# REPORT

Training for aged and community care in Australia

A national strategic review of registered training organisations offering aged and community care sector training

20 September 2013

Letter of transmittal
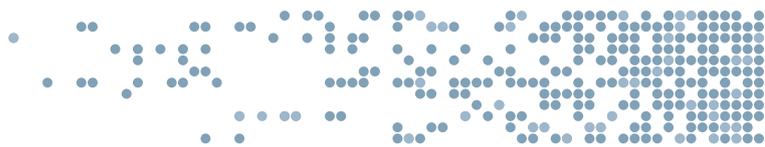
The Hon Ian McFarlane MP
Minister for Industry
Parliament House
Canberra ACT 2600

Dear Minister

We are pleased to provide the report of a national strategic review of aged and community care training that was undertaken by the Australian Skills Quality Authority (ASQA).

This strategic review was initiated by ASQA Commissioners because of the concerns raised by the Productivity Commission in their 2011 Report, *Caring for Older Australians*, about the quality of vocational education and training (VET) and assessment being provided.

This national strategic review relied on audits of registered training organisations, surveys of registered training organisations and stakeholder feedback for its findings. The findings of this review confirmed the concerns raised by the Productivity Commission and indicated that: many training programs are too short and provide insufficient time to enable the proper development of all of the competency and skills that people should be gaining from the training; and the workplace requirements for skills development and assessment are not clear enough.

This strategic review was guided by a management committee drawn from key stakeholders from industry, employers, unions and government and chaired by ASQA's Chief Commissioner. ASQA's Commissioners are very grateful for the invaluable contribution of the management committee both collectively and individually and also for the active support and contribution from other stakeholders.

Key recommendations of the strategic review of aged and community care training address the need for:

- ASQA to continue to give high priority in its on-going regulatory activities to aged and community care;

- the Community Services and Health Industry Skills Council (CSHISC) to strengthen the training packages for relevant aged and community care qualifications;

- ASQA and the CSHISC to conduct workshops for registered training organisations to ensure they understand the training and assessment strategies requirements of the national standards for registration;

- the National Skills Standards Council (NSSC), Innovation and Business Skills Australia and ASQA to address identified deficiencies in the requirements and expectations for people authorised to undertake the assessment of learners for the VET sector as a whole;

- the Aged Care Standards Accreditation Agency, the CSHISC and ASQA to identify initiatives to support work placements for learners; and

- the NSSC and VET regulators to work together to address volume-of-learning concerns identified in the conduct of the strategic review in order to feed into the NSSC's review of the standards for the national regulation of VET.

ASQA considers the implementation of the strategic review's recommendations will strengthen considerably the quality of aged and community care training and assessment provided to learners. This is particularly important not only for the integrity of the VET sector but also because, as the Productivity Commission has estimated, there will be a significant increased demand for aged and community care workers as Australia's population ages.

We commend this report and its recommendations to you.

Yours sincerely

Chris Robinson
Chief Commissioner

Dianne Orr
Deputy Chief Commissioner

Michael Lavarch
Commissioner
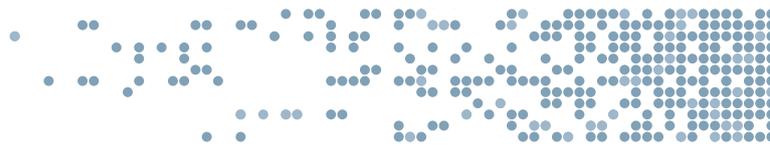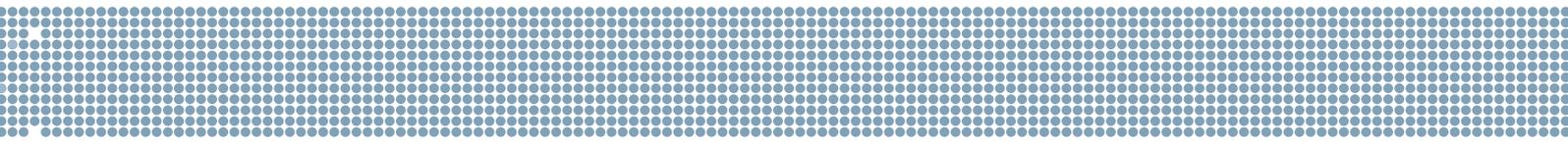
Key messages

The Certificate III in Aged Care remains the most common qualification for new entrants to the aged and community care industry

Most registered training organisations have difficulty complying with assessment requirements

Following time to rectify areas where they were not compliant, most registered training organisations became compliant with the national standards

Training programs are largely too short and with insufficient time in a workplace for sufficient skills development

Changes to the national standards for training organisations are required

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Executive summary

The Australian Skills Quality Authority (ASQA) commenced operations as the national regulator for Australia's vocational education and training (VET) sector on 1 July 2011.

ASQA regulates courses and training providers in Australia to ensure nationally approved quality standards are met so that students, employers and governments have confidence in the quality of vocational education and training outcomes delivered by Australian registered training organisations (RTOs). In October 2012, 382 RTOs regulated by ASQA were approved to deliver aged and community care qualifications.

Under the *National Vocational Education and Training Regulator Act 2011*, ASQA can conduct reviews of any area of concern in training provided by RTOs, to identify systemic poor practice.

The Productivity Commission (2011a, 2011b) in its report, *Caring for Older Australians*, examined the provision of aged and community care in Australia now and for the future. The expected fourfold increase in the Australian population of over 85 year olds by 2050 is significant not the least for the likely demand for well-trained aged and community care workers.

A number of key factors were identified by the Productivity Commission, which are directly concerned with the quality of the training of the aged and community care workforce. These included:

- the quality and variability of training provided to prepare aged and community care workers;
- vastly different lengths of training provided for the same qualification by different RTOs;
- whether sufficient amounts of practical on-the-job training was provided;
- whether trainers and assessors possessed current industry experience; and
- whether aged and community care training was being regulated effectively.

In response to these findings, ASQA established a national strategic review of aged and community care sector training to examine the efficacy of the current provision of training for aged and community care workers and to advise how this training can be improved.

This strategic review has confirmed that many of the issues raised by the Productivity Commission (2011a, 2011b) about the quality of aged and community care training are well founded. The quality and quantity of training in the sector varies widely, with insufficient on-the-job, or work-based, training being provided. Some trainers and assessors were identified as not having current industry experience.

Most RTOs offering aged care and community care training were not fully compliant at the initial audit, with 87.7% of them being found to be not compliant with at least one of the national training standards that RTOs are required to meet if they are offering training programs leading to Australian Qualifications Framework (AQF) qualifications.
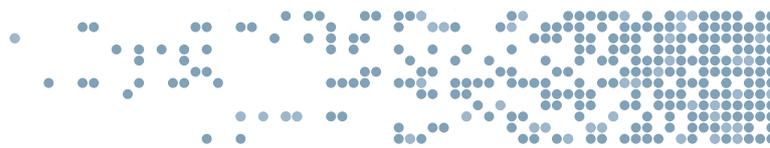
The areas of non-compliance ranged from relatively minor issues that could be and were rectified quickly, to very serious short comings with respect to training delivery and assessment, which is core business for an RTO. The RTOs that were found not to be compliant with the required standards at the initial audit were given 20 working days to respond to the non-compliance found. The results of the completed rectification process to date, is that some 20.8% of RTOS remained not compliant with the required standards. ASQA has undertaken or begun regulatory actions against these non-compliant RTOs.

The fact that most RTOs offering aged and community care training were operating with at least some compliance failings (as identified at the initial audit), even though most of those RTOs were in the end able to achieve full compliance, is of concern. All RTOs are required in ss. 22-28 of the *National Vocational Education and Training Regulator Act 2011* to be fully compliant with the national standards for continuing registration as an RTO at all times. It has been found in this study that 'left to their own devices', most RTOs are operating in a way that does not ensure full compliance with the required standards, notwithstanding the fact that some of this non-compliance is relatively minor.

Clearly there is a need for RTOs to be much more focussed on ensuring that they are meeting the required national standards for training.

On too many occasions, in undertaking this review, it was clear to the auditors involved that RTO leadership and staff had a poor knowledge and understanding of the required national standards and of the requirements of training packages, which form a core element of these national standards. RTOs are required to fully comply with the standards and meet the requirements of training packages in order to meet the conditions for registration.

Meeting the requirements of training packages is a crucial issue. Training packages set Australian vocational education and training apart from most VET systems around the world. Employers and other industry stakeholders such as unions, through the work of Australia's Industry Skills Councils, determine what skills and competencies are required for different occupations in their industry and, as a result, what each qualification leading to those occupations should include in terms of the skills and competencies to be gained from undertaking the relevant training program.

This means that the content of Australian VET is determined with clear reference to skills and competencies needed in the economy, rather than solely by a supply-side focus on the content of training programs being determined by RTOs and trainers themselves. Given these important developments in the overall approach to Australian VET to make sure training is meeting the contemporary needs of the labour market, it is simply not acceptable for RTOs to pay too scant attention to training package requirements.

Employers and students are being 'short changed' when RTOs are giving insufficient attention to making sure they are providing training according to requirements set out by industry as being required to meet the contemporary skill needs of the economy.

The case for the requirement for RTOs to have an Accountable Education Officer to make sure they are operating in accordance with the required standards, as being proposed by the National Skills Standards Council for the revision of national RTO standards currently being considered, is strongly evidenced by these findings.

It has been found in this study that appropriate assessment is something with which most RTOs offering aged and community care training are struggling. Up to 80.0% of RTOs had compliance issues with assessment at the initial audit. Much of this non-compliance was able to be addressed in a relatively short time when RTOs were given the opportunity to rectify the problems identified at audit.
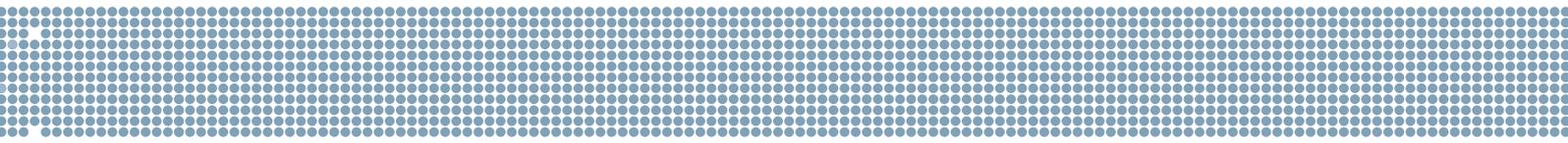
The main reasons for poor assessment seem to be:

- units of competency requiring at least partial assessment in the workplace were not assessed in the workplace;
- a reliance on third-party reports from workplace supervisors who are not qualified VET assessors, and who were using a 'tick the box' approach to assessment, often containing lists of performance criteria as well as all required knowledge and skills;
- assessment tools did not cover the '*normal range of workplace conditions*';
- observation of skills on only one occasion (whereas the training package for some units specifies '*over a number of assessment situations*');
- validation and moderation of assessment tools not undertaken; and
- assessment tools did not include observable behaviours.

Another key issue revealed in this study is that many RTOs are offering programs that are too short to ensure that people can gain all of the skills and competencies required, in all but those cases where people undertaking the training are already very experienced in the aged and community care sector prior to undertaking training.

Fast-tracked minimalist courses are being used even in cases where participants have had no previous work experience or training in aged or community care. For example, it was found that up to 70% of RTOs offered the Certificate III in Aged Care in less than 1200 hours, even though the Australian Qualification Framework guidelines imply a benchmark of 1200 hours or more for Certificate III programs. A number of RTOs offered the Certificate III in less than 200 hours. Again, 70% of RTOs offered the Certificate III in Aged Care over a period of less than one year, even though the Australian Qualifications Framework guidelines benchmark one to two years as being appropriate for a Certificate III. Over one-third of RTOs offered the Certificate III in Aged Care in less than 15 weeks.

Although competency-based training in the Australian VET system is supposed to be about the gaining of skills and competencies, and not the serving of time in a training program, the fact that so many RTOs are offering programs of such short duration, and are also struggling with assessment, means that in many cases, people are not properly gaining all of the required skills and competencies.

From ASQA's experience, this is not just a problem with training in the aged and community care sector. It has much wider application across the whole VET sector.

Short-duration programs are a very significant issue for training quality in the aged and community care sector, and for the quality of the Australian VET sector overall.

There are two key implications. First is that trainees and employees are not really being properly skilled. Second is that those RTOs that are trying to provide high-quality programs that are capable of delivering the skills and competencies required in a meaningful way are being faced with unfair competition (in terms of costs and prices) from those RTOs that are providing 'cheap' and unrealistically short training programs.

This creates an environment in the competitive training market where there is a 'race to the bottom' in terms of continually reducing course fees to attract students, reducing course times to attract students and reducing training and delivery effort to cut costs. Quality and sufficient time to enable adequate instruction, learning and assessment are the 'casualties' in this environment.
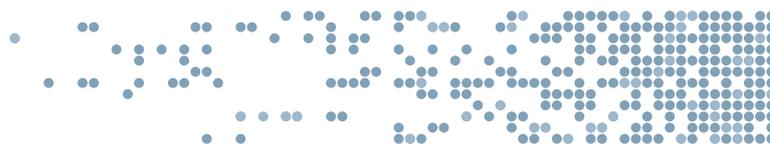
Finally, the variation across RTOs in the provision of work placements in the training and assessment of aged and community care programs was significant, but did not appear to relate to differences in client training needs. Most expert testament that was provided to this review and to the Productivity Commission's review, *Caring for Older Australians*, pointed out the importance of work placement and of clinical practice in the workplace context as crucial in training for caring for the aged.

Work placement provision ranged from under 60 hours in total by 15.0% of RTOs offering the Certificate III in Aged Care to up to two-year traineeships by some RTOs. A clearer specification of the work placement exposure needed for aged and community care training is required.

It should be stressed, while many RTOs audited in this national review are struggling with assessment, offering very different levels of work placement in their training programs (and as a result are dealing with workplace assessment very differently), and offering vastly different amounts of training to their clients, not all of these deficiencies are the fault of RTOs alone.

Some of the national standards for the registration of RTOs are too general and ambiguous. They do not make it clear enough to RTOs what is required of them. The current revision of the national standards by the National Skills Standards Council is an opportunity to rectify this.

Training packages have not always been clear enough about any mandatory requirements for training delivery, workplace exposure and assessment. Much of this is being addressed in the current revision of training packages, and considered in proposals to include delivery and assessment measures in training packages, but more needs to be done.

Different regulatory approaches by the VET regulators in each state and territory prior to the establishment of ASQA have resulted in different regulatory practice in the VET sector around Australia, which has added to the lack of clarity for RTOs about what is required of them and how they will be judged.

The high levels of non-compliance among RTOs offering aged and community care training will require further and on-going regulatory scrutiny.

As a first response to the review, ASQA has requested, in accordance with its usual regulatory processes that all RTOs found during the review to be not compliant with the standards, provide evidence of rectification. Where non-compliance remains, ASQA will take further regulatory action including imposing sanctions.

To address the quality issues identified in the strategic review, the following recommendations are made.

Recommendations

The high levels of non-compliance among RTOs offering aged and community care training will require further and on-going regulatory scrutiny.

Recommendation 1:

> *It is recommended that the Australian Skills Quality Authority continue to make the regulatory scrutiny of aged and community care training a very high priority in its regulatory approach. ASQA should continue to require the inclusion of aged and community care training and assessment, as a mandatory requirement, in the sample of qualifications for any audit it undertakes of any RTO offering such training.*

In order to assist RTOs to understand the requirements of the revised national standards, workshops explaining the revised standards should be designed and attendance at these should be mandatory. These workshops should ideally occur once the new national standards for RTO registration that are being developed by the National Skills Standards Council, have been finalised.

Recommendation 2:

It is recommended that the Australian Skills Quality Authority require RTOs offering aged and community care training to participate in a series of information workshops on training and assessment strategies to ensure full compliance with the required national standards for RTO registration.

Recommendation 3:

It is recommended that the Australian Skills Quality Authority invite the Community Services and Health Industry Skills Council to participate in the workshops proposed in **Recommendation 2**. *Ideally these workshops should be held once the current revision of the relevant training package has been finalised.*

It has been found through this review that RTOs have very divergent practices with respect to work placement, required for the acquisition of competencies and for the assessment of such skills and knowledge in the workplace context.

Recommendation 4:

It is recommended that the Community Services and Health Industry Skills Council, in the current process of revision of the training package covering aged and community care, give consideration to:

- *specifying the minimum work placement hours that are required for the demonstration and assessment of competencies; and*

- *specifying which units of competency must include assessment of workplace performance.*

It has been identified during this review that there is considerable confusion among RTOs about appropriate approaches to assessment of the medications elements of aged and community care training.

Recommendation 5:

It is recommended that the Community Services and Health Industry Skills Council give consideration to specifying:

- *the qualifications an assessor is required to hold in order to assess the unit 'CHCCS305C, Assist clients with medication'; and*

- *how this unit of competency can be assessed to ensure consistency and validity of assessment processes.*

Three key elements are required for a sector-wide approach to enhancing assessment. First is to revise the assessment standards in the national standards for RTOs to make it clearer how competency-based assessment should be carried out. In particular, the principles of assessment that require assessments to be fair, flexible, valid and reliable, and requirements for assessment evidence to be valid, sufficient (to ensure people have the competencies), authentic and current need to be spelt out in the national standards themselves (rather than being in accompanying documentation). Second is the urgent need for each industry skills council to more explicitly prescribe assessment requirements in all units of competency across all training packages so that RTOs have no doubt as to what the industry requirements are in each training area. This is particularly important with respect to training delivery and assessment that needs to occur in the workplace, especially if the training and assessment must occur through an apprenticeship or a traineeship. This process is already underway but it is crucial that any such requirements are explicit in each and every unit of each training package where there is a requirement for workplace assessment and/or delivery. Third is the need to overhaul the training of those delivering training and assessment to address the requirements for how to properly carry out competency-based training and assessment.

