals can be through their respective Board or via Ahpra. This process provides consumers and other staff and stakeholders with certainty and confidence that workers are responsible and accountable through regulation and maintenance of their recency and currency of registration. The regulation/registration information available for public viewing must be pertinent to the registration of individual PCWs.
15. The adoption of a national regulation scheme for PCWs is consistent with the recommendation from the Royal Commission into Quality and Safety in Aged Care,<sup>2</sup> stating that *care workers* should have more consistent, ongoing education as well as, a focus on the provision of palliative care and dementia education. A national regulation scheme will ensure those specifics are captured and built upon, through ongoing worker development, in a similar way to the nursing and midwifery professions.
2. Should personal care workers be responsible for collecting evidence and providing information to a regulatory/professional body, or should service providers be responsible for collecting and storing information on personal care workers meeting requirements?
16. Individual PCWs, as registered and regulated workers should be responsible for collecting and providing relevant required information to their regulatory body. Service providers should be responsible for ensuring that they have information on the registration status of their PWC staff to verify their registration status, to check for any restrictions on their practice, and ensuring they maintain their

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<sup>2</sup> Royal Commission into Quality and Safety in Aged Care. Final Report: Care, Dignity and Respect. Volume 1: Summary and Recommendations. Commonwealth Government of Australia. 2021. Available: <https://www.royalcommission.gov.au/aged-care/final-report>



registration by renewing it as required. While providers would not be responsible for renewing the registration of their staff, they could ensure that PCWs are reminded of the need to renew registration prior to expiry. Service providers should also be responsible for reporting any concerns regarding a PCW's registration or practice to their regulatory body.

**a. If personal care workers should provide evidence and information to a regulatory/professional body, what should that regulatory/professional body look like?**

17. If not regulated via the NMBA, the regulatory body should be a Board that works together with Ahpra and should 'look' like the other Boards. This would ensure consistency and familiarity based on following an approach that has already been shown to work effectively and appropriately for other Ahpra regulated and registered groups.

**b. If service providers are responsible for collecting evidence, what additional support and regulatory approaches would be required?**

18. Providers would not be required to collect any evidence other than what is already collected for registered and enrolled nurses.

**3. Are there any other elements that should be considered for inclusion in a national worker registration scheme (beyond the elements raised in this consultation paper)?**

19. The focus of this consultation question is unclear. The consultation paper does not define what is meant by 'elements'. Most of the consultation paper is comprised of consultation questions and a lengthy section explaining the context and background for implementing a national worker registration scheme. If 'elements' refers to the design, training requirements, and skills and qualification requirements of a national worker registration scheme, very little detail is provided in the consultation paper related to each and commentary is difficult.
20. Some additional 'elements' that aren't well addressed (if at all) in the consultation paper that must be considered include issues around PCW standards for practice, accreditation, notifications, compliance, and registration of both local and overseas qualified PCWs.
21. One element that is important to raise is that regulation of PCWs should occur via one agency only. Currently personal care workers are regulated to some extent by the Aged Care Quality and Safety Commission (ACQSC) under their powers to investigate perceived breaches to the aged care code of conduct. However, unlike Ahpra, which has well-established systems to protect the public, the ACQSC





is relatively novice to worker regulation. ANMF Branches have supported members subject to investigation by the co-regulators for instance in NSW (the Health Care Complaints Commission and the Nursing and Midwifery Council of NSW), and ACQSC. It has been clear that investigations by the ACQSC do not offer workers the same rights as those conducted by the dual regulators in NSW. It is more difficult to support members at ACQSC investigations in NSW. Our Queensland Branch (Queensland Nurses and Midwives Union) highlights that this issue is also pertinent for them and their members.

22. Having what is effectively overlap of regulation of nurses in the aged care sector is problematic and this must be avoided for PCWs. The ANMF has experienced cases of nurses employed in aged care who have had their practice investigated and concluded by the co-regulators in NSW, only to have the same issue re-examined by the ACQSC. This has created unnecessary trauma and has increased the regulatory burden for workers. The ANMF has long argued against over-burdensome regulation of registered health practitioners for this reason, and this should not be introduced for PCWs. Any proposed scheme should seek to reduce administrative burden, cause no over-regulation of workers, ensuring worker rights are upheld. Additionally, we consider the role of the ACQSC as being a referring agency to Ahpra, through its serious incident and complaints management functions and should not continue to hold powers as a workforce regulator.

a. Should there be different requirements for personal care workers employed in different settings, for example in-home care versus residential care settings? If yes, why?

23. No, it would be unreasonable to consider that a PCW's registration would only provide eligibility to work in a specific context. The regulatory scheme should regulate the worker themselves, not dictate the contexts they are able to work in. Requirements should operate as they do for a nurse's or medical practitioner's registration which do not restrict the context within which they work. The setting/s within which a person is able to work should be covered by the scope of practice of the individual, not the setting. The scheme should include all care workers however titled (such as personal care worker, assistant in nursing or personal care assistant) who are providing care from a client's/patient's care plan. The regulation scheme must not identify the setting, how the care is funded, or how the aged care worker is employed as older people can be a vulnerable group no matter the setting they are in.



