Catholic Health Australia – National Registration Scheme for Personal Care Workers in Aged Care Submission

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Catholic Health Australia
www.cha.org.au

Catholic Health Australia (CHA) is Australia's largest non-government grouping of health, community, and aged care services. CHA Members provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care provision.

Our members account for over 15 per cent of hospital-based healthcare in Australia and operate hospitals in each Australian state and in the Australian Capital Territory, providing about 30 per cent of private hospital care and 5 per cent of public hospital care in addition to extensive community and residential aged care.

CHA not-for-profit providers are a dedicated voice for the disadvantaged which advocates for an equitable, compassionate, best practice and secure health system that is person-centred in its delivery of care.

1. Executive summary

Catholic Health Australia (CHA) is the largest non-government grouping of health, aged care and community service providers in Australia. Our members operate around 12 per cent of all aged care residential services and approximately 20 per cent of home care services, alongside extensive hospital and community health operations across all states and territories. Collectively, they employ approximately 83,000 people across Australia, including thousands of personal care workers (PCWs) who are vital to the delivery of safe, compassionate aged care.

CHA welcomes the opportunity to contribute to the Department's consultation on a national registration scheme for personal care workers. While CHA supports the goal of improving the quality, safety and standing of the aged care workforce, we are cautious about the potential unintended consequences of a registration scheme if it is not implemented with care, flexibility, and in alignment with broader workforce reforms.

This submission identifies key design principles and practical safeguards that must be in place if a national scheme is to proceed. It also proposes alternative and complementary strategies to uplift the capability, accountability and stability of the aged care workforce more broadly.

In particular, CHA recommends that:

- Any registration scheme must be pragmatic, proportionate to risk, and embedded within existing regulatory frameworks to avoid duplication;
- The system must include transitional and provisional registration pathways and recognise prior learning and experience, including for international workers;
- Regulatory costs for both providers and workers must be modelled and capped to avoid exacerbating existing workforce pressures;
- A nationally consistent background screening process should be adopted to reduce compliance duplication across CHSP, NDIS, HCP and Support at Home;
- Non-regulatory mechanisms — such as investment in training access, workforce planning infrastructure, and provider-led development pathways — be prioritised alongside or ahead of formal registration.

CHA urges the Department to proceed with caution and collaboration, working closely with providers to ensure that workforce reforms are grounded in the operational realities of care delivery. A registration scheme, if introduced, must not become an additional barrier to workforce participation — particularly at a time when the sector is already under strain. Rather, it should form part of a broader, integrated workforce strategy that supports care quality, system sustainability, and the dignity of older Australians.

2. Scheme design considerations

Any national register for personal care workers must be designed in a way that is pragmatic, cost-effective, and seamlessly integrated into the existing aged care quality and regulatory framework. CHA cautions against establishing a standalone authority, which could create unnecessary duplication and complexity. Instead, the register should be digitally accessible and user-friendly, with processes that are not overly burdensome for either workers or providers.

Key considerations in designing the scheme include:

Articulating a shared definition of 'personal care worker' – A shared, robust definition of a 'personal care worker' would mitigate the risk of misinterpretation across the aged care sector. For instance, the consultation paper identifies that personal care workers are known by a number of job titles across the sector. Whether this definition should apply to any worker delivering home-based care to clients, inclusive of cleaning duties, should be clearly articulated and considered in the scheme design.

Promoting shared responsibility - In terms of compliance, responsibility should be shared. While workers should maintain their own registration status and up-to-date training records, providers have a key role in supporting their workforce to meet requirements and engage in ongoing skill development. This balanced approach would reinforce both individual accountability and organisational support.

Ensuring flexibility - The scheme must also be flexible enough to reflect the diversity of roles and settings across the aged care sector. CHA recommends a tiered structure that includes provisional, full, and endorsed categories of registration. Such a model would accommodate workers at different stages of training and experience, while also recognising those with specialised skills. Importantly, the registration system should account for differences between residential and in-home care, acknowledging the unique challenges and supervisory structures in each. Even within home care there are differences that must be accounted for (HCP CHSP, NDIS etc).