Recommendation 6:

It is recommended that the National Skills Standards Council give consideration to, including in the revised standards for RTOs, an assessment standard that explicitly includes the principles of assessment and the rules of evidence (as they are currently defined in the Definitions section of the standards).

The new assessment standard should be along the lines of: assessment must be conducted by a qualified assessor according to the principles of assessment and the rules of evidence for assessment.

The principles of assessment are that:

- *assessment must be <u>fair</u> so that an individual candidate's needs and characteristics are considered in the assessment process, there is clear communication between the assessor and the candidate so that the candidate is informed about and fully understands the assessment process, and that the candidate is able to challenge the result of the assessment to the RTO and be reassessed if necessary;*

- *assessment must be <u>flexible</u> where the assessment draws on a range of assessment methods appropriate to the context and recognising the existing competencies of the candidate;*

- *assessment must be <u>valid</u> in terms of the assessment decision being based on evidence of performance by the candidate; and*

- *assessment must be <u>reliable</u> in terms of consistency between different assessors on the basis of the assessment evidence used, including that the precise assessment task or measurement instrument is appropriate and accurate to determine whether the candidate has the competencies being assessed.*

Assessment must be based on the collection of evidence to ensure that it is valid, sufficient, authentic and current as follows:

- *assessment evidence must be <u>valid</u> so that the assessor is certain that the candidate has the skills, knowledge and attributes as described in the relevant unit of competency;*

- *assessment evidence must be <u>sufficient</u> so that the quality and quantity of assessment evidence is adequate to ensure that all aspects of the competency have been met and that it can be demonstrated repeatedly;*

- *assessment evidence must be <u>authentic</u> so that the assessor can be assured that the evidence presented for assessment is the candidate's own work; and*

- *assessment evidence must be <u>current</u> to the extent that assessment is of current competencies.*

Recommendation 7:

It is recommended that all Industry Skills Councils, as part of the current process of revising training packages, precisely identify in each unit of competency in every training package any requirements:

- *for workplace delivery and assessment;*

- *for delivery and assessment that must be undertaken for an apprenticeship or traineeship;*

- *for delivery and assessment to be undertaken in a simulated workplace context and what constitutes an appropriate workplace assessment in each case; and*

- *for repeated demonstration of competencies in the workplace and what that needs to entail in each unit of competency.*

There are considerable deficiencies in current RTO practices in assessment. Poor assessment was the key factor in why over 20% of RTOs offering aged care training have remained not compliant with national standards even after the opportunity to rectify the non-compliance after the initial audit. Through its regulatory work, the Australian Skills Quality Authority has found these poor practices extend beyond assessment of aged and community care provision. Across the whole VET sector some 11.0% of RTOs that have applied for re-registration since July 2011 have had that application refused. In most of these cases poor assessment practices by RTOs have been a key factor. While 89.0% of existing RTOs that have applied to ASQA for registrations over the last two years have had their re-registration approved, many of these do have issues with properly meeting the assessment standards.

Recommendation 8:

It is recommended that ASQA, the National Skills Standards Council and Innovation and Business Skills Australia (IBSA) as a matter of urgency develop a strategy to:

- *revise the assessment components and mandatory requirements in the TAE40110 Certificate IV in Training and Assessment to ensure that people who are completing this qualification are fully capable of properly undertaking competency-based assessment;*

- *consider the development of qualifications in VET assessment that could be introduced to supplement the deficient assessment capabilities of many trainers who currently hold the TAE40110 Certificate IV in Training and Assessment (or other qualifications that are considered to be equivalent); and*

- *consider the inclusion of specific requirements for RTOs to provide professional development, particularly to assessor staff.*

The provision of insufficient work placement and also the integration of this experience with training and assessment were issues identified through the review as needing to be addressed. Some contributors to the review identified a scarcity of work placement opportunities, with some employers finding the demands of the placements to be onerous.

Recommendation 9:

It is recommended that ASQA raise the availability of work placement opportunities with the Aged Care Standards Accreditation Agency and the Community Services and Health Industry Skills Council to identify any initiatives that can be taken to support work placements for aged and community care learners.

A crucial area of concern is the very short duration of many training programs. Programs for the Certificate III in Aged Care varied greatly and were well short of what is required by the AQF volume of learning descriptors. Over half (55.0%) involved delivery time of less than 500 hours. The short-duration programs, some of which had no workplace experience, were criticised by employers as leading to poorly skilled workers. The training package currently gives no guidance on duration or the volume of learning of the program. The volume of learning for a Certificate III level program is typically one to two years, according to the Australian Qualifications Framework. Only a quarter of the RTOs audited for this review had programs that were of at least one year's duration. Over a third of programs were less than 15 weeks' duration. The real concern with such short training programs is that they do not allow sufficient time for the practice and consolidation of knowledge and skills. Therefore, they are not focussed on ensuring student needs are met and aimed at promoting the successful completion of the qualification.

The inclusion of a volume-of-learning measure will assist RTOs to understand and develop a learning program that will assist quality outcomes for clients and support ASQA in its regulation of RTOs. Where a particular target group has prior experience in the area, this could be reflected in a program of a shorter duration.

Recommendation 10:

It is recommended that the National Skills Standards Council convene a group involving Industry Skills Councils; the Australian Qualifications Framework Council; the Australian Skills Quality Authority; the Victorian and Western Australian VET regulators; and appropriate Australian and state and territory training officials, to develop an overall benchmark for:

- *the minimum volume of learning for different Australian Qualification Framework VET qualifications;*

- *the minimum volume of learning for different units of competency and skill sets;*

- *the different training, assessment and study activities that could be included in the volume of learning;*

- *the appropriate variations to any minimum volume-of-learning requirements to reflect the acceptability of shorter programs when learners already have considerable industry experience;*

- *these requirements to be expressed in the revision of the national standards for the registration of RTOs;*

- *the systematic incorporation of benchmarks into the revision of all training packages that is currently underway; and*

- *guidance for RTOs on the implementation of such benchmarks into their training delivery and assessment.*

It is also recommended that this process should involve direct consultation with peak employer, union and industry representative bodies.

The findings of this review are disturbing given the massive expansion of the aged and community care workforce that will be needed to meet the care needs of Australia's ageing population. The Productivity Commission (2011a) has estimated that Australia's aged care workforce will need to rise from just over 350,000 today, to around 980,000 by 2050. This rapid expansion in the demand for properly qualified aged care workers will not be adequately met unless the quality of aged care training delivery and assessment is improved.

Chapter 1
Introduction

The Australian Skills Quality Authority (ASQA) commenced operations as the national regulator for Australia's vocational education and training (VET) sector on 1 July 2011.

ASQA regulates courses and training providers to ensure nationally approved quality standards are met so that students, employers and governments have confidence in the quality of vocational education and training outcomes delivered by Australian registered training organisations (RTOs).

The Authority is the regulatory body for RTOs in:

- Australian Capital Territory;
- New South Wales;
- Northern Territory;
- South Australia;
- Queensland;
- Tasmania; and
- for RTOs in Victoria and Western Australia that offer courses to overseas students and/or offer courses to students (including through offering courses online) in the Australian Capital Territory, New South Wales, the Northern Territory, South Australia, Queensland, or Tasmania.[1]

Figure 1: Regulators of RTOs

Australian Skills Quality Authority, 4077

Victorian Registration and Qualifications Authority, 476

Western Australian Training Accreditation Council, 367
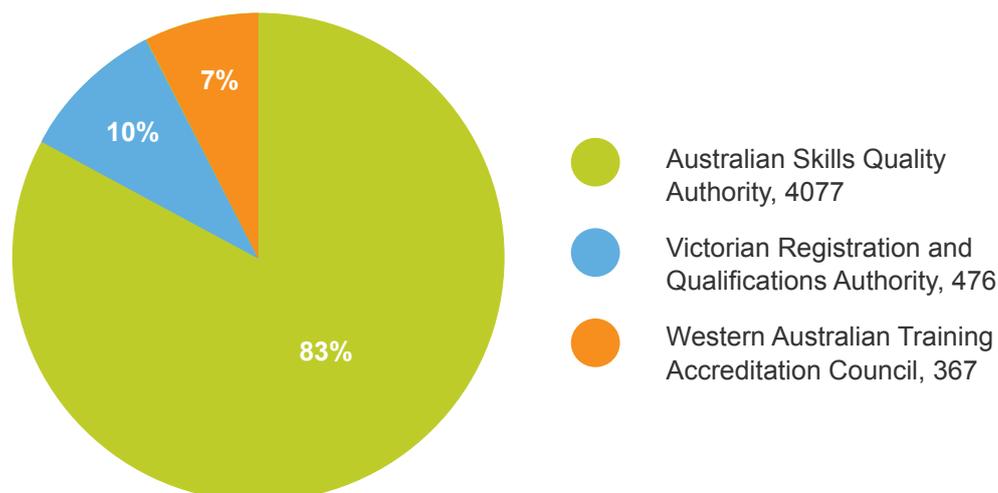
Source: www.training.gov.au as at 30 March 2013

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1   The **Victorian Registration and Qualifications Authority (VRQA)** is the regulatory body for registered training organisations that enrol only domestic learners and enrol learners in Victoria only (or in Victoria and Western Australia only). Western Australia's **Training Accreditation Council (TAC)** is the regulatory body for registered training organisations that enrol only domestic learners and enrol learners in Western Australia only (or in Victoria and Western Australia only).
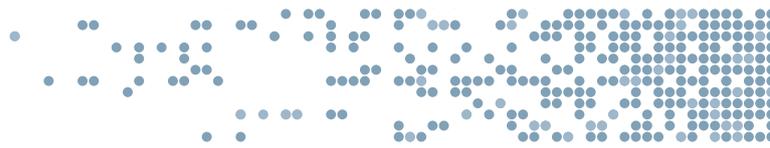
ASQA's functions include:

- registering training providers as RTOs;
- registering providers that can enrol overseas students;
- registering providers of intensive English language courses for overseas students;
- accrediting VET courses;
- ensuring that organisations comply with the conditions and standards for registration, including by carrying out audits; and
- collecting, analysing and publishing information on the VET sector and VET providers.

Section 35 (2) of the *National Vocational Education and Training Regulator Act 2011* (the Act) states that 'the National VET Regulator may also review or examine any aspect of an NVR registered training organisation's operations to determine any systemic issues relating to the quality of vocational education and training'. Under this section of the Act, ASQA initiated three strategic reviews in 2012-2013 targeting training "hot spots" where intelligence had identified risks to the quality of outcomes achieved by training delivery and assessment. ASQA strategic reviews conduct in-depth analysis of a particular issue, sector, qualification or method of delivery. The focus is on examining systemic poor practice and identifying appropriate actions to address the poor practice across the system, and not just to resolve issues with individual RTOs. The three strategic reviews undertaken in 2012-2013 were:

- training and assessment for the aged and community care sector;
- the entry-level occupational health and safety training required to work on construction sites in Australia, commonly known as the White Card; and
- inappropriate marketing and advertising practices by RTOs.

In addition to identifying actions ASQA can take to best target its regulatory efforts, the timing is opportune for the outcomes of the strategic reviews to inform a number of related initiatives or reforms, which are underway in the VET sector including the:

- National Skills Standards Council's review of the national standards for RTOs, focusing on issues of quality[2];
- implementation of the 2012 *Standards for Training Packages* which now enable Industry Skills Councils to specify assessment requirements to accompany every unit of competency[3]; and
- Industry Skills Councils' VET Quality Project, which is proposing that training packages should have the capacity to further define industry requirements relating to how training is delivered and assessed, as appropriate to a specific qualification/unit of competency and based on a suite of nationally agreed measures.

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2   For more information about the National Skills Standards Council's (NSSC) position on the new national standards for RTOs, see NSSC (2012a)
3   The new *Standards for Training Packages* were introduced by the NSSC (2012b)
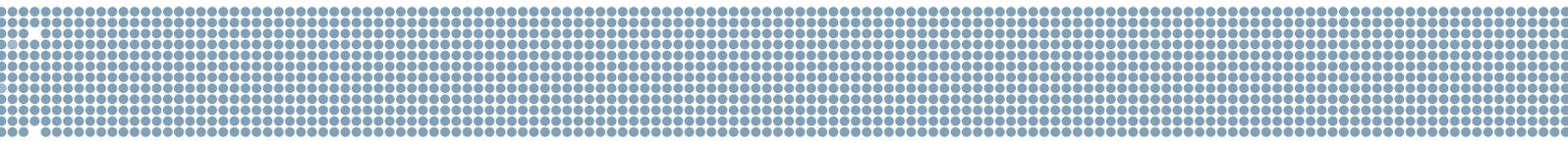
The genesis of this strategic review was the report, *Caring for Older Australians* released by the Productivity Commission in 2011 (Productivity Commission 2011a, 2011b). The likely levels of future need for aged and community care into the 21st century were canvassed in this wide-ranging examination of the provision of aged and community care in Australia. The expected fourfold increase in the Australian population of over 85 year olds by 2050 is significant and will lead to a very substantial increase in the demand for well-trained aged and community care workers. The Productivity Commission projected that the Australian aged care workforce will need to grow to around 980,000 aged care workers by 2050, a massive increase over the some 350,000 employees currently working in the aged care industry.

The Productivity Commission identified a number of key factors directly concerned with the quality of the training of the aged and community care workforce. These included:

- the quality and variability of training provided to prepare aged and community care workers;
- the different length of training provided for the same qualification by registered training organisations;
- whether sufficient practical on-the-job training was being provided;
- whether trainers and assessors possessed current industry experience; and
- whether aged and community care training was being regulated effectively.

Following the release of the Productivity Commission report, *Caring for Older Australians*, in August 2011, ASQA responded by taking a number of actions to increase regulatory scrutiny of aged care training and to investigate the quality of delivery of such training by RTOs.

First was a decision by ASQA to make aged care training a high priority for regulatory scrutiny. This meant that from the beginning of 2012, any ASQA audit of an RTO that offered aged care training automatically included aged care training and assessment in the sample of programs included in the audit. Audits conducted by ASQA in the course of its usual regulatory activities do not necessarily include all training programs delivered by an RTO, but rather a sample of the training delivery is drawn to examine compliance against the required national standards, where an RTO offers numerous programs. However, this priority has meant that aged care training was scrutinised in ASQA audits from January 2012.

Second was to undertake a survey of ASQA regulated RTOs offering the Certificates III and IV in Aged Care in 2012, to gather new information about how RTOs are going about the provision of aged care training.

Third was to establish this national strategic review of aged and community care training, utilising the new powers conferred on ASQA under the *National Vocational Education and Training Regulator Act 2011*, which allows ASQA to conduct national strategic audits of training quality in any areas of concern with the Australian vocational education and training sector. This decision was made by ASQA Commissioners following discussions with the then Federal Minister, Senator the Honourable Chris Evans, Minister for Tertiary Education, Skills, Science and Research.

The national review commenced in the latter part of 2012. Governance of the review has been provided by a management committee comprising ASQA and representatives from the Community Services and Health Industry Skills Council; an employer (Feros Care); the Health Services Union; the then Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education; the Aged Care Standards and Accreditation Agency; and the Department of Health and Ageing. (see Appendix A)
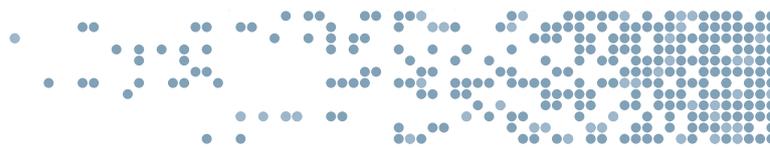
The management committee's terms of reference were to: (see Appendix B)

1. Provide advice and findings about:

   • how well aged and community care workers are being prepared, both in terms of RTO delivery of training packages and the available evidence from the sector about how their training equips them for working with and caring for older people;

   • how best to ensure training packages incorporate flexibility and innovation to meet emerging needs; and

   • any aspects of the VET Quality Framework not being adequately addressed by RTOs delivering aged and community care training.

2. Approve the methodology to be implemented by the secretariat to the review.

3. Establish a process to consult aged and community care training stakeholders.

4. Provide advice on the review's findings.

The VET Quality Framework includes the *Standards for NVR Registered Training Organisations 2012* (see Appendix C), the Australian Qualifications Framework, and requirements that RTOs provide data as requested, meet financial viability standards and are managed by people who are 'fit and proper'. The details of these requirements are contained in legislative instruments[4].

The management committee agreed that the review should focus on training for the following qualifications:

   • Certificates III and IV in Aged Care; and

   • Certificates III and IV in Home and Community Care.

These are the critical qualifications for people already working or seeking to work as personal care workers in the aged and community care industry.

People gaining the Certificate III in Aged Care need to be able to:

   • carry out activities to maintain personal care and/or other activities of living for people in an aged care setting;

   • carry out activities related to an individualised plan; and

   • report directly to a supervisor and not be responsible for other workers.

They tend to be employed as residential care workers, personal care workers, care assistants or assistants in nursing the aged (noting that the Certificate III in Aged Care is not a qualification for work as an enrolled nurse).

People attaining the Certificate III in Home and Community Care need to be able to:

   • carry out activities to maintain personal care for people in their own homes or community setting; and

   • report directly to a supervisor and not be responsible for other workers.

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4   See the Federal Register of Legislative Instruments,
     http://www.austlii.edu.au/au/legis/cth/consol_act/lia2003292/s20.html.
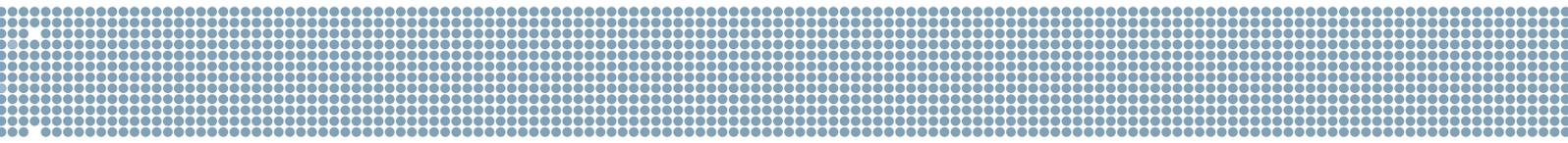
People with this qualification tend to be employed as community care workers, disability support workers and personal care givers.