4. Should there be consideration of different registration categories including, full-registration, and provisional registration if mandatory training, skills, or qualifications are required as part of the personal care worker role? This could include for example, where a worker may be undertaking training, or in cases of demonstrated workforce shortages, with a requirement for a worker to attain full-registration within a prescribed timeframe.
24. Different types of registration should be considered and should be based on the varieties of registration that are available through existing national boards and have similar details and requirements as relevant. For example; a time-limited (e.g., 12 months) provisional registration status might be reasonable for a PCW to enable them to complete a period of supervised practice or a regulator-approved re-entry to practice program following a period of time away from practice. Such requirements should be set out in conditions applied to the individual's registration. This might be considered appropriate for existing PCWs as they are transitioned into new regulation requirements and minimum education conditions. Further, consideration must also be given to undergraduate nursing students (both diploma and degree) who work in the aged care sector as PCWs while completing their studies. Here, these individuals should not be required to register under a national scheme as PCWs as they would already be registered as student nurses with the NMBA. This adds further weight to the position that the NMBA in Ahpra would be best placed to regulate PCWs alongside enrolled and registered nurses. Minimum qualification requirements are needed before entering the workplace except if obtaining the necessary qualifications through a traineeship. This is because workforce shortages should not be addressed by reducing the minimum skill requirements for PCWs which would create the potential for risk and harm.
5. Should the elements of a national worker registration scheme be the same across aged care, disability support and veterans' care? If no, which elements should differ and why?
25. The ANMF welcomes registration in all settings to ensure that minimum education requirements are met upon initial registration. This also allows for ongoing monitoring of professional and practice standards upon yearly registration renewal.
26. As with nurses who work across health settings, PCWs regulated under the National Law would be able to safely move across varying settings, varying funding arrangements in the same setting, or work across multiple employers in different settings.



6. What approaches would best support the mobility of workers between aged care and/or other care and support economy employers (for example, an electronic passport that could collect and store registration and skills information)?

27. An electronic passport that collects and stores registration and skills information would support workforce mobility providing sufficiently robust design features and safeguards are in place. A poorly designed or implemented passport has the potential to not only fail to deliver on the potential benefits of such a system but could also result in significant negative outcomes. For example, a passport might include, in addition to training qualifications, a more general 'skills' sections which may or may not include endorsement by employers of these entries. This would represent a significant error. Including these 'skills' in government-backed skills passports alongside accredited training may be perceived by some stakeholders as indicating that employer-endorsed skills are commensurate with accredited training. This is not the case. Having skills able to be endorsed in an unregulated manner by employers, the providence of which prospective employers would have no insight into, risks turning the skills passport into a government-backed resume – where all information seems equally open to interpretation or mistrust. It would also place employees at the mercy of employers who they would rely upon to endorse their skills. Without clear indications to the contrary misperceptions that work experience is a substitute for an accredited qualification could occur. The inclusion of industry, employer specific and non-accredited training in the passport could undermine skills standards and equate these often-unmonitored training courses with nationally accredited training. This not only undermines the national training system but also may lead to risks to worker and public safety as workers may be thought to be qualified for work for which they have not undertaken adequate training.

7. What specific barriers are there for First Nations workers, migrant workers, culturally and linguistically diverse workers, regional, rural or remote workers, workers with disability, and workers from low socioeconomic backgrounds?

28. Both existing PCWs and people new to the industry must be incentivised and supported to engage in the new registration and regulation scheme which necessitates identifying, understanding, and addressing barriers they might face. The introduction of a national worker registration scheme for PCWs in aged care is a significant step towards improving quality and accountability in the sector. However, there are specific barriers that could affect the participation of various groups, such as First Nations workers, migrant workers, culturally and linguistically diverse (CALD) workers, regional, rural or remote workers, workers with disability, and workers from low socioeconomic backgrounds. It is



also important to recognise that as this workforce that is largely composed of women, sex and gender are also a consideration with regard to equity and barriers as many members of this workforce manage caring responsibilities outside of work and face additional challenges in terms of travel, income, accommodation, and cost of living. Many socioeconomic characteristics also overlap and compound, so for example, a woman PCW from a regional area who is also a migrant worker or First Nations is likely to face greater barriers than someone who is from one of these groups only.

29. While there is limited available evidence of the degree to which and how First Nations Peoples might face barriers regarding participation in existing Ahpra registration/regulation schemes such as that which exists for nurses, midwives, and Aboriginal health workers and health practitioners, cultural or historical distrust towards government systems and ongoing experiences of marginalisation might be important potential barriers to consider. It will be important to draw on the experience and expertise of Ahpra and relevant boards to develop a clear understanding of such barriers and how to address them.
30. For many First Nations workers, access to support and training might be a contributor to barriers. Here, availability of and limited access to specialised training programs that cater to the unique needs of First Nations workers could be an obstacle to fulfilling registration requirements. Likewise, as many First Nations communities are located in remote or rural areas, geographical barriers might hinder their access to registration processes, or the ongoing professional development required for the scheme.
31. Already, many migrant workers engage with Australia's existing regulatory boards via Ahpra. For migrant workers who do not speak English as a first language, the registration process may pose difficulties, including understanding requirements and completing paperwork. Language barriers could also limit access to training and support for ongoing professional development. Further, migrant workers might possess qualifications or experience from other countries that are not automatically recognised under the new scheme, which could hinder their ability to participate in or complete the registration process. Migrant workers on temporary visas might also find it challenging to meet the requirements for long-term registration if their visa status changes.
32. For Culturally and Linguistically Diverse (CALD) workers, including migrants, challenges might exist in accessing culturally sensitive training or professional development that aligns with the standards expected by the registration scheme. Further, if not adequately supported, CALD workers may



experience discrimination or bias during the registration process or in the workplace, which could discourage them from participating or completing the registration.