Workforce mobility - Harmonisation with other sectors—particularly disability and veterans' care—is also vital. Many workers move between these areas, and consistency in regulation will support workforce mobility, reduce administrative burden, and reflect the interconnected nature of the care economy. At the same time, regulatory nuance should be preserved where necessary to address sector-specific needs.

Minimising regulatory duplication - Many aged care workers operate across multiple government-funded programs, including the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP), Support at Home, NDIS, and Veterans' care. In this context, a fragmented regulatory framework—where different programs impose separate obligations for background checks, registration, or training—creates unnecessary duplication and operational inefficiency.

CHA strongly supports a harmonised approach to workforce regulation across these sectors. Consistency in registration and screening requirements would promote greater workforce mobility, simplify compliance for providers, and reflect the reality that many services are delivered by a shared workforce.

A particular area of concern is the duplication of background screening requirements. Currently, providers who deliver both CHSP and HCP services, often using the same staff, are expected to retain separate compliance records for police checks and NDIS worker screenings. This requirement creates

an unnecessary administrative burden and wastes limited resources. CHA urges the Department to work across portfolios to establish a single, national background check system—ideally centred around the existing NDIS Worker Screening framework—that is recognised by all regulatory authorities, including the Aged Care Quality and Safety Commission (ACQSC) and the Department of Health and Aged Care.

A nationally consistent system for worker registration and screening would not only improve efficiency but also build greater trust and accountability across the broader care and support workforce. CHA has addressed this point in greater detail in its recent Jobs and Skills Australia Draft Workplan Submission (Attachment A).

Promoting equity and inclusion - Equity and inclusion must be central to the scheme's design. CHA urges the Department to take proactive steps to ensure the registration process is accessible and supportive of First Nations workers, people from culturally and linguistically diverse backgrounds, those living in rural and remote areas, and migrants. This should include culturally appropriate communication, accessible materials, and formal recognition of prior learning and experience to ensure pathways into registration are not unduly restricted.

Additionally, CHA urges the Department to ensure the registration framework is responsive to administrative realities. Providers across the sector are already managing considerable complexity in relation to workforce migration, visa processing delays, and inconsistent eligibility frameworks. Introducing a new registration layer must not add further administrative or regulatory burden, particularly for those attempting to recruit international staff to fill essential frontline roles.

Inclusive practices could include a pathway for an individual worker with low socioeconomic means to seek financial support with the costs of registration under a proposed national registration scheme. Alternatively, specific supports and funding could be made publicly available so that aged care providers can support potential PCWs to be registered accordingly.

Consistency with broader reform landscape - The proposed scheme must be aligned with the broader reform landscape, including the new provider obligations under Section 152 of the Aged Care Act and emerging workforce strategy initiatives. It would be prudent in the design of the scheme to consider how the scheme would interact with other existing workforce-related schemes, such as the register of banning orders. Coordination across these reforms will not only enhance the scheme's effectiveness but also avoid duplication and ensure a coherent regulatory environment that supports providers and workers alike.

3. Training and Continuing Professional Development

CHA recognises that continuing professional development (CPD) is essential to supporting a capable and confident aged care workforce. We advocate for a flexible and inclusive CPD framework that accommodates the diversity of personal care workers across the sector. A tiered model would enable workers to engage with learning in a way that reflects their current skills, experience, and available time. In particular, options such as micro-credentials, online learning modules, and the formal recognition of informal or on-the-job learning should be central features of the system. These approaches offer practical and accessible pathways to upskilling, especially for those working in rural or resource-limited settings. A tiered model should be aligned to a nationally recognised skills matrix, which would allow for flexibility while ensuring core PCW competencies are consistent.