People attaining the Certificate IV in Aged Care need to be able to provide services to people with complex needs and may be required to undertake supervisory roles within aged care settings.

Employment of people with the Certificate IV in Aged Care includes care supervisors, hostel supervisors, program co-ordinators and personal care workers (particularly for those with more complex needs).

People attaining the Certificate IV in Home and Community Care need to be able to:

- provide services to people with complex needs;
- supervise others; and
- carry out activities relating to an individual's personal care.

Their work roles include being an assistant co-ordinator, a senior community care worker or a personal care worker.

Developments in the aged and community care industry, particularly with respect to existing future workforce needs, are explored in Chapter 2. Considerably more workers will be needed in the sector, and this chapter provides details of the expected increases in specific occupations. These include the occupations for which the Certificates III and IV in Aged Care, and Home and Community Care, are relevant.

The methodology used to undertake the national strategic review of aged care training is outlined in Chapter 3. As well as reviewing current and recent reports affecting both the aged and community care industry and the training sector, ASQA has conducted surveys, consulted stakeholders and audited 73 providers of aged and/or community care training.

The nature of training in the aged and community care industry is outlined in Chapter 4. Data on training provision has been collated, to provide an overview of the type and distribution of training.

Compliance by RTOs offering aged care training with the requirements of standards for RTOs is outlined in detail in Chapter 5. Compliance with training and assessment standards, the adequacy of the training resources provided by RTOs, the qualifications and required industry competencies of trainers, the quality of assessment, the provision of appropriate information by RTOs to trainees and the adequacy of engagement with industry are examined.

A summary of the main findings of the review, together with recommendations, and a discussion of the way forward, is given in Chapter 6.

Chapter 2
Developments in the aged and community care industry

The Productivity Commission released a major report *Caring for Older Australians* in 2011 in two volumes, in which the nature of Australia's aged care system was outlined, and reforms needed to it were examined (Productivity Commission 2011a, Productivity Commission 2011b).

2.1   The nature of the industry

Over the past 50 years the Australian population has been ageing rapidly. By 2012 more than 2 million Australians were aged 70 years or more (just under 10% of the whole population). The need for aged care services rises rapidly after people reach the age of 85 years, and some 365,000 Australians had reached 85 years of age by 2010, representing 1.6% of the total population (Productivity Commission 2011a, p.37).

Currently in Australia the care and support of the aged is mainly provided by 'partners, family, friends and neighbours', and of those receiving assistance in the community, 'about 80% receive it from informal carers' (Productivity Commission 2011a, p.xxiv).

Government subsidised services are provided to over one million older Australians (and their carers) each year. Services are delivered in the community and in residential facilities, and include assistance with everyday living, personal care and health care.

The Productivity Commission noted that in 2009-10:

• over 610,000 people aged 70 years or over received home and community care services;

• approximately 70,000 people received more intensive packaged community care at home;

• approximately 215,000 people received permanent residential care, of which 70% received high-level care. In recent years, around 70% of residents were female and 55% were aged 85 years or older (Productivity Commission 2011a, p.13);

• the provision of community and residential care services is varied and services are provided by religious, charitable, community-based and commercial organisations, as well as by state, territory and local governments;

• the aged care workforce consists of informal carers, the paid workforce and volunteers;

• services are supported by, and are dependent on, the medical workforce and allied health professionals; and

• the formal 'aged care system' is primarily funded and regulated by the Australian Government, with state and territory governments mainly involved in home and community care' (Productivity Commission, 2011a, p.13).

2.2   The nature of the existing workforce

The aged care workforce consists of informal carers and volunteers, as well as paid workers. Services are also supported by, and are dependent on, the medical workforce and allied health professionals.

The Department of Health and Ageing undertook a survey of the Australian aged care workforce in 2012, and the subsequent report, the *Aged Care Workforce Final Report* 2012, provides the most current figures in relation to the nature of the existing workforce (Department of Health and Ageing, 2013).

In 2012 there were:

- 352,000 paid employees in the aged care industry. Of these, 202,300 worked in residential facilities and 149,800 in community outlets;

- more than 240,000 workers were employed in direct care roles;

- 147,000 in residential facilities (an increase of 10% since 2007); and

- 93,350 in community care (an increase of 25% since 2007).

The direct care workforce comprises of six occupational groups: nurse practitioners; registered nurses; enrolled nurses; personal care attendants/community care workers; allied health professionals; and allied health assistants.

Over two-thirds of all people working in residential aged care are personal care workers, as shown in Table 1. Over the past 10 years the number of personal care attendants has risen from just over 67,000 people to over 100,000 by 2012. The number of enrolled nurses employed in the residential care sector has also grown since 2003, but at a much slower rate, to reach nearly 17,000 people or 11.6% of the total residential aged care workforce by 2012. At the same time the share of the workforce held by registered nurses, enrolled nurses and allied health workers has decreased. Such health workers comprised less than one-third of the residential aged care workforce, whereas in 2003 they comprised over 40% of this workforce.

Table 1: Direct care employees in the residential aged care workforce, by occupation: 2003, 2007 and 2012

Occupation	2003		2007		2012	
	Numbers	Proportion (%)	Numbers	Proportion (%)	Numbers	Proportion (%)
Registered Nurse	24,019	20.8	22,399	16.8	21,916	14.9
Enrolled Nurse	15,604	13.5	16,293	12.2	16,915	11.6
Personal Care Attendant	67,143	58.1	84,746	63.6	100,312	68.3
Allied Health Professional/ Assistant	8,895	7.6	9,875	7.4	7,649	5.2
TOTAL	**115,661**	**100.0**	**133,313**	**100.0**	**146,792**	**100.0**

Source: Department of Health and Ageing 2013, p.9.
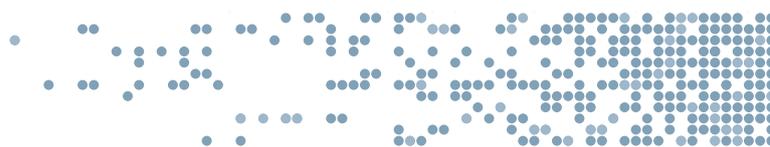
However, the community direct care workforce has a different profile. As shown in Table 2, all occupational groups increased in size. Community care workers are the largest occupational group with the 76,000 employees comprising 81.4% of the direct care workforce, which is very similar to what it was in 2007.

Table 2: Direct care employees in the community aged care workforce, by occupation: 2007 and 2012

Occupation	2007		2012	
	Numbers	Proportion (%)	Numbers	Proportion (%)
Nurse Practitioner	n/a		201	0.2
Registered Nurse	7,555	10.2	7,631	8.2
Enrolled Nurse	2,000	2.7	3,641	3.9
Community care worker	60,587	81.8	76,046	81.4
Allied Health Professional / Assistant	3,925	5.3	5,840	6.3
TOTAL	**74,067**	**100.0**	**93,359**	**100.0**

Source: Department of Health and Ageing 2013, p.72.

Overall, the workforce has personal care attendants comprising 68.3% of the residential care workforce, while community care workers comprise 81.4% of the community care workforce. Thus, care workers dominate the aged and community care sector workforce that is providing services to older Australians.

The aged care workforce:

- is predominantly female. In both residential and community sectors, males comprise 10% of the direct care workforce;

- is generally older than the national workforce. The median age for residential direct care workers is 48 years, while for community direct care workers it is 50 years;

- has a proportion born overseas of 35% in the residential aged care sector and 28% in the community care sector. Around 80% of residential care and 50% of community care facilities employed personal care attendants and community care workers who spoke a language other than English; and

- has more than 85% of direct care workers with some form of post-secondary qualification, which is above the national average. There has been a substantial increase in the proportion of personal care attendants and community care workers with Certificate IV qualifications (Department of Health and Ageing, 2013, p.xv).

In the residential aged care workforce, around two-thirds of personal care attendants have a Certificate III in Aged Care, which is considered to be the standard qualification for working in this occupation. This proportion has stayed constant since 2003. In contrast, the proportion of personal care attendants with the Certificate IV in Aged Care has steadily increased from 8% in 2003 to 20% in 2012 (Department of Health and Ageing, 2013, p.18).

In the community aged care workforce, there has been a substantial increase in the proportion of community care workers with a Certificate III or Certificate IV. In 2012, the proportion of outlets with more than 75% of community care workers with a relevant Certificate III was 40%, up from 28% in 2007. While community care workers with relevant Certificate IV qualifications are found less often, the proportion of outlets with no community care workers holding these qualifications decreased from 42% in 2007 to 30% in 2012 (Department of Health and Ageing, 2013, p.80).

Although the number of community care workers with relevant Certificate III qualifications in outlets is not as high as for personal care attendants in residential facilities, it is increasing. However, the distribution of community care workers with relevant Certificate IV qualifications is now similar to the distribution of personal care attendants with these qualifications in residential facilities (Department of Health and Ageing, 2013 p.80).

2.3 Future workforce needs

The demand for aged care workers will significantly increase over the next 40 years as a result of the rapid increase in the number of older Australians requiring care and support and a decline in the relative availability of informal carers (Productivity Commission, 2011b, p.347).

The Productivity Commission (2011a, p.xxvi) noted that:

- the number of Australians aged 85 years and over is projected to increase from 0.4 million in 2010 to 1.8 million (or some 5.1% of the population) by 2050; and
- by 2050 it is expected that over 3.5 million older Australians will access aged care services.

The Department of Health and Ageing (2013) collected information on the training needs of the current workforce, as identified by the workers, as well as employers' priorities.

In the residential aged care sector there is some difference between management and staff on the areas of priority for training, as shown in Table 3. Nevertheless, more than half of employed personal care attendants see a need for training in palliative and dementia care.

Table 3: Areas of training identified as most needed in the next 12 months in residential aged care by aged care workers and direct residential care employers: 2012

Area of training	Proportion of aged-care workers (%)	Proportion of aged-care employers (%)
Dementia training	52.8	88.3
Palliative care	50.5	73.3
Management and leadership training	19.3	17.9
Wound management	36.4	56.8
Mental Health	28.3	33.3
Allied health	9.3	15.0
Other	10.3	19.5

Source: *Department of Health and Ageing 2013, p.26.*
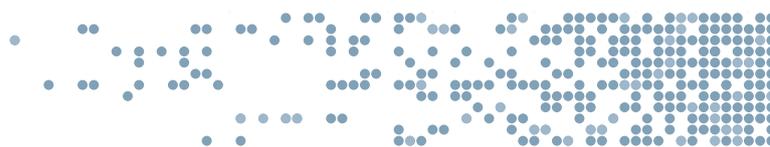
In the community aged care sector, outlets also identified areas of training most needed for community care workers. The responses indicate that for both the outlets and for community care workers the priorities are the same, with the top three areas of training being dementia training, mental health and palliative care.

Table 4: Areas of training identified as most needed in the next 12 months for the community direct care workforce, by community care workers and by community care employer outlets: 2012

Area of training	Proportion of community care workers (%)	Proportion of community care outlets (%)
Dementia training	47.9	64.1
Palliative care	28.4	21.4
Management and leadership training	23.4	16.2
Wound management	21.1	17.5
Mental Health	32.7	34.0
Allied health	12.3	7.7
Other	12.9	25.5

Source: Department of Health and Ageing 2013, p.89.

In terms of future needs, the Productivity Commission Report (2011b p.343) indicated that workforce strategies should include 'providing more training opportunities including professional development for staff, particularly those in remote locations'.

Chapter 3
Review methodology

This review is focussed on the provision of training for the Certificates III and IV in Aged Care, and on training for the Certificates III and IV in Home and Community Care.

The methodology for the review has been to:

- conduct a survey in 2012 of RTOs and that were regulated by ASQA, and that offered these aged care qualifications; and

- carry out and collate the results of 73 audits that ASQA has conducted of RTOs that offer some or all of aged and community care qualifications since the beginning of 2012. This comprises some 19.1% of RTOs (382) registered to deliver these qualifications.

3.1   The survey of providers offering aged care training

In May 2012, ASQA undertook a survey of registered training organisations it regulates that had approval to deliver aged care qualifications at the Certificate III and IV level.

The aim of the survey was to:

- provide more detailed information about the nature of aged care training delivery by RTOs that were registered with ASQA to deliver such training;

- inform the development of any audits undertaken for this national strategic review of aged care training; and

- provide survey results via its website for all stakeholders.

There is a range of qualifications delivered by RTOs for the aged care sector, including nursing, home care, allied health services and many others. There are a small number of qualifications developed specifically for the aged care sector. The most current of these in 2012 were CHC30208 and CHC30212 Certificate III in Aged Care, and CHC40108 Certificate IV in Aged Care. RTOs delivering these qualifications were targeted for the survey. However, Certificates III and IV in Home and Community Care were not included in this survey.

Of the some 2500 RTOs regulated by ASQA in May 2012, 279 had one or both of the specific aged care qualifications within their scope of registration. All 279 RTOs were notified about the survey and required to complete an online questionnaire within 14 days. Of this number, 227 RTOs submitted a survey response - an overall response rate of 81.3%. The type of RTOs surveyed, together with response rates to the survey, are shown in Table 5.

Table 5: The number and type of RTOs surveyed

	Total	TAFE	Private Business	Community	Industry Association	Others
Contacted	279	34	155	56	14	20
Withdrawn*	13	0	8	2	1	2
No Response	39	7	23	5	0	4
Responses	227	27	124	49	13	14
Response rate (%)	81.3	79.4	80.0	87.5	92.8	70

*Source: ASQA, 2012. *RTOs granted approval to withdraw from the survey included those who had no enrolments in aged care, or had recently applied to withdraw aged care qualifications from their scope of registration.*

Information on the aged care courses offered, the location of delivery, the mode of delivery and data on enrolments and completions, was provided by RTOs in this survey. In addition to this survey, further information about the number of certificates that were issued by RTOs was sought in March 2013 from RTOs offering Certificates III and IV in Aged Care and Certificates III and IV in Home and Community Care. A request for this information was sent to the 382 RTOs that ASQA regulates that were registered to provide these qualifications in March 2013. Some 282 (73.8%) of these responded.

3.2   Audits of RTOs offering aged and community care training

The core aspect of this review has been to carry out audits of RTOs providing aged and community care training to test the level of compliance with required national standards for training. These standards are the *Standards for NVR Registered Training Organisations 2012* and are referred to as the standards, or NVR standards.

Essential standards for the continuing registration of an RTO relate to:

- the quality of training and assessment provided by the RTO (Standard 15);
- adhering to principles of access and equity to maximise trainee outcomes (Standard 16);
- RTO management systems that are responsive to client, staff and stakeholder needs (Standard 17);
- appropriate governance arrangements (Standard 18);
- appropriate interactions with ASQA as the National VET Regulator (Standard 19);
- compliance with legislation (Standard 20);
- adequate insurance (Standard 21);
- proper financial management (Standard 22);
- appropriate arrangements for issuing and recognising VET qualifications and statements of attainment (Standard 23);
- the accuracy and integrity of marketing material put out by the RTO (Standard 24); and
- the transition of courses to new training package requirements (Standard 25).

RTOs must be compliant at all times with these standards, to fulfil the requirements for registration as a training provider. RTOs are required to renew their registration every five years. Applications for renewal are risk assessed, and, for most, the process will also involve an audit of their compliance against all the standards required for continuing registration. Moreover, all RTOs that have only recently been registered for the first time will have a compliance audit after 12 months of operation. In addition, ASQA can require a compliance monitoring audit of an RTO at any time during the registration cycle, irrespective of whether or not they have submitted an application for registration renewal to ASQA.

As part of its ongoing regulatory activity, ASQA undertook re-registration audits of some 53 existing RTOs that have the Certificates III or IV in Aged Care as part of their scope of registration, over the period 1 January 2012 to 31 March 2013. The results and findings from these audits have been used in this national review.

Excluded from this review are audits that ASQA has undertaken for:

- initial registration as an RTO where the applicant was seeking to establish a new RTO that would have the Certificate III and/or the Certificate IV in Aged Care on its scope of registration; or

- an existing RTO that is seeking to add the Certificates III or IV in Aged Care to its scope of registration.

These RTOs were excluded from this review because the focus of the review was on how training and assessment is actually being delivered. The excluded RTOs were applying to deliver the training.

In addition, an audit of a further 20 RTOs that were randomly selected, was undertaken for the purposes of this national strategic review. These 20 RTOs were selected within each state and territory, with the number in each jurisdiction proportional to the number of RTOs in that jurisdiction delivering the qualifications of interest for this review.

The location of the RTOs audited through both registration and random audits is shown in Figure 2.