33. Workers in regional, rural, or remote areas are already known to face challenges or inequities in accessing training programs, professional development opportunities, or resources required for the registration process. This may include the cost or lack of availability of courses and the inability to travel to central locations. Likewise, limited access to reliable internet or technological infrastructure could hinder remote workers from completing online registration processes or engaging in necessary professional development courses. As there are numerous examples of regulated workers maintaining registration in rural, regional, and remote areas, existing evidence from the regulatory boards is likely to help to address such barriers.
34. Workers with disabilities may face physical or technological barriers engaging with the registration process. Appropriate accommodations should be put in place for them to access or navigate the scheme equitably where there might be insufficient existing support in workplaces to accommodate workers with disabilities.
35. Workers from low socioeconomic backgrounds may face financial barriers, such as the cost of registration fees (if they are to be paid by the individual), required training, or other expenses associated with maintaining professional standards unless appropriately supported and funded. This could disproportionately affect their ability to meet the requirements of the scheme particularly if government and employers do not cover costs.
36. Finally, workers in low-paying or precarious employment situations (which is currently common in aged care) might find it difficult to maintain a long-term commitment to a mandatory registration scheme due to job instability or the risk of employment termination.
  - a. If barriers exist, what kinds of additional elements or supports for these workers need to be considered in the implementation of a national worker registration scheme?
37. As outlined above, it will be important to draw on the experience and expertise of Ahpra and relevant boards to develop a clear understanding of such barriers and how to address them. Further, genuine engagement with these diverse population groups and stakeholder organisations representing them will be helpful in identifying and targeting supports to enable equitable access and participation in a



PCW registration program. It will be important to consider and address barriers faced by both people already employed in the sector as PCWs as well as people who are new to the sector embarking on the necessary education and training preparation to become a registered PCW under the new scheme.

**8. What impacts will a national worker registration scheme have on aged care providers?  
Other providers of care and support services?**

38. A national worker registration scheme will have a positive impact on providers as they will have the confidence that their PCW staff are a safe and regulated group of workers. Further, it is also likely to encourage providers to improve their workforce and management practices which will benefit existing workers and those new to the sector. As with other health care practitioners, the primary purpose of regulating aged care workers under a national registration and accreditation scheme is to protect public safety. The benefits of such a scheme are already well known and, if extended to the current workforce of PCWs, would provide certainty for the care recipient, their family, and the employer of the suitability of the worker and would also assist workforce planning. Additional benefits of regulation include aged care workers being properly recognised and valued for their skills and competence to perform care and will enhance the status of the role in the public's eye. These qualities undoubtedly contribute to enhancing retention and continuity for employees, employers, and recipients of care.



## Section 2: Training requirements

*Establishing an ongoing training requirement in a national registration scheme to support personal care workers.*

9. Should there be an amount of continuing professional development hours that need to be undertaken and/or should there be a specified skill sets, subjects, or shorter non-accredited training (for example, micro-credentials) to choose from?
39. Along with a nationally accredited and mandated education and training for care workers at Certificate III level, with articulation pathways into enrolled nurse and registered nurse education programs, there should be an evidence-informed amount of continuing skill development and education hours that need to be undertaken in the same way that this applies for other regulated workers. Here too, must be consideration of the skills, expertise, and prior education and training of the current PCW workforce. Evidence and insight from the other regulatory Boards can be used to inform this. There should not be micro-credentialled training as the skills and capabilities of regulated workers should instead be tied to formal, nationally accredited qualifications offered by accredited higher education and vocational education and training (VET) providers to ensure credibility and validity of education programs. The terms micro-credential and micro credentialling are poorly and inconsistently defined, with interpretation differing between stakeholders, organisations, and workplaces. This results in a lack of consistency, standardisation, and transportability of these types of certificates. The lack of requirements for formal accreditation and monitoring of post registration courses, opens the door for unethical providers to take advantage of workers paying for expensive, substandard training. This potentially places the safety of the public and the worker at risk. It also presents a significant cost to governments and employers if they are required to outsource to private businesses.
40. While the ANMF does not support stand-alone micro-credentialling as this could result in confusion regarding whether micro-credentials can be interchangeable with formal qualifications, it does support nationally accredited skill sets that can be achieved post attainment of a formal qualification to augment or expand a person's skills and knowledge in their area of work. Aligning skill sets to accredited qualifications ensures credibility and validity of education programs and assists employers and other health professionals to understand the skills and knowledge the worker has acquired via the skill set/s. Funding for skill sets would be welcomed to ensure providers of education and training are accountable for their delivery. Micro-credentials have the potential to cloud the skills and capabilities framework



and be misleadingly seen as a substitute for formal qualifications particularly if they are not nationally recognised or are only providing a ‘tick and flick’ approach to learning.