The content of training programs must reflect the complex and evolving needs of people receiving aged care. CHA highlights the importance of core focus areas such as dementia care, palliative care, trauma-informed practice, and digital literacy. These competencies are increasingly relevant to the day-to-day responsibilities of personal care workers and are essential to the delivery of safe, responsive, and person-centred care.

To ensure the success of any CPD model, the system must be underpinned by strong implementation supports. This includes ongoing public investment in training resources and the provision of financial and logistical assistance for smaller providers, who may lack the capacity to independently deliver or facilitate development programs. Nationally coordinated resources—such as standardised training packages—would further assist in delivering consistent, high-quality outcomes across the sector. These resources are integral to the success of a CPD model as they also help prevent the risk of inadequately trained workers compromising their own safety and that of their clients due to substandard training from other organisations. This could be supported by a personal care worker training register available to providers, so that providers can be reassured about the quality of training completed by new workers. Jobs and Skills Australia or a re-constituted Health Workforce Australia (with a remit expanded to aged care and disability) would be appropriate agencies to deliver these resources and/or manage a training register or similar.

CHA also emphasises the value of structured placement pathways for new and prospective workers. Practical experience gained during training not only improves job readiness but also strengthens retention and engagement. We encourage the government to expand access to financial supports, such as the Commonwealth Prac Payment scheme, to alleviate the financial burden many students face during unpaid placements.

There are genuine considerations around how this system of education is resourced. For example, the Independent Health and Aged Care Pricing Authority would need to be consulted, to ensure its cost models for residential and community aged care appropriately capture the cost implications of backfilling staff who are undertaking training, peer support and mentoring. There would also need to be a funding accommodation for personal care workers interested in undertaking additional relevant care and support training

In short, a sustainable CPD system must be inclusive, well-resourced, and closely aligned with the real-world experience of aged care workers and the organisations that employ them.

4. Skills and Qualification Requirements

CHA reiterates the need for a robust definition of a 'personal care worker' so that specific skill and qualification requirements can be aligned with this definition. CHA supports the establishment of a clear baseline qualification for personal care workers, recognising the Certificate III in Individual Support (or equivalent) as an appropriate entry-level standard. At the same time, we emphasise the need for flexibility through a 'grandparenting' approach that acknowledges the valuable experience of existing workers who may not hold formal qualifications but consistently deliver quality care. For many, the registration scheme may represent a first step on a broader professional journey. As such, it should be designed not just to regulate entry, but to support career progression—providing a structured pipeline into higher-skilled roles such as Enrolled Nurse (EN) and Registered Nurse (RN), particularly for internationally trained professionals who face barriers to re-registration in Australia.

Flexibility is also key when it comes to supporting new entrants into the workforce. CHA believes that provisional registration should allow individuals to work while they complete their studies, with appropriate safeguards in place regarding supervision and role scope. This approach supports workforce sustainability while encouraging formal skill development. Similarly, the concept of 'scope of practice' should not be viewed as a rigid boundary, but rather as something that can evolve in line with a worker's education, capability, and the context in which they are employed. Local supervisory arrangements and team structures should help guide these decisions.

Effective communication is critical to safe and person-centred care. CHA supports the introduction of minimum English language standards for registration but stresses the importance of applying these fairly and contextually. Assessments should be grounded in the real communication demands of personal care work and designed to be accessible for workers from culturally and linguistically diverse backgrounds. In addition, funded language support and culturally appropriate training will be essential to ensuring the scheme does not exclude valuable members of the workforce.

The scheme should also reflect the vital contribution of internationally trained workers across the aged care sector. Many of these individuals enter the workforce in personal care roles due to migration limitations or recognition issues, yet bring substantial health or care-related expertise. It is essential that the registration model offers practical, supported pathways that acknowledge these workers' prior experience and qualifications—particularly for those serving in regional and rural settings where recruitment challenges are most acute.