Figure 2: Location of RTOs audited

	Number of Audit Types	
	Re-registration	Random
● ACT	2	1
● NSW	21	5
● NT	0	1
● QLD	5	5
● SA	4	2
● TAS	1	1
● VIC	14	4
● WA	6	1
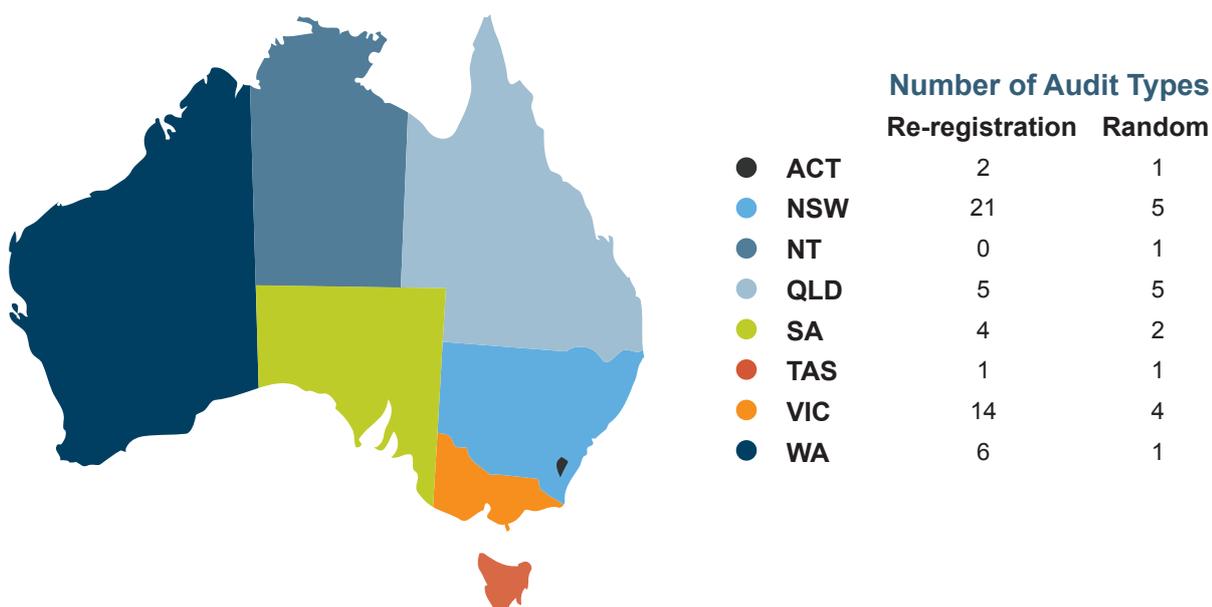
Source: ASQA, 2012.
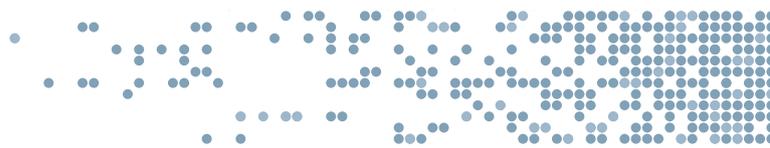
The qualifications selected for the random sampled audits were extended to include a random sample of all ASQA-regulated RTOs offering:

- CHC30208 Certificate III in Aged Care;
- CHC30212 Certificate III in Aged Care;
- CHC30308 Certificate III in Home and Community Care;
- CHC30312 Certificate III in Home and Community Care;
- CHC40108 Certificate IV in Aged Care[5];
- CHC40208 Certificate IV in Home and Community Care; and
- CHC40212 Certificate IV in Home and Community Care.

The units selected for sampling at audit also specifically included:

- CHCCS305C Assist clients with medication;
- CHCICS301B Provide support to meet personal care needs; and
- CHCAC416A Facilitate support responsive to the specific nature of dementia.

Some 20 random audits were also included in the review to give an indication of compliance among all RTOs offering the Certificates III and IV in Aged Care and the Certificates III and IV in Home and Community Care, and not just the ones that had been risk assessed by ASQA as requiring an audit following their submission of a registration-renewal application, or if ASQA had reason to require a compliance audit. This was intended to give a truer picture of overall compliance among all RTOs.

These random audits were also focussed on a specific subset of the standard that particularly relates to training delivery and assessment (Standard 15), and that was particularly relevant to issues that were raised by the Productivity Commission in its report, *Caring for Older Australians*, namely:

- the strategies for training and assessment, including the student target group; whether the program is delivered in the workplace or classroom or in some other way; the duration of the program; and whether strategies were developed through *effective consultation with industry* (Standard 15.2);
- the staff, facilities, equipment and training and assessment materials the RTO uses to deliver the program (Standard 15.3);
- the qualifications of trainers and assessors, including their industry experience and vocational competence (Standard 15.4);
- assessment material to be used by the RTO to determine student competence (Standard 15.5);
- whether the RTO provided clear information to learners prior to enrolment (Standard 16.3); and
- how employers were involved in assisting with training and assessment of learners (Standard 16.4).

In addition, the review looked at how workplace training and assessment (if any) was organised. Provision of workplace training was a concern for those who made submissions to the Productivity Commission.

Through contact with the 20 randomly sampled RTOs, the strategic review team has also been able to consult employers, students, trainers and the RTO management, to gather ideas and concerns on how training and assessment could be improved. This has been of considerable value to the review.

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5   Note that the change from the 2008 qualifications and the 2012 qualifications was as a result of the upgrade to occupational health and safety legislation. Specific units of competency were upgraded to remove references to old occupational health and safety legislation and replaced with references to new work health and safety legislation. Qualifications were updated with the core work health and safety unit; but had equivalent vocational outcome.
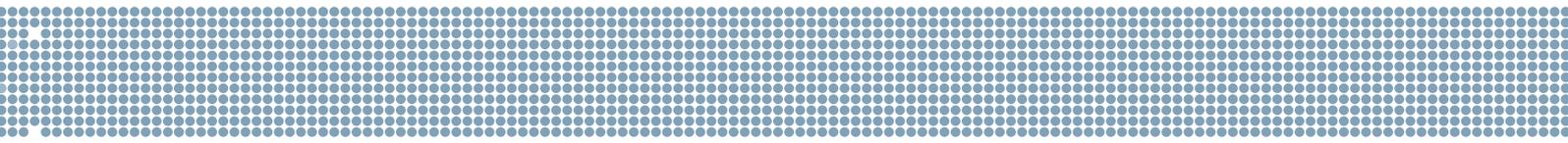
Any audit undertaken by ASQA is seeking to find evidence of compliance by the RTO with the *Standards for NVR Registered Training Organisations 2012*. These standards require RTOs to ensure that training and assessment meets the requirements of industry. The RTO is responsible for providing evidence of compliance, and is informed that the auditor will identify any areas of non-compliance in a report, termed the 'site report'. Following receipt of this report the RTO has a period of time in which to provide additional evidence demonstrating compliance. This is known as 'rectification evidence'.

The outcomes of the evidence of compliance and any non-compliance, from the site reports for all RTOs audited (audits conducted by ASQA in the course of its usual regulatory activities and random sampled audits conducted specifically for this review), have been collated for this strategic review. This focus on the initial level of compliance or non-compliance reflects the training and assessment as it was at the time of the audit. RTOs have an opportunity to rectify areas of non-compliance, and many are able to do so.

The audit methodology for the randomly sampled RTOs followed an evidence-based process[6]. In addition, the strategic review included the following for the randomly selected RTOs:

- Comments: A sample of students, employers and trainers, were asked to provide input to the review on what they liked, didn't like and would change about any aspect of training and assessment. These comments have been included in Chapter 5.

- Characteristics: Information was collected from RTOs wherever possible on factors such as number of enrolled students, type of funding, RTO location and program duration. These characteristics are provided in Chapter 4, *Training in the aged and community care industry*.

- Units selected for sampling: Units of competency include *Required Skills and Knowledge*, and *Critical Aspects for Assessment*, and evidence required to demonstrate this unit of competency. The units of competency selected for the sample specifically required at least some assessment to be in a workplace. The selection of the same units of competency (mostly core units across all the qualifications) allowed a consistent application of auditor expertise to the evidence.

Under the *National Vocational Education and Training Regulator Act 2011*, RTOs are required to comply with the requirements of the Australian Qualifications Framework. The volume of learning, as specified in the Australian Qualifications Framework (2013), is defined as follows:

> The volume of learning is a dimension of the complexity of a qualification. It is used with the level, criteria and qualification type descriptor to determine the depth and breadth of the learning outcomes of a qualification. The volume of learning identifies the notional duration of all activities required for the achievement of the learning outcomes specified for a particular AQF qualification. It is expressed in equivalent full-time years.

The volume of learning noted in the Australian Qualifications Framework for a Certificate III is typically one to two years, and for a Certificate IV typically six months to two years (Australian Qualifications Framework Council 2013b, pp.33-36).

It is generally understood that the length of a program relates to the target group, for example a Certificate III delivered to a group of existing workers may reasonably be shorter than the same qualification delivered to young school leavers.

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6   In order to strengthen a consistent auditor approach, the same two Lead Auditors conducted 19 of the 20 audits.
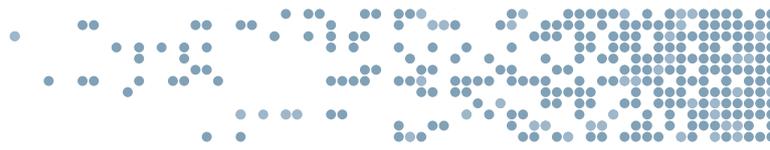
The following quote is from the Australian Qualifications Framework *Volume of learning explanation – Australian Qualifications Framework Council (2013b)*:

> It would be usual for the maximum volume of learning to be allocated to qualifications designed for:
>
> • building on a previous qualification in a different discipline regardless of the level of the previous qualification
>
> • those that build on a qualification from any lower level, and
>
> • those that require workplace, clinical or professional practice.

The Australian Qualifications Framework Council (2013b) provides advice regarding volume of learning: that '*the generally accepted length of a full time year, used for educational participation, is 1200 hours*. It notes that:

> *The volume of learning allocated to a qualification should include all teaching, learning and assessment activities that are required to be undertaken by the typical student to achieve the learning outcomes. These activities may include some or all of the following: guided learning (such as classes, lectures, tutorials, online study or self-paced study guides), individual study, research, learning activities in the workplace and assessment activities'.*

Therefore, it can be assumed that a Certificate III should include between 1200 hours to 2400 hours of student effort. This notion of student or learning effort is noted in the recent VET Quality Project report, conducted for: the Industry Skills Councils; the National Standards Council; and the then Department of Industry Innovation, Science, Research and Tertiary Education. In this report it was stated that:

> *Volume of learning in the VET sector is the range of hours for learners to achieve the learning outcomes of a unit of competency or a qualification having regard to the characteristics of the learner … and the mode of delivery.* (Noonan et al 2013, p 14)

The volume of learning has also been examined in the audits of the 20 randomly sampled RTOs. A summary of program duration is provided in Table 22, page 42.

Chapter 4
Training in the aged and community care industry

4.1   The number of providers offering aged care and community care training

In Australia, some 472 providers are registered on the www.training.gov.au website to provide aged and community care qualifications, that is the:

- Certificate III in Aged Care;

- Certificate IV in Aged Care;

- Certificate III in Home and Community Care; and

- Certificate IV in Home and Community Care.

Of these providers, 382 are regulated by ASQA, while 67 are regulated by the Victorian Registration and Qualifications Authority (VRQA) and 23 providers are regulated by the Training and Accreditation Council of Western Australia, as shown in Table 6. These numbers vary as RTOs change their registration to add or remove qualifications. The numbers for the RTOs regulated by the Victorian Registration and Qualifications Authority and the Training and Accreditation Council (TAC) of Western Australia are indicative only.

Table 6: RTOs delivering aged and community care training, 2012

VET Regulator	Number of providers	Proportion of Providers (%)
ASQA – national	382	80.9
VRQA – Victoria	67	14.2
TAC – Western Australia	23	4.9
TOTAL	**472**	**100.0**

Source: www.training.gov.au, 2012.

A total of 382 ASQA-regulated RTOs offer Certificates III and/or IV in Aged Care and Certificates III and/or IV in Home and Community Care. Many RTOs are currently moving to offer the 2012 release of CHC08 qualifications where these are available. Hence the number of RTOs offering CHC30208 Certificate III in Aged Care and/or CHC30308 Certificate III in Home and Community Care, will include some that have already added the 2012 qualifications to their registration, as well as some who have not yet added the 2012 qualifications to their registration.
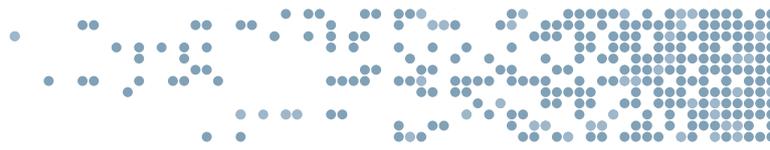
- 328 offer CHC30208 Certificate III in Aged Care;
- 285 offer CHC30212 Certificate III in Aged Care;
- 244 offer CHC40108 Certificate IV in Aged Care;
- 222 offer CHC30308 Certificate III in Home and Community Care;
- 195 offer CHC30312 Certificate III in Home and Community Care; and
- 83 offer the Certificate IV in Home and Community Care.

The most common qualification offered by RTOs is the Certificate III in Aged Care. It is offered by 85.9% of all the RTOs (ASQA regulated) who offer aged and community care qualifications at the Certificate III and IV levels.

The number of ASQA regulated RTOs offering aged and community care qualifications in 2012 is shown in Figure 3.

Figure 3: ASQA regulated RTOs offering Certificates III and/or IV in Aged Care and Certificates III and/or IV in Home and Community Care
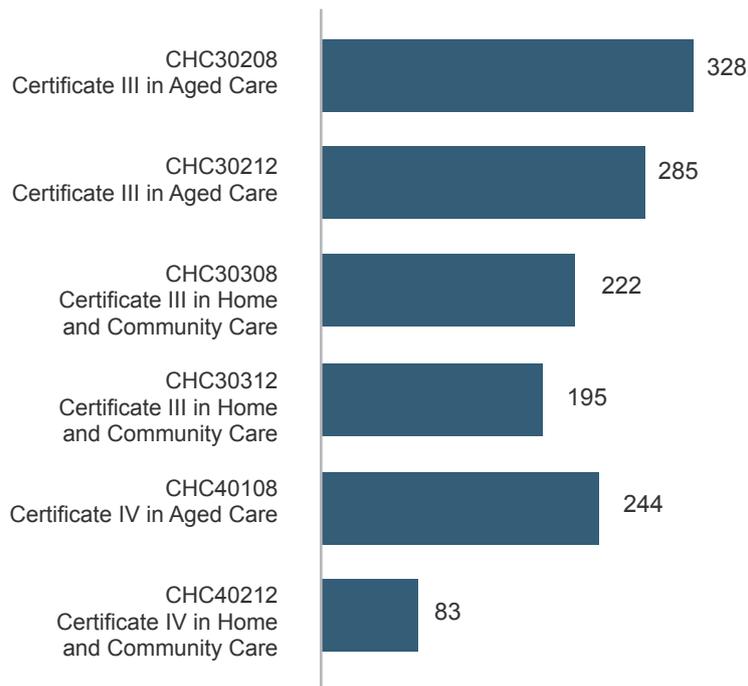
Source: www.training.gov.au, 2012.

A similar proportion of Victorian and Western Australian regulated RTOs deliver aged care as against home and community care qualifications, as shown in Figures 4 and 5.

Figure 4: Victorian Registration and Qualifications Authority regulated RTOs offering Certificates III and/or IV in Aged Care and Certificates III and/or IV in Home and Community Care

CHC30208
Certificate III in Aged Care — 68

CHC30212
Certificate III in Aged Care — 67

CHC30308
Certificate III in Home
and Community Care — 52

CHC30312
Certificate III in Home
and Community Care — 56

CHC40108
Certificate IV in Aged Care — 37

CHC40208
Certificate IV in Home
and Community Care — 6

CHC40212
Certificate IV in Home
and Community Care — 8
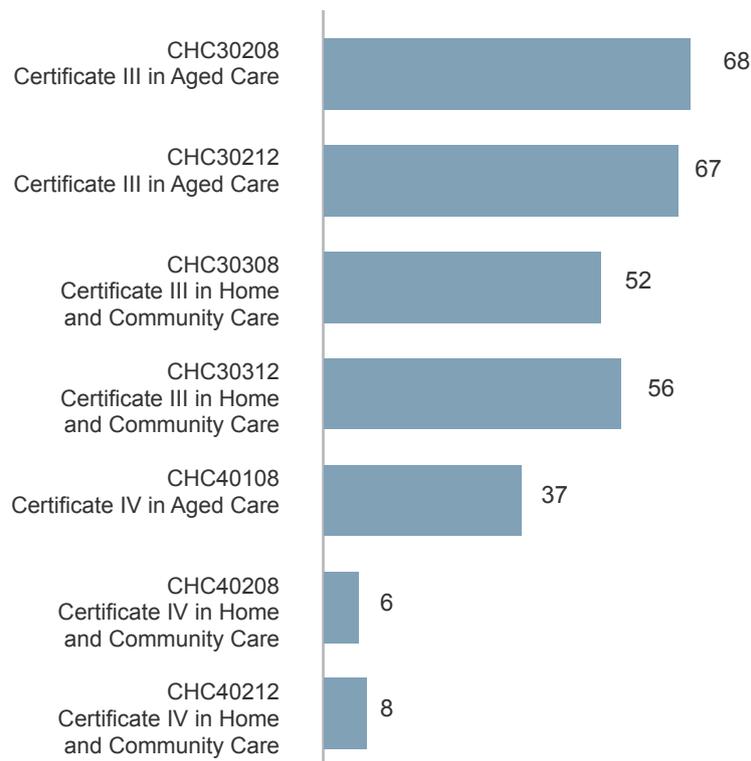
Source: www.training.gov.au, 2012.
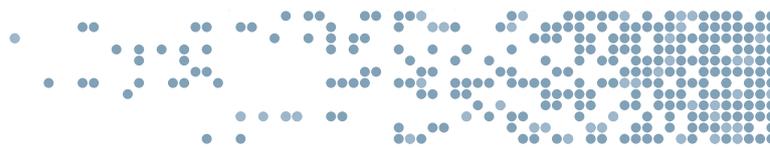
Figure 5: Western Australian Training Accreditation Council regulated RTOs offering Certificates III and/or IV in Aged Care and Certificates III and/or IV in Home and Community Care
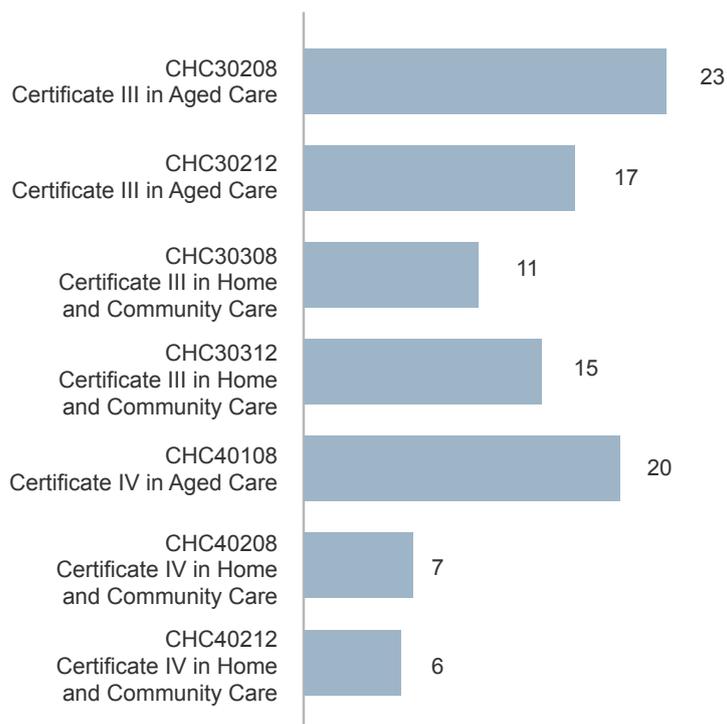
Source: www.training.gov.au, 2012.