**a. If there are set skill sets, subjects, or other shorter non-accredited training, what specific areas of skills and knowledge should be considered?**

41. Any implementation of skillsets within requirements to adhere to minimum education and training standards must articulate onto formal qualifications. Further, minimum education standards provided by accredited training/education organisations should include a core component of dementia care. Program units identified as essential to the safe, quality provision of aged care should be made core units rather than elective, for example dementia care, palliative care, rehabilitation and restorative care, maintaining independence for older adults, managing changed behaviours including aggressive behaviours, diversity training, law and ethics, and how to recognise and report elder abuse and issues of concern.
42. The current educational preparation for aged care workers is not nationally mandated, but should be through the incoming registration of PCWs. The common preparation for this level of worker is a Certificate III in Individual Support in the Community Training Package.<sup>3</sup> Over time there has been much debate as to the content of this training package as it is insufficient to meet the needs of the worker, the employer and, most importantly, those receiving care. Units covering core concepts, particularly dementia, are currently considered optional. This approach to the education requirements also results in inconsistency in aged care worker education outcomes from one Certificate III to another. These should be made consistent as this currently doesn’t enable aged care providers to have confidence in the level of an individual worker’s skill and competence. Along with establishment of a register for aged care workers the regulator would need to develop standards that reflect the scope of the work required of the role (however titled) and the education and training level assessed as required to perform that role. As workers’ skills are enhanced through formal qualifications, pay outcomes should also reflect this growing expertise and ability.

**b. Are there existing training options that would be suitable for meeting ongoing personal care worker training requirements? If so, what are these?**

43. At present the quality of delivery of the Certificate III in Individual Support qualification is variable and

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<sup>3</sup> Training.gov.au. Qualification – Certificate in Individual Support (CHC33021). Australian Government. 2025. Available: <https://training.gov.au/training/details/CHC33021/qualdetails>





needs to be reviewed and better regulated. There are many instances of the program not meeting the requirements for the role of an aged care worker because of missing aged care specific content (such as dementia care and management). There should be a national accreditation scheme for qualifications leading to registration as a PCW that includes necessary content covering dementia care and management.

**c. Should the training expectations be directed by the individual personal care worker reflecting on their own training needs? Alternatively, should they be determined by the employer?**

44. Minimum education and training requirements and associated standards for registration should be set by the regulator. While employers are well placed to advise on what could be useful and necessary for employees in terms of training needs, these should not be solely determined by employers. Individual PCWs should have a clear understanding of their own job roles and scope and this should also be understood by employers who might also serve particular cohorts of populations that they know their staff should be trained to support appropriately and effectively. As has become apparent during the Royal Commission into Aged Care Quality and Safety, on many occasions providers have demonstrably failed to adequately “determine the necessary combination of skills, qualification and knowledge relevant to the particular role being performed, the nature of the service and the profile of consumers.”<sup>4</sup>
45. Employers that understand the nature of the care they provide to consumers and clients will be well placed and should offer opportunities for staff to engage in appropriate training to develop their skills such as those that enable PCWs to meet their continuing education and development requirements and recency of practice obligations. As this is a low paid workforce, providers should be required to offer aged care workers CPD in paid time. This will ensure currency of knowledge and ongoing development and training, relevant to their workplace and the worker’s individual needs.
46. What constitutes CPD should be broadly defined, provided the content is relevant to the care worker’s role. This should include internal education that is relevant to the provision of care (e.g. hand hygiene, evacuation processes), external programs of study (e.g. ANMF online modules for aged care workers), and any required annual competencies appropriate to the aged care worker’s level, education and role (e.g. manual handling, managing changed behaviours, recognising and escalating possible clinical

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<sup>4</sup> MP Consulting (2020) Aged Care Worker Regulation Scheme Consultation Paper p. 31



deterioration). This approach allows for CPD to be undertaken which meets the individual needs of both the care worker and their workplace.

**10. Should ongoing training requirements be the same or different for workers employed in different aged care settings, for example in home care versus residential aged care settings? Why?**

47. There are likely to be common but also varied ongoing training requirements for workers depending on the settings within which they are working and those they are providing care to. This means that there must be sufficient and appropriate high quality training opportunities available. While historically, there has been a perception that the workforce providing in-home care might require less education and training due to the lower acuity of older people in the community, this is changing as many older people stay in their homes for much longer and need a higher level of care from a more highly educated and trained workforce. Some topics where training is required might cover care that is relevant for both settings while others might be more specifically focussed on a particular setting. This is particularly important as in-home care can raise complex issues and challenges around safety both for workers and clients due to the variable and unique contexts of different homes.

**11. Which mode/s of training should be introduced for workers to get the best outcomes (for example, on the job, case studies, instructor-led training)?**

48. It is likely that a variety of modes of training will be the most appropriate for a diverse range of workers providing care to a range of clients across various settings. The mode of training might also evolve and change as new evidence emerges about the most appropriate and effective approaches and different ways in which people learn. It is unlikely that there would be only one 'most effective' mode of training, so evidence-based decision making must underpin the development of best practice training modalities and approaches. Overall, the base-level of training should be delivered in an appropriate education setting (e.g., VET Provider) where simulation and placements can be delivered. Other training could be delivered in work settings especially for workers who are upskilling.

**12. How can training ensure the worker has the right values and personal attributes to work with older people accessing aged care services, given this is critical to working in aged care services?**

49. Any ongoing training requirements that should be stipulated by the regulator would not be the mechanism which the registration scheme would use to ensure workers have the appropriate values



and personal attributes. The registration board, regulated by Ahpra should provide clear support through appropriate codes of conduct, ethics, and standards commensurate with the expectations of the public and the role of PCWs as registered healthcare workers. The NMBA is well placed to do this due to their experience doing so for nurses and midwives. Regulation through registration would ensure that processes are in place that reflect these workers having the right qualification and personal attributes to maintain registration as a PCW. Like nurses and others regulated through the national boards, registration as a PCW must require workers to meet mandatory registration standards and practice within the relevant board-approved standards, codes, guidelines, and frameworks. Any standards, codes, guidelines, and frameworks developed for PCWs should be consistent with those that apply to other registered health professionals, but have been developed to align with, and be specific to, their distinct role and scope.