Finally, implementation of the scheme must be staged and considered. We recommend a phased rollout over three to five years, supported by regular reviews to assess workforce impacts. Particular attention must be paid to thin markets, including rural, remote, and specialist service settings, where the supply of qualified workers may be more limited. Tailored transition plans and ongoing engagement with providers in these regions will be critical to avoid unintended service disruptions.

5. Impact of scheme introduction

The introduction of a registration scheme for personal care workers must be carefully managed to avoid exacerbating the significant workforce challenges already facing the aged care sector. With tens of thousands of unfilled roles and ongoing pressure on providers, even well-intentioned reforms risk placing additional strain on service delivery if not supported by appropriate safeguards and resources.

CHA strongly encourages the Department to ensure that any changes are accompanied by dedicated investment in workforce attraction, training, and retention. New regulatory requirements should be paired with initiatives that increase the pipeline of qualified workers, including support for entry-level training, study subsidies, and recruitment campaigns. It is equally important that reforms are not introduced in isolation but are coordinated with related workforce and funding strategies across the care sector.

We also encourage the Department to build on and integrate with the workforce development efforts already underway in the provider community. CHA members are engaged in a range of employer-led programs—such as onboarding frameworks, career progression supports, and internal training initiatives—that could be enhanced through alignment with national policy settings.

Workforce pressures are particularly pronounced in regional, rural, and remote locations. In these areas, aged care services often rely on internationally recruited personal care workers and nurses to maintain safe and continuous care. Any national scheme must be implemented with recognition of this reality and with targeted flexibility to ensure that local services are not destabilised by rigid national standards.

Above all, CHA urges the Department to proceed with caution and collaboration. Any regulatory framework must remain adaptable, proportionate, and responsive to the diversity of service contexts in which personal care workers operate. With the right design and a shared commitment to supporting the workforce, it is possible to improve safety and quality without undermining the sector's stability or capacity.

6. Alternative and complementary approaches

While the proposed registration scheme may provide a mechanism for formal recognition of personal care workers, it is not the only pathway to strengthening the aged care workforce. In fact, CHA believes that broader, systemic strategies are likely to yield more immediate and sustained impact—particularly if designed with a full appreciation of existing workforce constraints, provider diversity, and training system limitations.

One such solution is the re-establishment of a dedicated national workforce planning body—such as the former Health Workforce Australia—to lead coordinated, cross-sector workforce strategy. A centralised authority could identify critical skills gaps, support jurisdictional planning, streamline immigration pathways, and advise on education and training reforms in real time. Without this national infrastructure, Australia risks implementing piecemeal reforms without addressing root causes of workforce shortages or distribution challenges.

National workforce strategies also have a crucial role to play. Aged care-specific workforce plans must be aligned with those for nursing, allied health, disability care and primary health, with clear mechanisms to support role progression and cross-sector mobility. These strategies should be informed by real-time labour market data, support regional and rural workforce initiatives, and prioritise culturally safe and inclusive recruitment pipelines.

CHA further urges the Department to explore non-regulatory approaches that enhance workforce quality and consistency without the financial and administrative burden of a full registration scheme. For example, expanding access to subsidised training, investing in recognised micro-credentials, supporting provider-led onboarding programs, and embedding standards through funding arrangements or enterprise agreements could improve quality while maintaining sector flexibility.

Finally, if a registration scheme is introduced, the costs must be proportionate and clearly justified. Many aged care providers, especially in thin markets or not-for-profit settings, already face significant financial constraints. Imposing new registration fees, compliance systems, or audit processes will not only stretch their operational capacity but may also reduce the attractiveness of the sector to prospective workers. For individual workers—especially those in low-paid, casualised roles—even modest costs could become a barrier to entry or retention.

Any implementation must be accompanied by clear modelling of its economic impacts, including workforce attrition risk, training system demand, and transitional support requirements. CHA recommends that cost-effectiveness and regulatory impact be key considerations before any final model is adopted.