The RTOs offering aged and community care qualifications (that are regulated by ASQA), are spread across Australia, as shown in Table 7.

Table 7: ASQA regulated RTOs that offer one or more of the Certificates III and IV in Aged and Community Care

State or Territory	Number	Proportion (%)
Australian Capital Territory	8	2.1
New South Wales	120	31.4
Northern Territory	5	1.3
Queensland	97	25.4
South Australia	30	7.9
Tasmania	13	3.4
Victoria	102	26.7
Western Australia	7	1.8
TOTAL	382	100.0

Source: www.training.gov.au, 2012.

A number of ASQA regulated RTOs also deliver aged and/or community care qualifications to overseas students. Approval for this delivery requires a separate application from RTOs, as there are specific requirements under the *Education Services for Overseas Students Act 2000*. The numbers of RTOs delivering these qualifications to overseas students is indicated in Figure 6.

Figure 6: ASQA regulated RTOs that deliver aged and community care qualifications to overseas students
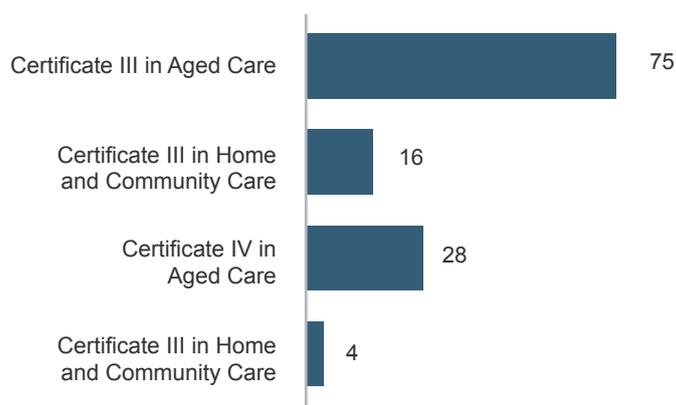
Source: Commonwealth Register for Institutions and Courses for Overseas Students, 2012.

Many of the RTOs delivering the aged and community care qualifications to overseas students also deliver qualifications to these students from different VET industry areas. Industry areas are specified within each training package qualification and are defined by the Australian Standard of Classification of Education[7], and are shown in Figure 7.

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7   Available at www.abs.gov.au.
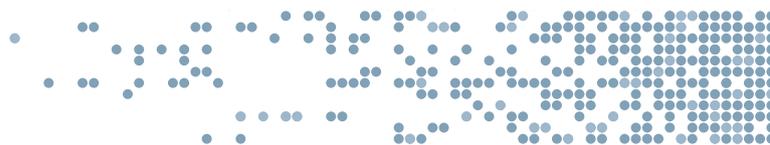
Figure 7: Number of ASQA regulated RTOs delivering qualifications to overseas students from the Community Services Training Package, by qualification

Qualification	Number
Advanced Dip of Children's Services	2
Dip of Community Services Coordination	1
Dip of Youth Work	3
Dip Community development	1
Dip of Education Support	2
Dip of Children's Services (Outside school hours care)	1
Dip Community Development	2
Dip of Children's Services (Early childhood education and care)	31
Dip of Community Services and Work	34
Dip of Leisure and Health	2
Dip of Youth Work	1
Dip of Community Services (Alcohol and other drugs and mental health)	2
Dip of Children's Services	4
Dip of Community Services (Alcohol and other drugs)	1
Dip of Disability	4
Cert IV in Youth Work	5
Cert IV in Community in Education Support	2
Cert IV in Children's Services (Outside school hours care)	2
Cert IV Community Development	1
Cert IV Community Services Work	7
Cert IV Leisure and Health	1
Cert IV in Mental Health	1
Cert IV in Alcohol and other drugs	2
Cert IV in Disability	7
Cert IV in Home and Community Care	4
Cert IV in Aged Care	28
Cert III in Education Support	1
Cert III in Children's Services	41
Cert III in Disability	4
Cert III in Home and Community Care	15
Cert III in Aged Care	76
Cert III in Community Services Work	8

Source: Commonwealth Register for Institutions and Courses for Overseas Students, 2013.

4.2 The national training effort in aged and community care

Much of the delivery of aged and community care programs is funded by state or territory governments. The number of completions of aged and community care certificates in publicly funded programs only, for 2009-2011, is shown in Table 8. Publicly funded programs refer to those for which government (state or federal) has provided some or all of the cost of the program. The qualifications delivered include those from the CHC02 and CHC08 Training Packages.

Table 8: The number of completions in publicly funded aged and community care programs, Australia, 2009-2011

Qualification	Year		
	2009	2010	2011
Certificate III in Aged Care	10,484	10,493	9,642
Certificate IV in Aged Care	1,005	1,242	1,445
Certificate III in Home and Community Care	2,818	2,870	3,165
Certificate IV in Home and Community Care	21	220	410
TOTAL	**14,328**	**14,825**	**14,662**

Source: National Centre for Vocation Education Research, 2013.

The total number of completions from publicly funded training programs in aged and community care has risen slightly since 2009, to reach 14,662 in 2011. Since 2009, there has been a slight decline in the number of completions from publicly funded aged care training programs in the Certificate III in Aged Care. Over this period there has been significant growth in completions for the Certificate IV in Aged Care (from a much lower base); while there has been a slight increase in the completions for Certificate III in Home and Community Care. Completions in the Certificate IV in Home and Community Care have grown rapidly since 2009 from a very low base.

The Certificate III in Aged Care accounts for some 65.8% of the aged and community care qualifications issued by providers of publicly funded training in 2011, as shown in Table 9. Some 9.8% of the completions were in the Certificate IV in Aged Care. Only 24.4% were in the Certificates III or IV in Home and Community Care.
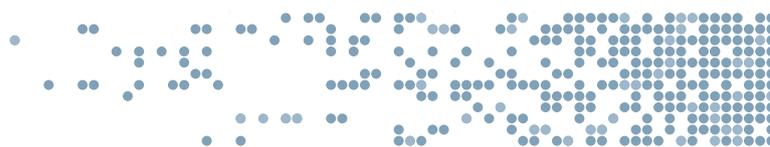
Table 9: Completions in publicly funded Certificates III and IV in Aged and Certificates III and IV in Home and Community Care, Australia, 2009-2011

Qualification	NSW	QLD	VIC	TAS	NT	WA	ACT	SA	TOTAL	
									Number	Proportion (%)
Cert III Aged Care	2,511	1,995	2,880	347	54	834	154	867	9,642	65.8
Cert IV Aged Care	783	28	350	21	3	176	35	49	1,445	9.8
Cert III Home & Community Care	379	418	1,656	251	17	173	19	252	3,165	21.6
Cert IV Home & Community Care	263	13	38	9	2	18	3	64	410	2.8
Total	3,936	2,454	4,924	628	76	1,201	211	1,232	14,662	100.0

Source: National Centre for Vocational Education and Research, 2013.

As part of this review, all 382 ASQA regulated RTOs were asked to provide data on how many certificates were issued in 2012, in each jurisdiction, and for each of the aged care and community care qualifications included in the review. Of the 382 RTOs that had these relevant qualifications on scope, 282 RTOs responded. This data[8] is shown in Table 10, and includes the number of certificates issued by both public and private RTOs that responded to the ASQA survey.

Table 10: The number of Certificates III and IV in Aged and Home and Community Care issued by ASQA regulated RTOs, 2012

Qualification	NSW	QLD	VIC	TAS	NT	WA	ACT	SA	TOTAL	
									Number	Proportion (%)
Certificate III in Aged Care	5,648	3,639	2,322	89	25	255	401	1,708	14,087	69.7
Certificate IV in Aged Care	1,835	194	332	51	24	46	104	17	2,603	12.9
Certificate III in Home and Community Care	775	645	1,708	5	13	16	116	208	3,486	17.3
Certificate IV in Home and Community Care	7	22	0	0	0	0	0	0	29	0.1
Total	8,265	4,500	4,362	145	62	317	621	1,933	20,205	100.0

Source: ASQA, Survey, 2013.

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8   As the competency outcomes are the same, data for CHC30208 and 30212 Certificates III in Aged Care and CHC30308 and CHC30312 Certificates III in Home and Community Care has been amalgamated.

As shown in Table 10, there were 20,205 completions in these qualifications in 2012, compared with 14,662 publicly funded completions in 2011. Moreover, nearly 70% of completions from public and private RTOs in aged and community care in 2012 were for the Certificate III in Aged Care. Only 17.4% of the qualifications completed were for home and community care qualifications (Table 10).

4.3   Characteristics of aged care training provision

As mentioned in Chapter 3, ASQA undertook a survey of ASQA regulated providers of aged care qualifications in May 2012, in order to get more information about the provision of aged care training.

This survey was focussed on RTOs delivering the Certificates III and/or IV in Aged Care.

Of the 279 RTOs that offered such training:

- 60.6% were private commercial RTOs;
- 12.3% were Technical and Further Education Institutes (TAFEs);
- 16.5% were community based RTOs;
- 4.2% were industry associations or were enterprise RTOs; and
- 6.4% were other providers.

This distribution is shown in Figure 8.

Figure 8: Type of RTOs delivering aged care qualifications, 2012
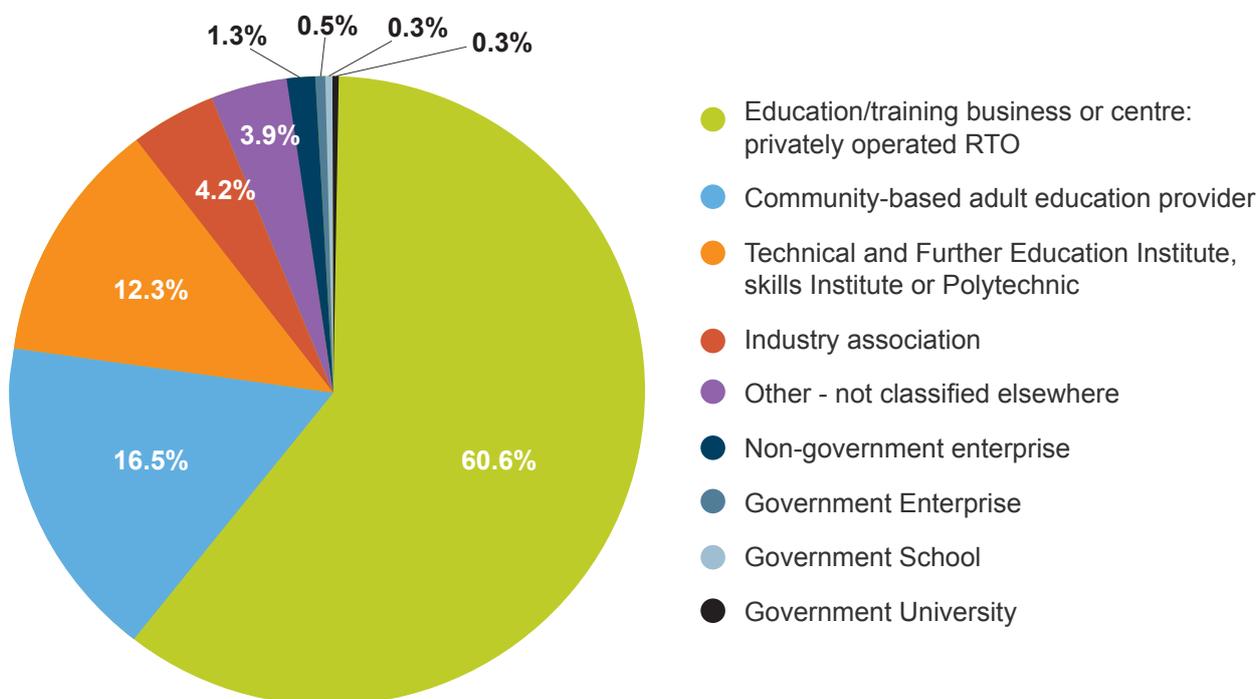
Source: ASQAnet, 2013.

Of the 227 RTOs that responded to the survey the following characteristics were noted:

- all respondents delivered the Certificate III in Aged Care and 157 delivered the Certificate IV in Aged Care;

- there were 20,112 reported enrolments in 2012;

- the majority have a significant level of experience delivering aged care training while only just 20% have been delivering for less than 2 years;

- training is generally delivered locally. 72% of RTOs deliver within a single state or territory and 28% deliver within one local government area;

- the predominant training methodology is trainer-facilitated classroom training, with over 60% reported all or more than half the program was delivered by this method. In addition, 80% reported skills were assessed in a mix of simulated and actual aged care facility workplaces;

- 66% delivered other qualifications to the aged care sector that were predominantly home care, disability services, business management, food handling; and

- enrolment levels largely remained the same between 2011 and 2012, but 85% plan to increase enrolments over next three years.

Of these 227 RTOs, the following training delivery characteristics were reported:

- partnership arrangements: 21% of RTOs reported partnership arrangements in place. Such arrangements could include another organisation delivering part or all of the training and assessment required, with the RTO retaining responsibility for the quality of the program;

- skills assessments in a simulated workplace: 51% of RTOs reported that about half or more than half of skills assessments were carried out in simulated workplace environments; and

- industry participation: 20% of RTOs reported that their courses had not been reviewed by industry for more than 12 months; over 70% reported that review by industry was an informal (unstructured) process. Further detail on the importance of industry consultation is provided in Chapter 5.

These RTOs reported 20,112 enrolments in the Certificates III and IV in Aged Care. The distribution of these enrolments is shown in Table 11.

Table 11: Enrolments in aged care training in 2012

State/Territory	Certificate III	Certificate IV	All enrolments	Average per RTO
ACT	329	73	402	45
NSW	7,978	2,758	10,736	111
NT	116	21	137	34
SA	2,139	223	2,362	84
TAS	595	129	724	91
VIC	4,244	1,205	5,449	75
WA	199	103	302	50
Total	**15,600**	**4,512**	**20,112**	**89**

Source: ASQA, Survey, May 2012.
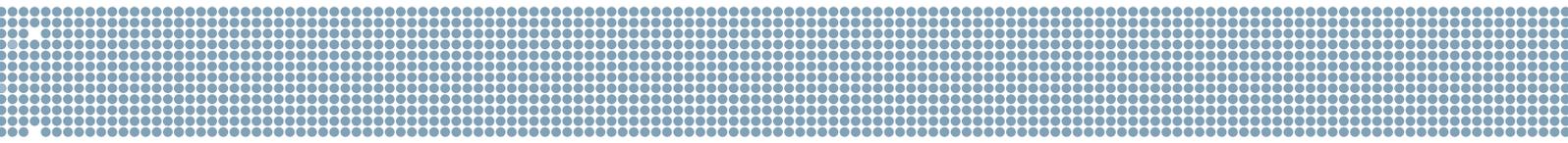
The characteristics of these students were consistent with the information provided in the Productivity Commission report. For example the student cohort:

- was consistently older: 78% were over 25 years of age, 31% were over 45 years of age;

- had low numbers in apprenticeship/traineeships - 9% compared with a national average of 19.7% for all VET enrolments[9];

- had a significant number from a non-English language background - 22% compared with national average of 15% for all VET students;

- had high levels of employment, 63% employed, 46% already employed in aged care; and

- had a low level of previous qualifications, 22% with none, 30% with a senior secondary certificate and a further 32% with a Certificate I, II, or III qualification, as their highest prior qualification.

4.4 Emerging issues

A number of concerns about the quality of vocational education and training in the aged care sector have been raised in recent times.

Lower uptake of community care qualifications

A number of care workers interviewed for the Department of Health and Ageing, identified the issue of access to home and community care programs as being a problem. An emergent theme was the *variation in the quality and accessibility of training; with community direct care workers finding access to and the relevance of training particularly problematic because of its emphasis on the provision of care in residential facilities* (Department of Health and Ageing, 2013, p.164).

Opinions from those interviewed during the random audits conducted by ASQA as to why the uptake rate of the Certificate III in Home and Community Care is so low, included:

- the difficulties of doing work experience, given the one-to-one nature of visits to the elderly, and issues such as privacy. *The home and community care course was difficult because I couldn't do showering because of privacy*;

- the preference of employers (even those in community services) for the aged care qualification. *Even though I was working in home and community care, the employer preferred the aged care course*;

- the travel involved (to visit individual clients) and its costs;

- the transferability of the aged care qualification, perceived to widen employment options;

- *I wanted to do the community service course but it wasn't available*;

- *I would have preferred a home and community care course but there wasn't government funding for that*; and

- comments by an RTO that it was *more difficult to find work placements for home and community care students*.

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9   Note national average data used above is from 2011 National Centre for Vocational Education and Research report: Australian vocational education and training statistics: Students and courses 2010 - publicly funded training providers.
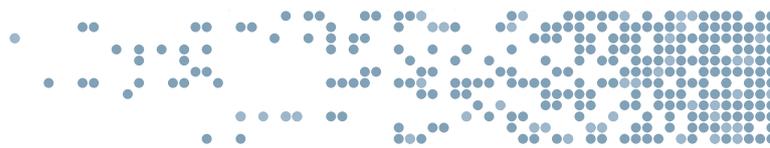
The quality of training

The Productivity Commission (2011b, p.347), noted that 'while the delivery of many training courses is of high quality, there are some registered training organisations that are not delivering accredited courses to the standard required and there is a need to review the content and delivery of vocational education and training courses'.