**13. What types of implementation support should be introduced to aid the introduction of this requirement?**

50. It will be critically important that the implementation and transition process of the new regulatory scheme for PCWs and attendant minimum education and training requirements is carefully and thoroughly planned and actioned in a manner that minimises any potential risks of discouraging or disincentivising the continued employment of the existing PCW workforce. Many PCWs working around Australia have considerable experience, skills, and expertise and despite not currently holding registration, bring a wealth of knowledge and practical ability to roles across aged care, healthcare, disability and veteran's care. The skills and knowledge within this workforce must be appropriately acknowledged and recognised in a way that enables and facilitates these workers to readily transition over to becoming registered and regulated, as failure to do so genuinely risks perpetuating or amplifying existing challenges in terms of the size of the PCW workforce and recruitment and retention in across the sector. It is important that the regulation scheme for PCWs be managed to mitigate unintended consequences and ensure the workforce is available with workers remaining in stable employment. This will require a sufficient period of supported and well-informed transition to allow PCWs time to understand and comply with new registration requirements and gain any required prerequisite qualifications and to enable processes for recognition of prior learning to be managed where training gaps are identified. In some cases, grandfathering exceptions may be appropriate, and this should also be recognised. Careful time and consideration of cost/affordability to workers will also be needed to educate the existing workforce and the health professions more broadly about the



requirements and expectations of the regulation scheme. Further, consideration must occur in terms of innovation in effectively and appropriately upskilling existing PCWs in areas of identified need and supporting them to remain working whilst undertaking additional training. Additionally, additional trainers and assessors will also be needed to deliver training and upskilling.

- a. Are there specific barriers for some groups of personal care workers, including, for example, First Nations workers, migrant workers, culturally and linguistically diverse workers, workers with disability, and workers from low socioeconomic backgrounds?

51. We recognise that some groups of PCWs might face additional challenges regarding understanding and complying with PCW registration requirements including ongoing training requirements. As explained above, appropriately supporting this workforce to transition to new registration requirements will be critical. Engagement with the existing boards, communities, and stakeholders will be important for understanding how barriers to ongoing training requirements might be identified and appropriately addressed.

- i. What kinds of supports or exemptions should be made for these workers (for example, additional time to meet requirements, materials provided in plain English)?

52. The regulatory body should ensure that appropriate supports or exemptions are considered for workers who might experience challenges regarding meeting registration obligations including ongoing training requirements. Likewise realistic transition periods will be vital to ensuring sustainability of the PCW workforce as they move across to becoming registered workers.

- ii. Should these be short-term or longer-term solutions?

53. To provide a sustainable pipeline of registered PCWs, longer-term solutions should be considered.

- b. Some workers in regional, rural and remote settings may not have a local training provider offering relevant recognised training courses. Workers across the sector may also not have access to appropriate technology.

- i. What kinds of supports or exemptions should be made for these workers?

54. By offering ongoing training via a range of accessible modalities, workers in disparate regions should be supported to have appropriate access to accredited training courses. As this is a low paid workforce, providers should be required to offer aged care workers CPD in paid time along with appropriate



technology to engage. This will ensure currency of knowledge and ongoing development and training, relevant to their workplace and the worker's individual needs.

55. For mandatory minimum education requirements, the Government could also consider funding block (intensive) training in regional centres. This would also need to be supported with fit for purpose internet infrastructure. Subsidies for living away from home during this period could also be applied.

ii. Should these be short-term or longer-term supports or exemptions? Why?

56. To provide a sustainable pipeline of registered PCWs, longer-term solutions should be considered.

14. What should be considered when thinking of how this requirement could be expanded to other sectors in the care and support economy?

57. As outlined above, registration of PCWs should cover them to work across sectors in the care and support economy.

15. What transition timeframes, or phasing arrangements, should be considered to support the successful implementation of this requirement?

58. As above, the regulation scheme for PCWs be managed to mitigate unintended consequences and ensure the workforce is available with workers remaining in stable employment. This will require a period of transition to allow PCWs time to comply with new registration requirements and gain any required prerequisite qualifications and to enable processes for recognition of prior learning to be managed where training gaps are identified. In some cases, grandfathering exceptions may be appropriate. Time will also be needed to educate the existing workforce, providers, and the health professions more broadly about the requirements and expectations of the regulation scheme.

## Additional considerations:

16. Could there be an industry-led product that supports employers and workers to identify and prioritise high-value training opportunities?

59. As outlined above, the Royal Commission into Aged Care Quality and Safety revealed that providers have demonstrably failed to adequately determine the necessary combination of skills, qualification and knowledge relevant to the particular role being performed, the nature of the service and the profile



of consumers. This highlights, as above, that employers might be well placed to advise and provide guidance in this space, but would not be appropriate to be solely responsible for determining need. The regulator should be empowered to support workers and employers to identify and prioritise training opportunities, some of which might be appropriately delivered on the job by employers looking to fill training gaps. Partnerships between industry and training agencies that provide high-quality education and training that serves both staff and providers, is possible, however the quality of training must be monitored and maintained. Further, depending on the particular training need, there might already be courses offered by registered training providers that would be suitable for transfer or adaptation. Consideration should occur in terms of using existing national aged care data sets to inform industry training-led products. This would support the use of the data in a proactive way.