The Productivity Commission (2011b) identified a number of key factors directly concerned with quality of the training of the aged and community care workforce. These included:

- the quality and variability of training provided to prepare aged and community care workers;
- the vastly different durations of training provided for the same qualification by different registered training organisations;
- whether sufficient amounts of practical on-the-job training was being provided;
- whether trainers and assessors possessed current industry experience; and
- whether aged and community care training was being regulated effectively.

The amount of training

Some submissions to the Productivity Commission's review of aged care criticised training programs that were too short, ranging in time from a *couple of weeks to six months full-time*. Others were concerned that courses had little or no practical experience. The Productivity Commission itself asked ... *why there is such a large variability in course delivery*. (Productivity Commission 2011b, pp.377-8)

In addition, the Community Services and Health Industry Skills Council (2013, p.29) in its Environmental Scan 2013 summarised the industry view on current training:

Less than two-thirds of respondents [to the survey] … were satisfied with the quality of the training currently provided to students and existing workers. The most commonly raised concerns were: the speed with which some providers are graduating students, which may compromise quality training; capacity of e-learning and simulated learning environments to substitute for a workplace setting.

The Community Services and Health Industry Skills Council has stated that: *Currently there is no requirement in training packages for a mandatory set number of training hours as it goes against the competency based approach … This is a contentious issue and further discussion is needed to identify the implications and risks.* (Community Services and Health Industry Skills Council 2013, p.31).

The recommended volume of learning for Certificate III programs was discussed in Chapter 3.

Many stakeholders in the aged and community care sector have raised the issue that, in their view, some training programs on offer are simply too short to ensure that participants are gaining the skills and competencies that are required by the training package.

There have also been concerns raised with the number of hours of work placement or clinical placement for the aged care and community care programs.

The importance of work placement

The Community Services and Health Industry Skills Council is currently revising the training package, and a draft version is now available. The qualification title proposed is the *Certificate III in Individual Support Work*, and it includes a mandatory requirement of at least 120 hours of direct client contact work (Community Services and Health Industry Skills Council 2013).

This inclusion into the revised training package is in response to stakeholder commitment to the importance of *work placements as an essential part of workforce development*. The Environmental Scan quotes one RTO: *There needs to be a mandatory set number of hours of workplace experience …* (Community Services and Health Industry Skills Council 2013, p.38).

However, the notion of ensuring that the work placement is about structured work-based learning is not expressed in the Community Services and Health Industry Skills Council Environmental Scan 2013 or in the revised draft training package. The draft training package refers to 'direct client contact work'[10] but does not emphasise the importance of structured learning, practice and consolidation of skills and knowledge in the notion 'direct client contact work' (Community Services and Health Industry Skills Council 2013, p.1).

In addition, the current *Standards for NVR Registered Training Organisations 2012* refer to:

Employers and other parties who contribute to each learner's training and assessment are engaged in the development, delivery and monitoring of training and assessment (Standard 16.4*);*

and

Learners receive training, assessment and support services that meet their individual needs (Standard 16.5*).*

English language skills

Australia's population in 2012 was estimated to comprise 27% of people born overseas. Between 2007 and 2012 the percentage of residential care workers born overseas in a non-English speaking country increased from 10.3% to 13.3%, and from 7.2% to 7.6% in the community care workforce. The length of time workers (from a non-English speaking background) in the 'personal or community care' category have spent in Australia is shown in Table 12. Workers in this category are the ones who would usually complete a Certificate III in Aged or Home and Community Care.

Table 12: Years in Australia for aged and community care workers from a 'language other than English' background

Personal/community care workers	Proportion of time in Australia (%)				Total (%)
	0-2 years	3-5 years	6-10 years	More than 10 years	
Aged care	15.1	23.7	11.7	49.5	100.0
Community care	4.7	8.8	9.6	76.9	100.0

Source: Department of Health and Ageing 2013, p.15, p.78.

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10   *CHCCCS3xx Provide client support* page 1.
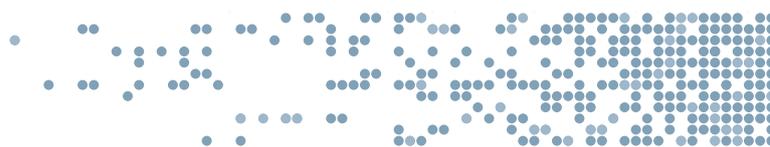
Linguistic diversity in a workplace is to be expected in Australia and can have many benefits, for example in aged care it may mean being able to converse more comfortably with older migrants living in facilities. On the other hand it may also bring challenges in constructing workplaces that are respectful of cultural and linguistic differences. (Department of Health and Ageing, 2013, p.46).

Employers in the aged and community care sector were asked to nominate any issues with employing people from non-English speaking backgrounds, and not surprisingly, communication was the commonly identified area. The percentage of employers in both residential aged care and community care, nominating specific areas of concern, with employment of people speaking a language other than English, as shown in Table 13.

Table 13: Stated difficulties in employing people speaking a language other than English

Areas of concern	Proportion of residential aged care providers (%)	Proportion of community care employers (%)
Occupational health & safety	40.1	41.9
Communication with staff	72.6	68.3
Communication with residents	87.4	64.0
Communication with residents' families	73.9	43.0
Other – written communication	7.6	10.6

Source: Department of Health and Ageing 2013, p.49, p.112.

Many stakeholders who made submissions to the Productivity Commission were supportive of people from non-English speaking backgrounds and their contribution to the aged care workforce. However, some of the issues noted in these submissions as concerns were:

•   *'people with very poor English skills have obtained a Certificate III'* [11]*;* and

•   students cannot find work *because they have no experience, skills … and not even basic English*[12]*.*

The Department of Health and Ageing (2013) also noted that poor English skills were a disincentive to people from non-English speaking backgrounds participating in aged care training.

This chapter has identified as an emerging issue the need to consider the duration of aged and community care training. Where learners enrolling in aged and community care training speak a language other than English, their need for support to achieve the requisite competencies in communication skills needs to be factored in to learning and assessment strategies, including the duration or volume of learning measure.

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11   From submission 119 to the Productivity Commission (2011).
12   Ibid from submission 535.

Chapter 5
Compliance with the required training standards

5.1   Overall levels of compliance and non-compliance with the standards

The findings of the strategic review reflect the audits of 73 RTOs conducted by ASQA between 1 January 2012 and 31 March 2013.

As outlined earlier in Chapter 3, there were two types of audits conducted by ASQA for this review. First were 53 re-registration audits conducted of RTOs that had aged and community care training on their scope, usually triggered by an application from an RTO, and second were 20 audits conducted specifically for this review, with the RTOs being randomly selected in proportion to the number of RTOs delivering the targeted qualifications within each state and territory.

The number of RTOs delivering the aged and community care qualifications being examined in this review, the number of re-registration audits and the number of audits conducted specifically for this review are shown in Table 14, together with a breakdown of such RTOs in each state and territory. The total number of RTOs audited represents 19.1% of the number of ASQA regulated RTOs approved to deliver the qualifications.

Table 14: Summary of RTOs delivering qualifications and those audited

Jurisdiction	Total number of RTOs approved to deliver these qualifications	Re-registration audits, 1 Jan 2012 to 31 March 2013	Audits conducted specifically for this Review Feb-April 2013	Total number of audits	Proportion – all RTOs in jurisdiction (%)
ACT	8	2	1	3	37.5
NSW	120	21	5	26	21.7
NT	5	0	1	1	20.0
QLD	97	6	5	11	11.3
SA	30	4	2	6	20.0
TAS	13	1	1	2	15.4
VIC	102	14	4	18	17.6
WA	7	5	1	6	85.7
TOTAL	**382**	**53**	**20**	**73**	**19.1**

Source: ASQA, 2013.
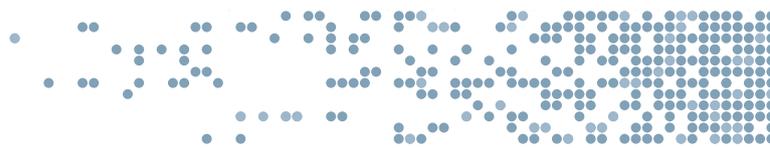
The overall levels of compliance with the national standards for RTOs of these 73 audits are shown in Table 15. Some 87.7% of RTOs were found to be not compliant with at least one standard at the initial site audit. There was a similar level of compliance between the 53 RTOs audited as part of ASQA's usual re-registration activities and those that were part of the 20 randomly selected RTOs specifically audited for this review. The figures are based on the level of compliance as a result of the initial site audit of the organisation. Some 86.8% of the RTOs re-registration audits were not compliant with at least one standard at the initial audit, while 90% of random audits revealed non-compliance with at least one standard at the initial audit.

Table 15: Initial levels of RTO compliance at the initial audit

Audits	Total # RTOs	Number Compliant	Proportion compliant (%)	Number not compliant	Proportion not compliant (%)
Registration audits	53	7	13.2	46	86.8
Random Sample audits	20	2	10.0	18	90.0
Total	**73**	**9**	**12.3**	**64**	**87.7**

Source: ASQA, 2013.

While the levels of non-compliance with required national standards found at the initial site audit were extremely high, this non-compliance ranged from very minor issues to very serious non-compliance that could jeopardise the RTO's ongoing registration.

Where non-compliance was identified following the audits, RTOs were provided with an audit report that identified any non-compliance with the required standards for RTOs. RTOs are given 20 working days in which to address and rectify the non-compliances identified. Final levels of compliance are then determined once auditors have examined any evidence an RTO submits to rectify the non-compliance identified at the initial audit. The true level of compliance can only be determined after this rectification period.

To determine the true level of compliance, the final compliance levels have been evaluated for those RTOs that have had the opportunity to rectify non-compliances found at the initial audits.

Of the 53 re-registration audits conducted, all have had the rectification process completed as of 31 July 2013. Of the 46 RTOs (86.8%) found not compliant at the site audit, 35 have been found compliant after the rectification evidence was audited. However, 11 (20.8%) remain not compliant as shown in Table 16.

Table 16: Audit outcomes of RTOs offering Certificate III and/or Certificate IV in Aged Care seeking re-registration: 1 January 2012 to 31 March 2013

Audit Outcome/Expected audit outcome	Number of RTOs	Proportion of RTOs (%)
Compliant at initial audit	7	13.2
Not compliant at initial audit, but:	-	-
• rectification process is now complete and found compliant	35	66.0
• rectification process is now complete and found not compliant	11	20.8
Total complaint	*42*	*79.2*
Total not compliant	*11*	*20.8*
Total RTOs	**53**	**100.0**

Source: ASQA, 2013.

After the review of the rectification evidence, ASQA can take action against RTOs remaining not compliant, including possible removal of the qualifications from the RTOs' registration, or the removal of an RTO's registration. Ten RTOs from the re-registration audits of aged-care training providers remained not compliant after the rectification period. Generally, these RTOs were not compliant against several standards. All remained not compliant with the assessment standard (Standard 15.5), and seven were still not compliant with the standard concerning the qualifications and competence of trainers and assessors (Standard 15.4). This data is shown in Table 17.

Table 17: Areas of non-compliance, post-rectification for 10 selected RTOs from re-registration audits

RTO	Training & Assessment Strategies	Resources	Trainers	Assessment	Engagement with industry
1	X	X	-	X	-
2	-	X	X	X	-
3	-	-	X	X	-
4	X	X	X	X	X
5	X	X	-	X	-
6	-	-	-	X	-
7	X	X	X	X	X
8	X	X	X	X	X
9	X	X	X	X	X
10	-	*X*	*X*	*X*	-

Source: ASQA, 2013.

The 53 re-registration audits conducted of RTOs providing aged and community care training, in the period 1 January 2012 to 31 March 2013, addressed all the required national standards, while the 20 randomly selected RTO audits focussed on the standards around assessment, training and assessment strategies, resources (including staff and facilities), trainer qualifications and the involvement of employers in the design and delivery of training. The levels of non-compliance identified at the initial audit of the 53 RTOs that had re-registration audits conducted and the 20 RTOs that had random audits are shown in Table 18.

Table 18: Levels of non-compliance with the Standards

Description	*20 random site audits* **Proportion of RTOs not compliant (%)**	*53 re-registration site audits* **Proportion of RTOs not compliant (%)**	
		At initial site audit	Following rectification
Assessments (Standard 15.5)	80.0	79.2	20.8
Training and assessment strategies (Standard 15.2)	55.0	71.7	11.3
Staff, facilities and resources (Standard 15.3)	55.0	64.2	15.1
Trainer qualifications (Standard 15.4)	55.0	56.6	13.2
Appropriate information (Standard 16.3)	45.0	22.6	3.8
Employer's contribution to training (Standard 16.4)	30.0	47.1	7.5

Source: ASQA, 2013.

The results of these audits show very high levels of non-compliance with the standards considered at the initial audit.

Up to 80% of RTOs were found not to be compliant with the national standard on assessment (Standard 15.5) at the initial audit. However, following the opportunity to rectify the non-compliances that were identified at the initial audit, the RTOs that had re-registration audits were able to reduce this rate to only 20.8% remaining not compliant with the assessment standard. The majority of RTOs that had re-registration audits conducted (71.7%) and over half of the randomly selected RTOs audited specifically for this review (55.0%) had problems with compliance against the national standard about training and assessment strategies (Standard 15.2), at the initial audit. However, the level of non-compliance of RTOs seeking re-registration fell to 11.3% of RTOs remaining not compliant with the training and assessment strategies standard following rectification.

There were issues with compliance identified at the initial audit, with the provision of sufficient resources (staff and facilities), National Standard 15.3, with nearly two-thirds of RTOs that had a re-registration audit (64.2%), and over half of the 20 RTOs that had random audits (55.0%). The level of non-compliance with this standard amongst RTOs seeking re-registration fell to 15.1% following rectification.
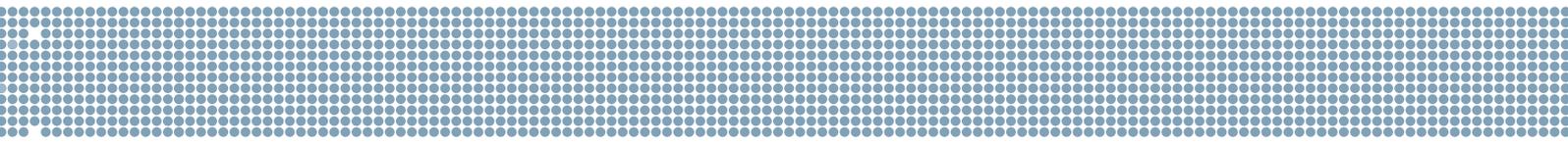
Over half of the RTOs audited did not meet the standard relating to the training and assessment competencies and relevant vocational competencies of their trainers and assessors (Standard 15.4) at the initial audit. Non-compliance with this standard amongst RTOs seeking re-registration fell to 13.2% following rectification.

At the initial audit 22.6% of RTOs seeking re-registration and 45.0% of RTOs that were randomly audited failed to provide adequate information to clients. This rate of non-compliance fell to 3.8% amongst RTOs seeking re-registration following the opportunity given to RTOs to rectify their non-compliance against the standard.

Some 47.1% of RTOs that had re-registration audits and 30.0% of the randomly selected RTOs audited specifically for this review did not have adequate involvement of employers in the required elements of training program design or delivery (Standard 16.4) according to the findings at the initial audit. Non-compliance amongst RTOs seeking re-registration on this standard fell to 7.5%.

All RTOs have the opportunity to provide evidence about whether they can address these non-compliances in the rectification period. Only one of the registration audits is incomplete as the RTO is still in the rectification process. Once rectification is completed we would expect the overall non-compliance levels outlined for the randomly audited RTOs to fall to some 20.8% of RTOs remaining not compliant with one or more of the standards.

Another issue that was considered in this review was whether or not there are differences in the levels of compliance by RTOs in offering the different aged and community care qualifications.

Of the qualifications identified for the review, only the Certificates III and IV in Aged Care were audited by compliance teams, with both aged and community care audited in the random audit sample. Of the 20 RTOs audited in the random sample:

- 20 deliver the Certificate III in Aged Care;
- 6 deliver the Certificate III in Home and Community Care;
- 14 deliver the Certificate IV in Aged Care; and
- 2 deliver the Certificate IV in Home and Community Care.

For those 20 RTOs that were audited in the random sample, there were some differences observed between the qualifications in levels of compliance. However, as the sample number is so small, particularly for the two home and community care qualifications, no inferences should be made or definitive conclusions drawn. In most instances the data in subsequent tables reflects that for the Certificate III in Aged Care, unless otherwise noted.

All 20 RTOs offered the Certificate III in Aged Care. Similar numbers were initially compliant and non-compliant with each standard, with the exception being the assessment standard (Standard 15.5) as shown in Figure 9. In the latter case, three-quarters of the RTOs that offered the Certificate III in Aged Care had problems demonstrating that they met the assessment requirements of the standard at the initial audit. These RTOs now have the opportunity to provide evidence that they can meet the requirements of the standard, in the rectification period of the audit process. The level of overall compliance is expected to increase substantially when the rectification stage of the audit process is completed, based on data for the registration audits as reported in Table 16.