**a. Should the national worker registration scheme be supported by a professional network where workers could develop communities of practice and promote and share training and skills opportunities?**

60. Networks and communities of practice might be beneficial in promoting and sharing training and skills opportunities, however establishing these is likely beyond the scope of the worker registration scheme. Worker bodies including the ANMF are well-placed to provide members with networks to develop communities of practice and to access ongoing training and skills opportunities.

**17. How should the ongoing training requirement be funded?**

61. High need areas should be subsidised or made cost-free by Government to incentivise completion. Employers should also provide funding for very specific training where warranted and likewise there might be occasions where workers fund their own non-mandatory training when they are building their own capacity as long as the cost of this training is not prohibitive for workers on lower salaries. Here, consideration for ensuring providers set aside a specific proportion of funds for this purpose could occur. This could be managed through Commonwealth contribution to providing individuals with a set allowance/credit towards courses to develop additional competencies.

**a. How might funding vary depending on whether this requirement is learning, training and/or continuing professional development?**

62. It might be appropriate to subsidise learning, training, and/or continuing professional development opportunities particularly where there is an objective to encourage and support workers to build their skills in a particular area or topic. As above, there would need to be consideration about what is realistic



given the part time nature of many of these workers and their limited earning potential. If a funding allowance is provided, this allowance could follow workers between jobs, rather than be tied to their employer or provided to their employer to pass on.

**b. What is the government's role in funding and making available high-quality training?**

63. The Government has a responsibility to ensure that the quality of care, education, and training is monitored and maintained to a high standard and that there is transparent use of funding at all times.

**i. Are online short-courses, (for example, the Equip Aged Care Learning Packages) a useful tool to support workforce skills, knowledge and capability to deliver safe and high-quality care?**

64. Online learning, combined with other approaches are likely to be part of a varied and diverse approach for supporting workforce knowledge and capacity however might not be as appropriate for developing practical skills and confidence in applying them. Here, consideration of Certificate III-level learning needs and provision of opportunities for onsite training/real life case scenarios to build capability of the workforce must occur.

**18. What else should be done to support workers to explore and take up training opportunities?**

65. Paid time to undertake relevant study on the job. Paid study leave if required.

**a. What dedicated actions, or initiatives, could support this?**

66. Partnerships with local councils (e.g., libraries, community hubs) and living allowances to enable people to travel to undertake training if needed. Employer commitment is needed and incentive payments could be beneficial.

**b. How could this approach be enhanced to also support future job design and career pathway opportunities for workers?**

67. Partnerships which encourage career pathway models should be explored. Starting at Certificate III, students could then work whilst moving to next stage of their career. Funding employers to support students during placement arrangements so students can receive high quality support from facilitators who have protected time to work with students as well as an understanding of requirements might also be beneficial as long as providers have clear requirements and transparent reporting regarding the



use of funds.

19. How could greater flexibility be implemented in this approach to support workers interested in undertaking further training, or broadening their knowledge in other (non-core) areas of aged care service delivery?
68. Here, flexibility should be considered from the perspective of workers rather than flexibility for employers as this supports worker empowerment, choice, and morale that will contribute to a positive culture and improve staff retention and wellbeing.





## Section 3: Skills and qualification requirements

*Establishing skills and qualification requirements in a national worker registration scheme to support personal care workers. If the government was to establish mandatory minimum skills and qualification requirements for personal care and/or disability support workers:*

### 20. What minimum skills and qualifications should be considered?

69. Within the new regulatory scheme, there must be a regulated minimum education requirement for PCWs along with clearly identified competencies and vocational pathways. While the Certificate III in Individual Support in the Community Training Package is the most common education preparation for many PCWs,<sup>5</sup> units covering core concepts, particularly dementia, are currently considered optional. Program units identified as essential to the safe, quality provision of aged care should be made core units rather than elective, for example dementia care, palliative care, rehabilitation and restorative care, maintaining independence for older adults, managing changed behaviours including aggressive behaviours, diversity training, law and ethics, and how to recognise and report elder abuse and issues of concern.

21. Further, inconsistency in PCW education outcomes from one Certificate III to another exist. These should be made consistent under the new scheme and this variability must be reviewed and better regulated. *Are there any current training offerings (for example, qualifications or skill sets) in the national Vocational Education and Training (VET) system that might be suitable for supporting any personal care mandatory minimum skills and qualification requirements?*

70. A training and education system that promotes a consistent level of vocational skills across all sectors would be supported. The VET sector is appropriately placed to deliver training such as the Community Training Packages and Health Training Package utilising agreed Commonwealth core skills and competencies developed through a tripartite collaboration and accredited through the Australian Skills Quality Authority for delivery by vocational education providers. This creates a clear pathway for workers wishing to progress both vocationally and academically.

71. While we recognise the value of experiential learning that is most suitably provided in the workplace, we do not consider on-site training by employers to be of equivalent quality to programs delivered by TAFE or RTOs. On-site training should complement formal programs and not substitute them, and

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<sup>5</sup> Training.gov.au. Qualification – Certificate in Individual Support (CHC33021). Australian Government. 2025. Available: <https://training.gov.au/training/details/CHC33021/qualdetails>



providers could be encouraged to go through the process to becoming an RTO.

72. The ANMF NSW Branch has anecdotal evidence of aged care providers approaching TAFE NSW to deliver units of competency in respect to medication administration to PCWs, who are not and should not be even when registered, legally authorised to administer medicines. The integrity of TAFE NSW has ensured these programs have not been made available to any worker who is not studying a minimum of AQF Level 5 - Diploma in Nursing. It is vitally important to embed a clearly defined skillset into any training requirement for PCWs, so that training organisations, employers, workers, regulators, and the public are clear on the expectation regarding level of attainment, and that this is appropriate to the level of worker, giving due regard to state and territory poisons and therapeutic goods legislation.

22. Should there be different requirements for new workers and workers who already work in aged care/disability support/veterans' care? If so, what should these be? For example, the recognition of experience to support the retention of some groups of existing workers with the right attitude and aptitude to provide care, but who do not hold a formal qualification.

73. As explained above, there must be careful consideration around ensuring existing workers are supported in the transition to the new registration scheme and that recognition of prior learning, skills, and expertise is appropriate. It will be critical to ensure that existing workers are retained and that even those without formal qualifications are incentivised and supported to effectively and appropriately gain the required minimum qualifications needed to successfully register as PCWs within the new regulatory scheme. While exemptions from training requirements for some groups of PCWs are not supported, since training should be consistent with the delivery of safe, quality care and in the interests of public safety, it is important to recognise that some groups of existing workers may need additional support and time to attain the required qualifications and skills. This should be accounted for in the development of any pathways to registration in a manner that minimises risk to the retention of the workforce. Accessible, affordable, and appropriate training for existing workers must be implemented alongside ensuring that new workers also have a minimum level of training and competence before onboarding and recruitment.

23. Should workers be able to undertake study to attain a qualification while they are employed (for example, through a provisional registration category)?

74. Yes, but they must be safe in that work environment so there may be entry skills specified. There is



specific benefit to learning on the job under supervision from experienced staff and nurses.

a. If workers can undertake study while employed:

i. How long should a worker be able to work before starting their qualification, and should there be a minimum expected study load, or expected completion window?

75. Some entry-level education must be provided to ensure workers are safe to then continue learning while on the job. The specific length of time would need to be determined based on the employment model (e.g., Australian traineeship) and FTE. It will be critical to consider the impact of students being exposed to situations where they do not have the required skill set (for example intimate care) and student retention. It will also be important to consider the impact of workforce shortages on student learning. For example, students on placement could be pressured to assist with care outside of their skill set to fill the numbers. This must be avoided.

ii. Should there be any limitations to the types of job roles that a worker could perform while undertaking study?

76. Intimate work such as personal care should only be carried out by someone with training. Working with people who are very frail, dying, or have dementia could also be considered vulnerable to an untrained worker. There should be limitations as per current examples (e.g., workers might only counted as partial FTE while undertaking study and additional staff are needed to supervise and carry out higher level care). Some assessed competencies will still need to apply to ensure that people can work safely and effectively even when undertaking training. This also highlights the need for ensuring the correct sequence in training and competencies so workers can build skills, knowledge, and competence.

24. How might an increase in mandatory skill-based requirements affect the supply of personal care workers in aged care, disability support and/or veterans' care?

77. Mandatory skill-based requirements for PCWs will ultimately enhance the attractiveness of these roles in the aged care, disability support, and veterans' care sectors and support improved supply and retention of PCWs. A well-planned and carefully executed transition to the new regulatory framework, including the introduction of minimum education and training standards, will help to ensure that the shift does not negatively affect the existing workforce and will also enable the attraction and incentivisation of new workers in the sector. Many PCWs across Australia possess extensive hands-on



experience, skills, and knowledge, even though they may not currently be registered. These workers play a vital role across aged care, disability support, veteran services, and healthcare, and their contributions must be acknowledged and respected.

78. With the right transition strategies in place, including clear communication, sufficient lead time, and robust support mechanisms, current PCWs will be well-positioned to move into the new regulatory environment without disruption to their employment. Mechanisms such as recognition of prior learning, targeted upskilling, and transitional education pathways can support existing workers in meeting any new requirements. In some cases, appropriate "grandfathering" provisions may also be warranted to ensure experienced workers are not excluded or disincentivised.

79. By offering affordable and accessible pathways to registration—alongside the provision of adequate training resources and assessors—the sector can not only retain but also strengthen its workforce. Importantly, this process can be managed in a way that supports PCWs to continue working while they upskill, ensuring workforce stability and continuity of care across all sectors where PCWs are vital. Overall, with careful planning and inclusive policies, the transition will support, rather than harm, the PCW workforce.

25. Minimum English language and communication skills are often recommended for workers, including by the Royal Commission, if a mandatory minimum qualification was introduced, would this sufficiently meet the intent of this?

a. If not, what requirements should be introduced to ensure workers are proficient in English and have adequate communication skills?

80. The national registration scheme should include minimum communication standards, including English language skills. The English language skill requirements for registration must be inclusive and should not operate to unreasonably exclude workers from culturally and linguistically diverse backgrounds. They must ensure, however, that the PCW has the appropriate level of English language skill to enable clear communication between the person receiving care, consumers, colleagues and other stakeholders. Further, there must be an expectation that PCWs are able to read and write English at an adequate level to enable them to safely perform their work to protect public safety. The minimum safe level must ensure that aged care workers can effectively communicate with the person receiving care, consumers, their families, and their colleagues.