Figure 9: Compliance and non-compliance for the random sample of RTOs offering the Certificate III in Aged Care

Certificate III in Aged Care

■ Compliant   ▢ Not Compliant

Standard	Compliant	Not Compliant
Training Strategies (15.2)	9	11
Resources (15.3)	9	11
Trainers (15.4)	9	11
Assessment (15.5)	4	16
Pre-enrolment (16.3)	11	9
Workplace (16.4)	11	9
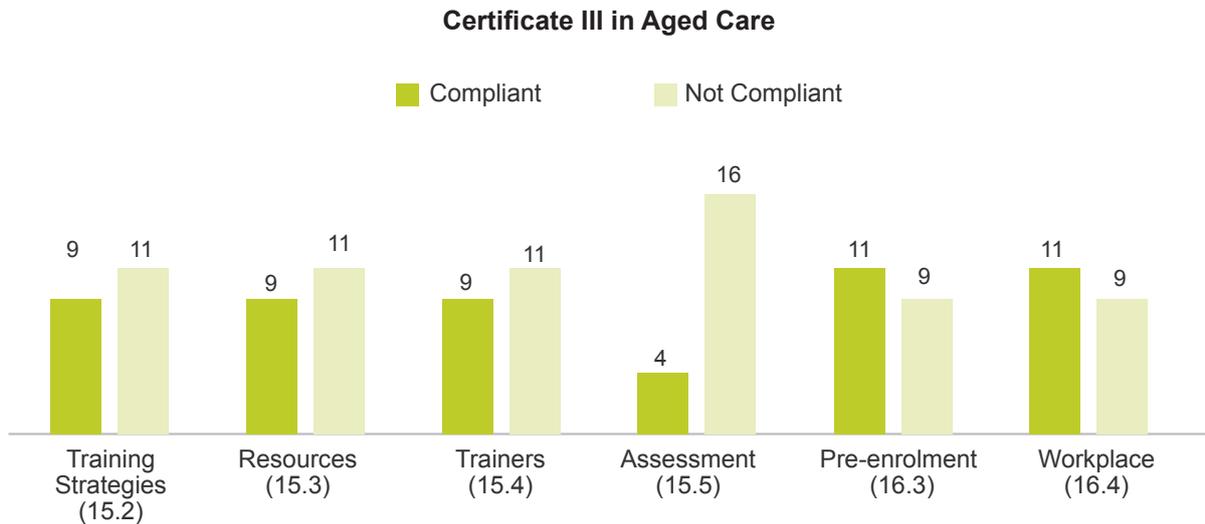
Source: ASQA, 2013.

Some 14 of the randomly audited RTOs offered the Certificate IV in Aged Care. As shown in Figure 10, half of these were not compliant with the national standards on training and assessment strategies (Standard 15.2) and pre-enrolment information (Standard 16.3), and the majority were not compliant with the other standards at the initial audit. Again, most (85.7%) had problems with assessment. The level of overall compliance is expected to increase substantially when the rectification stage of the audit process is completed, based on data for the registration audits as reported in Table 16.

Figure 10: Compliance and non-compliance for the random sample of RTOs offering the Certificate IV in Aged Care

Certificate IV in Aged Care

■ Compliant   ▢ Not Compliant

Standard	Compliant	Not Compliant
Training Strategies (15.2)	7	7
Resources (15.3)	4	10
Trainers (15.4)	5	9
Assessment (15.5)	2	12
Pre-enrolment (16.3)	7	7
Workplace (16.4)	5	9
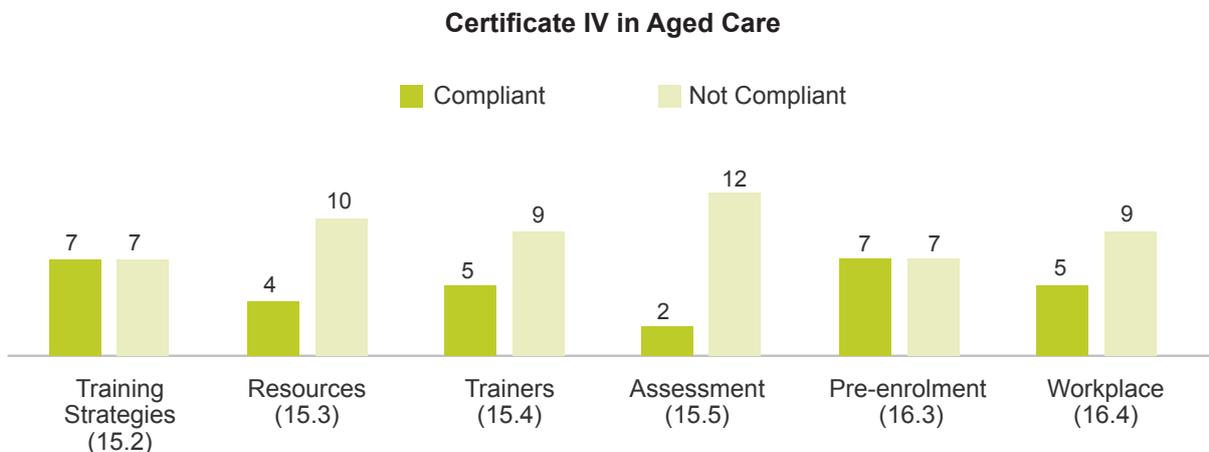
Source: ASQA, 2013.

Only six providers among the 20 RTOs in the random sample delivered the Certificate III in Home and Community Care, while only two providers offered the Certificate IV in Home and Community Care. As shown in Figures 11 and 12, most had compliance problems in meeting the requirements of all or some of the standards that were audited. However, as stated before, the level of overall compliance is expected to increase substantially when the rectification stage of the audit process is completed, based on data for the registration audits as reported in Table 16.

Figure 11: Compliance and non-compliance for the random sample of RTOs offering the Certificate III in Home and Community Care

Certificate III in Home and Community Care
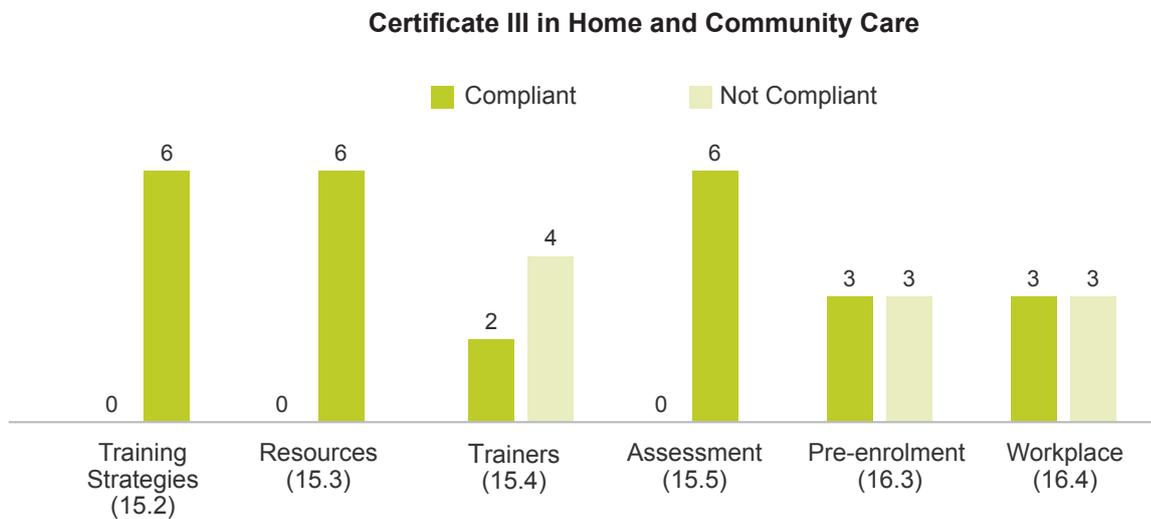
Source: ASQA, 2013.

Figure 12: Compliance and non-compliance for the random sample of RTOs offering the Certificate IV in Home and Community Care

**Certificate IV in Home and Community Care**
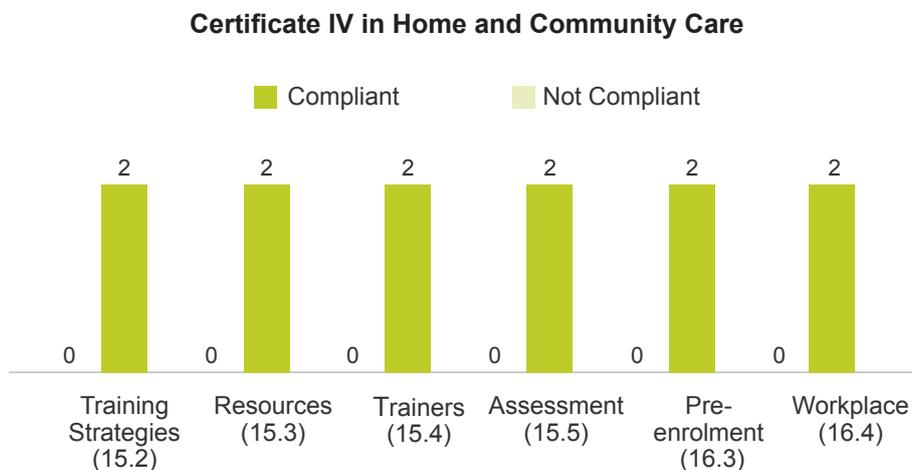
Source: ASQA, 2013.
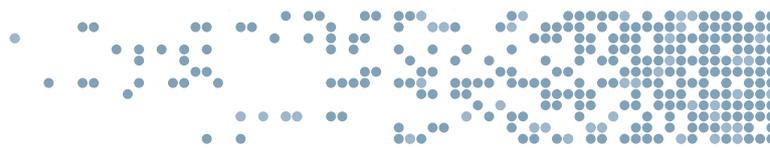
In the remainder of this chapter is a more detailed analysis of the initial audit findings against each of the main national standards included in this review. It should be noted that in each section that follows, the raw levels of non-compliance identified at the initial audit are reported. Once rectification audit processes are completed, which are still underway for some of the RTOs, then the overall level of non-compliance is expected to fall to around 20.8% of RTOs, as shown in Table 16.

5.2 Training and assessment strategies – National Standard 15.2

5.2.1 Requirements of Standard 15.2

RTOs must have strategies for training and assessment which meet the requirements of the training package. These strategies are to guide trainers and assessors who are delivering a program (cluster of units or a qualification) to students. The training and assessment strategies must be developed *through effective consultation with industry*.

There is no specific format for describing a strategy. However, it should include key parameters such as whether the program is delivered in a classroom or delivered in a work-based setting or a blend of both; assessment methods; additional components such as workplace training; what (if any) pre-requisites are required; who the targeted learners are (e.g. school leavers, existing workers); as well as an outline of the units included[13].

Where a qualification requires assessment in a workplace, the RTO should ensure the timing and quantity of work placement is clearly stated in the training and assessment strategy, given that this is a key parameter in supporting outcomes for students.

An RTO can change its training and assessment strategy at any time, and there is no requirement that the changes be reviewed by a regulator. Such changes might be made to reflect the needs of a new client group, or the availability of different resources. Such flexibility is necessary and desirable. However, the requirement that the strategies are developed with effective consultation with industry should mean that the strategies (both as developed initially and as amended) would meet the needs of learners (and others impacted such as employers and aged persons) and the requirements of the training package[14].

5.2.2 Requirements of the training package

The qualifications within a training package are comprised of a number of core and elective units of competency. Each of these units of competency includes specific knowledge and skills, which must be demonstrated by a student within the industry context and across the range of conditions described in the unit before the student can be found competent by the RTO.

Some units of competency are quite specific in what is required, for example, some of the Certificate IV qualifications include the demonstration of higher order competencies (such as supervision) in the workplace, and hence RTOs have to ensure within their training and assessment strategies that students have access to work placement where they can demonstrate these higher-order competencies. Strategies for these Certificate IV qualifications that had no work placement (including some that were entirely online), or none that included access to these higher-order responsibilities, were therefore not compliant with the requirements of the training package.

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13 Further clarification of what could be in a training and assessment strategy is contained in the Users' Guide to the Essential Conditions and Standards for Continuing Registration 2011. Published by the National Quality Council, and available from its successor, the National Skills Standards Council.

14 Training packages are developed by industry, through extensive industry consultation, and are 'owned' by Industry Skills Councils.

Some of the units of competency in the qualifications require at least partial assessment in the workplace. One unit, CHCCS305C *Assist clients with medication*, <u>must</u> be assessed in the workplace. The random sample audits established that a number of RTOs are not assessing this unit of competency in the workplace, but in a classroom environment. Hence their training and assessment strategies were not compliant with the requirements of the training package qualification.

> Where the training and assessment strategy did not include opportunities for assessment in a workplace, the RTO was not compliant with the requirements of the training package.

A number of RTOs stated they were unaware of these requirements, although these requirements are clearly stated in the relevant units of competency.

An analysis of the training and assessment strategies for the random sampled audits indicated that the 20 RTOs in the random sample were using 30 training and assessment strategies between them, as shown in Table 19. This is because some RTOs use more than one approach to training delivery and assessment. The most frequently used strategies were a blended approach to delivery and assessment involving traineeships or other blended learning approaches utilising both classroom and workplace learning and assessment.

Table 19: The training and assessment strategies used by the 20 randomly audited RTOs

Delivery mode	Number of RTOs
Traineeship/work based	10
RPL[17]	1
Classroom only	3
Online/distance learning	5
Blended - Classroom plus work placement	11
Total number of training and assessment strategies	**30***

Source: ASQA 2013 *There were 20 RTOs in the random sample and there were approximately 30 strategies developed.

Where RTOs were assessing only within a classroom environment, or only in an online environment, their training and assessment strategies were not compliant with the requirements of the qualifications. Some units of competency require assessment of skills in a workplace environment.

Through the random sample audits, the reasons for RTOs' decisions on how long a program would be, its duration or 'volume of learning', were explored. Traineeships were obviously longer and were usually 12 months. Some programs were longer because the training needs of the target group required longer programs to ensure that trainees could gain the required competencies. Shorter programs were delivered for a range of reasons, including student and employer pressure for fast training of the required qualifications, and market pressures to reduce the time taken and the cost of programs.

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15   RPL is recognition of prior learning
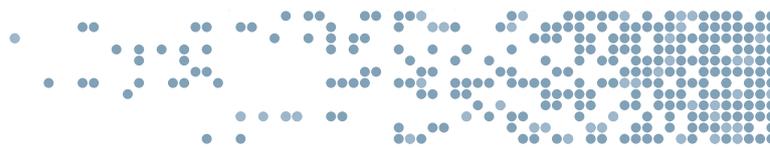
The qualifications in this review require 'workplace' or 'clinical practice'. A manager of an aged care facility in NSW told the review that six to eight weeks of classroom training was insufficient, and that a 12-month program (inclusive of work placement) was preferred. This was in reference to a Certificate III in Aged Care. Applicants with a qualification acquired in a short duration were seen as insufficiently trained and experienced.

In a submission to this review, Leading Age Services Australia commented on the *quality and extent of work experience provided to aged and home and community care students*:

- *this is widely variable and is normally between zero and 10 weeks … over the duration of a Certificate III course;*

- *some RTOs do not provide practical placement at all;*

- *some RTOs ask students to find their own placements; and*

- *the quality of the placement depends on a range of variables, including the relationship between the RTO and the aged care provider; whether the objectives of the placement are clear for all parties; the extent of planning for placement; the quality of induction for students; and the quality and quantity of clinical supervision provided by the RTO.[16]*

Most people seem to agree that a five-week program for a Certificate III in Aged Care is far too short for any but the most experienced students to be able to demonstrate the required competencies, incorporating Recognition of Prior Learning. In one particular case, an RTO had its registration suspended by ASQA, with one reason being that the delivery pattern was unsound - it comprised *13 days' classroom delivery and 12 days' work experience. While the RTO has provided what it refers to as "validation" of the materials, it has provided no evidence that industry consultation has informed the development of the actual delivery model*.

RTOs are required to consult industry on their training and assessment strategies, under the requirements of Standard 15.2.

Large variations in the way different RTOs approach the delivery of training were observed in the audits. For example, the duration of classroom-based training programs in the Certificate III in Aged Care ranged from 90 hours delivery over 15 weeks in a classroom with two weeks work placement, to 760 hours face to face in a classroom delivered over 38 weeks, with two weeks of work placement.

Traineeships, which were work based (some including some hours of off-job training), ranged from 10 months to two years in duration.

Five of the randomly audited RTOs delivering the Certificate III in Aged Care which were found not to be compliant with the required standards, had programs which:

- delivered less than 200 hours of combined classroom-based training and work placements; and

- were completed from start to finish in 11-14 weeks from the time participants commenced to completion of all requirements for the Certificate III in Aged Care.

The program duration for the Certificate III in Aged Care provided by the 20 randomly audited RTOs is shown in Table 20 in terms of classroom and workplace hours of delivery, and in Table 22 in terms of the number of weeks from commencement to completion of the Certificate III.

In terms of classroom delivery and work placements, as shown in Table 20, half of the randomly audited RTOs had programs of less than 500 hours of delivery. Only 20% were programs involving 1200 hours or more of work-based training and assessment, and all of these were traineeships.

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16   From Leading Age Services Australia, letter to ASQA, 13 May 2013. Leading Age Services Australia is a peak organisation for all providers of care, services and accommodation for older Australians.

Table 20: Program duration of classroom and work placement hours for the Certificate III in Aged Care, 20 randomly audited RTOs

Hours of classroom delivery and work placement time	RTOs	
	Number	Proportion (%)
Less than 200 hours	5	25.0
200 – 499 hours	6	30.0
500 – 1199 hours	3	15.0
1200 hours on more, including traineeships	4	20.0
Not applicable- online delivery or RPL only	2	10.0
Total	**20**	**100.0**

Source: ASQA, 2013.

If we consider the work placement component for people undertaking the Certificate III in Aged Care, it can be seen from Table 21 that half the programs involve less than 120 hours of work placement. Some 15% of these programs involve less than 60 hours of work placement. There are real concerns that these programs are deficient in the level of workplace exposure for students to be able to gain the skills and competencies required for the Certificate III.

Table 21: The quantity of work placement in the Certificate III in Aged Care, 20 randomly audited RTOs

Hours of work placement	RTOs	
	Number	Proportion (%)
Less than 60 hours	3	15.0
60 – 119 hours	7	35.0
120 – 179 hours	5	25.0
180 – 219	1	5.0
220 hours or more	3	15.0
Not applicable- RPL pathway	1	5.0
Total	**20**	**100.0**

Source: ASQA, 2013.