81. Whilst it is equally important for workers engaged in work with Aboriginal and/or Torres Strait Islander



and/or culturally and linguistically diverse (CALD) people to be able to converse in-language with people they are providing care to, they also need to competently interact with the framework and governance measures that apply in aged, disability and veteran's care settings, which require English language competency. Given the high number of PCWs from CALD backgrounds, including those entering the system under the Pacific Australia Labour Mobility (PALM) scheme and new Aged Care Industry Labour Agreement, it is important that the requirements relative to any scheme are known and understood prior to entering the workforce to enable informed career choices for workers. The Australian Government will have a role to play in developing material and information to assist that is accessible both onshore and offshore.

**b. What supports and/or exemptions should be put in place to minimise risk of direct and indirect discrimination?**

82. It is important that aged care workers who are currently employed in care roles have time to transition to meet any new English language skills standard. This may include grandfathering opportunities and support for current aged care workers to be able to meet the minimum requirements. English language testing should be consistent across all groups of people regardless of where a person was born the language spoken.

**c. Who should be responsible for the costs associated with developing or demonstrating English language and communication skills?**

83. A co-payment system could be adopted with basic subsidised costs with students paying a defined affordable amount as a fee.

**26. What types of implementation support should be considered to aid the introduction of any of the above requirements?**

84. Implementation must be carefully planned, monitored, and if necessary adapted based on the identification of challenges or barriers to success. An advisory body or service could be established to assist with implementation support. Further, there could be creation of opportunities for paid study days to undertake computer literacy training and language education, literacy and numeracy assessment.



- a. Are there specific barriers and considerations for some groups of personal care workers, including, for example, First Nations workers, migrant workers, culturally and linguistically diverse workers, workers with disability, and workers from low socioeconomic backgrounds?

85. Please see the section above that addresses barriers and considerations for groups of people who might face challenges regarding the newly implemented system. Recognising that some groups of PCWs might face additional challenges regarding understanding and complying with new skills and training requirements, engagement with the existing boards, communities, and stakeholders will be important for understanding how barriers to ongoing training requirements might be identified and appropriately addressed.

- i. What kinds of supports, flexible arrangements or exemptions should be considered?

86. The regulatory body should ensure that appropriate supports or exemptions are considered for workers who might experience challenges and barriers, however the core responsibility for protecting the public must prevail. Use of innovative training and assessment methods and recognition of prior learning will also be important to consider. Further, exemptions for workers needs to be carefully considered to ensure it will not impact on quality of care to older people.

- b. Some workers in regional, rural and remote settings may not have access to a local training provider offering relevant recognised training courses.

- i. What kinds of supports or exemptions should be considered?

87. By offering ongoing training via a range of accessible modalities, workers in disparate regions should be supported to have appropriate access to accredited training courses. For mandatory minimum education requirements, the Government could also consider funding block (intensive) training in regional centres like many schools do for SACE training. This would also need to be supported with fit for purpose internet infrastructure. Subsidies for living away from home during this period could also be applied.

- c. Should there be different considerations for workers employed in in-home care settings? If so, what should these be?

88. To ensure portability and harmonisation between settings, the same considerations and standards should apply for workers regardless of the setting where they work.



27. What should be considered when thinking of how these requirements could be expanded to other sectors in the care and support economy?
89. Balancing transferability with relevance and standardisation should be considered. It will also be vital that specific factors within other sectors and contexts within the care and support economy are considered, as direct transferability might not be straightforward depending on the sector.
- a. What are your views on whether the same mandatory minimum skills and qualification requirements should apply for personal care workers across aged care, disability support and veterans' care?
- i. Should requirements be the same or different for workers across these three areas? Why?
90. With the understanding that individual carers will have varying scopes of practice in the same manner that individual nurses do, the same mandatory minimum skills and qualification requirements for registration should apply for personal care workers across each of these settings to ensure consistency in registration requirements and understandability of these as well as the mobility of workers between settings. This will also enhance career development prospects and trajectories.
91. Consistency in mandatory minimum skills and qualification requirements for registration for carers across settings will also be important in ensuring clarity for those they work alongside and those they provide care to. Due to their own regulatory obligations, nurses currently accept responsibility for care delegated to carers in the absence of clear, consistent national processes establishing a minimum level of expected skills, qualification requirements, and worker conduct. This exposes nurses to regulatory risk.

### Additional considerations:

28. What else may need to be considered to address any potential increase in workforce challenges, in thin market settings, where there may not be access to enough workers with minimum qualifications?
92. The Government should consider adopting campaigns to promote working in the sector in a similar way that other sectors such as mining and manufacturing have been promoted. Migration policy might also be considered for adjustment in ways that enable couples and families to relocate to areas of workforce need.



29. What kinds of investments may be required to ensure there is equitable access to training wherever a worker resides?

93. Investment needs to ensure accessibility to high quality training wherever workers reside.

30. How could workers who need to improve their English language proficiency be best supported?

94. Evidence regarding how to provide support to workers improving English language proficiency should be developed based on evidence and best practice models from other sectors.

a. Should there be an online short-course that could support workers to communicate effectively in the aged care sector (for example, building on the short-courses available through the Equip Aged Care Learning Packages program)?

95. Online short courses might be part of a comprehensive and multi-modal approach to supporting effective communication in aged care.