In marked contrast, only 15% of the programs involved more than 220 hours in the workplace, and all of these programs were undertaken as traineeships.

There is substantial variance in the duration of the programs offered, which is not justified by the needs of a particular target group. Programs of very short duration may contribute to poor skills outcomes.

As shown in Table 22, over a third of the randomly audited RTOs (35.0%) offered programs that took less than 15 weeks to complete from initial enrolment to the attainment of a Certificate III in Aged Care. Half of the RTOs delivered their programs in less than 25 weeks.

Table 22: Program duration of weeks of delivery for the Certificate III in Aged care, 20 randomly audited RTOs

| Weeks from the commencement of the program to completion	RTOs	
	Number	Proportion (%)
Less than 15 weeks	7	35.0
15 – 24 weeks	3	15.0
25 – 51 weeks	4	20.0
52 weeks or more	5	25.0
Not applicable- RPL only	1	5.0
Total	**20**	**100.0**

Source: ASQA, 2013.

As previously noted in Chapter 3 of this report, a Certificate III should be typically between one and two years in volume of learning, according to the Australian Qualifications Framework guidelines. According to these guidelines, the 'generally accepted length of a full time year, used for educational participation, is 1200 hours'. The Australian Qualification Framework Council (2012) has stated that the definition of volume of learning covers a range of learning activities that include some or all of the following: guided learning (such as classes, lectures, tutorials, online study or self-paced study guides), individual study, research, learning activities in the workplace and assessment activities. So as shown in Table 22, only a quarter of RTOs took at least one year to deliver their programs, in line with the Australian Qualifications Framework requirements for a Certificate III.

Notwithstanding the fact that the volume-of-learning measures used here include only classroom activity and work placement, it is clear from the information presented in Table 21 that up to two-thirds of RTOs are falling short of the Australian Qualifications Framework guideline of at least 1200 hours for a Certificate III. Moreover, given the information provided by RTOs within their strategies or at interview in audit, it is clear that the duration and/or volume-of-learning measures are significantly less than that recommended by the Australian Qualifications Framework Council for the Australian Qualifications Framework. The only exception in the review were RTOs delivering the Certificate III through traineeship programs.

The duration or volume of learning of training and assessment provided by RTOs typically offered in aged and community care training programs was found to be significantly less than recommended by the Australian Qualifications Framework Council as being required for Certificate III and IV programs.

In the report recently released by the National Centre for Vocational Education and Research (2013, p.20) several points were made of direct relevance to the issue of duration:

- *that a course delivered in a shortened timeframe cannot deliver the rigour or depth of training and the competency required by industry; and*

- that offering a Certificate III in Aged Care *as achievable in several weeks when … it should take at least six months is completely unrealistic.*
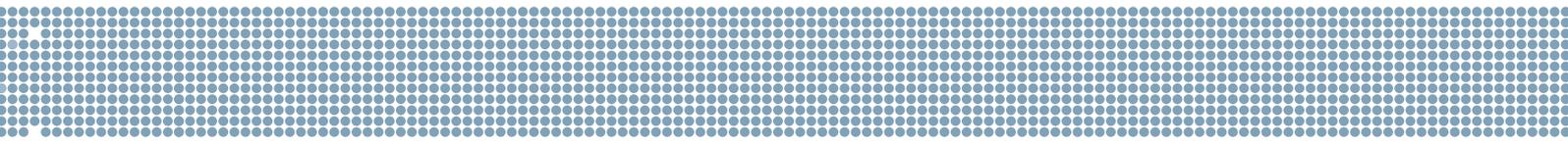
Work placement must be an integral part of the program's training and assessment strategy, with the design of the program by the RTO ensuring outcomes for students are supported by the training and assessment strategy. Work placement conducted at the end of a program, for two weeks or less, was noted to be ineffective by students, employers and some RTOs. The skills that may have been practised in a classroom environment in the early weeks of the program were 'rusty' by the end of the program. Even basic safety skills and safety awareness had to be addressed in some instances by employers as the students did not demonstrate basic competence in these areas. Many comments were made by employers and learners that work placement should be conducted throughout a program and would therefore be more effective.

A number of RTOs expressed concern that the availability of work placement, for non-work-based programs, is a difficulty. While some RTOs were able to utilise good contacts with aged care or community care facilities to place students, in other localities the demand for work placements exceeded the supply.

It was found in the audits undertaken for the review that work placement is not always used to its full potential. The RTOs did not in general demonstrate an integration of learning and assessment into the work placement. For example, for most RTOs, there were no clear plans as to how the placement would develop specific skills and knowledge, nor was there a planned approach to the gathering of evidence of workplace performance.

RTOs do not generally integrate work placement into their overall training and assessment strategy.

Two different approaches by RTOs to work placement were viewed in the random audits. One involved a robust program duration ranging from 6-18 months, involving work placement of one day a week (for a total of 200 hours of work placement), was provided by one RTO. This provided opportunities for skills training and assessment throughout the program. In contrast, the much shorter program with very limited work placement provided by the second RTO, was assessed as not compliant with the required national standards.

The timing of work placement within the program, and its short duration, is of concern to stakeholders.

Some RTOs stated that their trainers provide effective industry consultation, or that because students are offered work, the aged care industry must be happy with the strategy. Others offered a letter of support from an employer as evidence. There was little evidence provided of any industry consultation with independent industry experts. Without any effective, independent advice from industry, it is difficult to conclude that an RTO has a training and assessment strategy that will fully meet industry, and learner needs, and the requirements of the training package.

Effective industry consultation was not well utilised by RTOs.

5.2.3 Areas of non-compliance

At the initial audit, over a quarter (28.3%) of re-registration audits of aged and community care providers, and 45% of randomly selected RTO audits showed that RTOs were compliant in their training and assessment strategies.

Of the 53 RTOs that had re-registration audits, over two-thirds (71.7%) were found to be not compliant with strategies for training and assessment (Standard 15.2) at the initial audit. However, following the opportunity given to the RTOs to address non-compliances identified in their audit reports the rate of non-compliance against this standard amongst RTOs that had re-registration audits fell to 11.3%.

Of the randomly sampled RTOs audited, 55.0% were found to be not compliant in this standard at the initial audit. Rectification processes for these RTOs are not yet completed. Once they are, a similar reduction in the non-compliance rate can be expected.
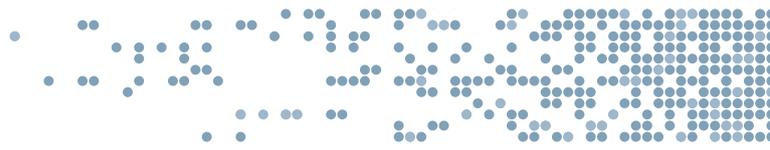
The main reasons for this were:

- no work placement;
- duration of course insufficient in relation to the target group;
- training package requirements were not met e.g. pre requisite units were not identified, the selection of units not accurate;
- strategies were developed without effective industry consultation;
- strategies did not identify how student needs (including language literacy numeracy) would be assessed and addressed;
- all delivery and assessment online, with no workplace assessment;
- assessment strategy reliant on written assessment;
- very short courses that were not sufficient to ensure the attainment of the required competencies;
- actual delivery and assessment was inconsistent with the training and assessment strategy; and
- it was not identified how an RTO would ensure that students in Certificate IV qualifications would be provided with appropriate work placements so that assessment of higher-order competencies could be properly demonstrated.

The high percentage of RTOs failing to design compliant strategies for training and assessment indicates a lack of understanding of the standard, and the importance of the strategy in providing clear and coherent guidance to trainers and assessors.

5.2.4 Comments from employers, students and RTOs

Strategies that did not include work placement, or the programs were too short, were of particular concern to employers, who said:

- *work experience should be compulsory;*
- *where applicants for employment have a Certificate III [aged care] with no work experience, they are not employed;*
- *applicants must have had work experience;*
- *simulated assessments[17] don't work;*
- in terms of course duration, *much more consistency is needed through, perhaps, the introduction of a national curriculum …[18];*
- *there is too much variation in course length;*
- *the current situation of a personal care worker being qualified … after three weeks of classroom and two weeks of workplace placement … is totally indefensible …[19];*
- *courses advertised for anywhere from 2-6 weeks with minimal prac (two days to one week);*

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17 A 'simulated assessment' is one where workplace conditions are replicated (for example, in a classroom) for the purposes of conducting an assessment. Units of competency may allow for a simulated workplace e.g.

Where, for reasons of safety, space or access to equipment and resources, some assessment takes place away from the workplace, the assessment environment should represent workplace conditions as closely as possible.

From CHCICS301B *Provide support to meet personal care needs.* See also definition in AQTF *Users' Guide to the Essential Conditions and Standards for Continuing Registration 2010.*

18 Productivity Commission (2011) page 377.

19 Ibid page 377.

- industry *would like a greater emphasis on clinical placements and work experience*[20]*;* and

- *online courses are no good - how do students learn skills?*

Negative comments on work placement:

- *I couldn't do medication on work experience;*

- *I had no practice in showering;*

- *we should receive at least petrol money. In the rural areas we have to travel to do work experience. I felt exploited;* and

- *I am considering dropping medication as an elective because facilities won't let my students do it in the workplace.*

Work placement is seen by industry as essential to the development of skills and the employability of graduates.

Students said:

- *I needed more time in work placement. I only had two weeks;*

- *I would prefer twice the amount of work placement* [program had two weeks];

- *the two weeks work placement* [in a home and community care program] *was not useful, because of privacy issues; and*

- *I had to do mentoring for a month* [when I started a job] *because of insufficient work experience.* This was for two weeks

Employers said:

- *two weeks of work experience is insufficient;*

- *I support a model of training that includes a large percentage of work experience or is work based;*

- *work experience should be longer and include dementia experience;* and

- *two weeks is insufficient. We have to re-train* [graduates]*, particularly in safety areas.*

Where work placement was 'too short', employers and students were concerned that required knowledge and skills were not adequately developed.

5.2.5   Examples of good practice

The following examples of good practice were noted at audit:

- work-based delivery where a qualified trainer/assessor is on the employer's staff;

- blended delivery with work placement at intervals throughout the course e.g. several blocks, or each week for one day;

- evidence of industry input into the design of the training and assessment strategies sufficient duration to allow quality outcomes; and

- the assessment strategy included assessment by a qualified assessor in the workplace.

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20   Community Services and Health Industry Skills Council Environmental Scan 2013 page 30.
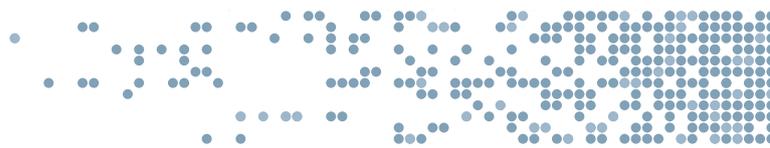
5.3   Resources required – National Standard 15.3

5.3.1   Requirements of Standard 15.3

Under this standard RTOs are required to have the resources (staff, facilities, equipment, materials) as required by the training package and the training and assessment strategies, to deliver the programs. It intersects with some other standards; for example, if the trainers do not have appropriate qualifications (Standard 15.4), or assessment is not compliant with requirements (Standard 15.5), then the RTO is generally also not compliant with Standard 15.3.

5.3.2   Requirements of the training package

Access to a realistic workplace environment is necessary for students to attain some of the required competencies. The statement that '*this unit must be assessed in a work context and under the normal range of workplace conditions*' appears in the assessment requirements for some units of competency. The work context and range here includes hospital beds, mobility equipment, feeding aids and so on. The unit CHCICS301B *Provide support to meet personal care needs* has a comprehensive Range Statement, as do the other units in the qualifications.

Students seeking to meet the requirements of the Certificate IV qualifications also need effective training and assessment in the supervision of the work of others, for example, in CHCORG406C *Supervise work*. While the unit envisages the possible use of a simulated work environment for assessment of competencies, it recommends assessment within an actual workplace. A number of RTOs had enrolments in this qualification from existing workers within an aged care facility. This means that the RTOs should have ensured that students had opportunities to demonstrate these supervisory skills.

It is a requirement for the unit CHCCS305C *Assist clients with medication* that assessment is required to be assessed in a workplace. In several instances RTOs were assessing wholly within the classroom and not in a workplace.

As noted earlier in the discussion about Standard 15.2, resources include access to a workplace although some units of competency can be assessed in a 'simulated workplace and under the normal range of workplace conditions'. However, in some instances where RTOs were assessing in a simulated workplace environment, the resources were inadequate. It should be noted that a simulated workplace environment requires more than just resources. It needs to approximate real workplace conditions. In order to be valid and reliable, the simulation must closely resemble what occurs in a real work environment. The simulated workplace should involve a range of activities that reflect real work experience. The simulated workplace should allow the performance of all of the required skills and demonstration of the required knowledge.

> *Where …some assessment takes place away from the workplace, the assessment environment should represent workplace conditions as closely as possible.*
>
> From CHCICS301B *Provide support to meet personal care needs.*

Sufficient trainers and assessors with the appropriate qualifications and experience (Standard 15.4) are also required.

Some findings from the random sample of 20 audits about the provision of resources by the RTOs, are shown in Table 23.

Table 23: Resources used by the RTOs in the 20 random audits

RTOs	Compliant resources
Learning & assessment materials:	50% of RTOs used commercial material which was not modified for the needs of the student group or to the RTO's training and assessment strategies or the qualification area. Assessment materials (including commercial) did not meet the requirements of the training package or standards. Some RTOs (approximately 25%) had developed some materials themselves.
Simulated workplace	Of the 10 RTOs delivering and assessing partly in a classroom environment, fewer than 50% had adequate resources for a simulated workplace environment.
Arrangements with employers:	While the majority of the sample had organised work placements for their students, most did not have clear delineation of the roles and responsibilities of the RTO and the employer in relation to training and assessment, or how the placement was appropriate to the qualification.

*Source: ASQA, 2013.*

5.3.3   Areas of non-compliance

Of the 53 RTOs providing aged and community care training that had re-registration audits, 35.8% of providers were found to have sufficient resources to deliver and assess the aged and/or home and community care training properly at the initial audit and were compliant in this standard. Some 45.0% of RTOs randomly sampled for audits specifically for this review were found to be compliant with this standard at the initial audit.

Of the 53 RTOs providing aged and community care training that had re-registration audits, 64.2% were not compliant with the provision of resources to support learning outcomes at the initial audit. Some 55% of RTOs sampled through random audits were not compliant with this standard with this standard at the initial audit.

The main reasons for this were:

- no provision of work placement - a key requirement for these qualifications, or insufficient placements for the number of students enrolled;

- where work placements were available, a number of RTOs did not provide these;

- no overarching agreements (or equivalent), with worksites that demonstrate that there is capability to deliver and that students will be able to demonstrate competence in the workplace;

- reliance on commercial materials that were not adjusted to the target group or the RTO's training and assessment strategy;

- poorly simulated workplace environment for training and assessment of poor quality; and

- resources available did not meet the requirements in the Range Statement in the training package.

Following the opportunity to address the short comings identified in their audit reports, the rate of non-compliance against the resources standard amongst the RTOs that had re-registration audits fell to 15.1%. Although the rectification process for the randomly audited RTOs is not yet completed, a similar fall in their levels of non-compliance against this standard can be expected.
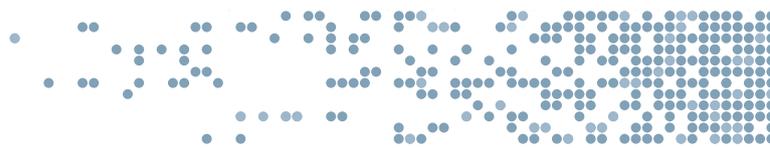
> Most RTOs using classroom-based assessment did not have access to a sufficiently robust simulated workplace environment, including resources.

5.3.4   Comments from employers, students and RTOs

The telephone interviews of employers and students elicited these responses:

- commercial workbooks were too repetitive;
- it was annoying for us having to fill in all the checklists; and
- washing mannequins is not sufficient practice.

> RTOs are largely relying on commercially available learning and assessment materials, which do not necessarily meet training package requirements, and/or have not been customised by the RTO to meet learner needs or the RTO's training and assessment strategy.

5.3.5   Examples of good practice

The following examples of good practice were noted at audit:

- excellent learning laboratory, with multiple beds, arranged in a 'ward', a range of mobility aids, showering facilities;
- work placements that accommodated both facility and community care; and
- RTO-developed resources including excellent clinical task observation checklists.

5.4   The adequacy of trainers – National Standard 15.4

5.4.1   Requirements of Standard 15.4

The standard requires that trainers and assessors:

- have training and assessment competencies - currently defined as holding the Certificate IV in Training and Assessment (TAE40110) or demonstrated equivalent competencies;
- have relevant vocational competencies;
- have current industry skills; and
- continue to develop their knowledge and skills related to VET knowledge, training and assessing competence and their industry currency.

Given the high level of non-compliance with the assessment standard (80%), it is worth noting that the qualification TAE40110 does not include TAEASS502B *Design and develop assessment tools*, as a core unit.

> As TAE40110 Certificate IV in Training and Assessment does not include as a core competency the ability to design assessment tools it cannot be assured that qualified assessors have the capability to design assessment tools. Audit revealed that assessors lacked the ability to design assessment tools to enable a valid and reliable decision of competence.

In addition, there is no definition in the standard of what is meant by 'current'. This creates confusion with RTOs and regulators' audit staff in determining compliance with this requirement.

> A minimal or default definition of 'current' would assist RTOs, regulators and industry

5.4.2   Requirements of the training package

While there are no specific requirements for trainers and assessors given for the qualifications as a whole, some units of competency do have specific requirements. The unit CHCCS305C *Assist clients with medication,* for example, requires assessment *by a person with higher order medication management/ administration qualifications and current knowledge of practices relevant to medications in the health and community services sectors* (Community Services and Health Industry Skills Council, 2012, page 13).

This requirement was reviewed in the random sampled audits and while some RTOs had assessors whose training[21] met this requirement, others did not hold the requisite higher order qualification.

> Not all RTOs demonstrated an understanding of what skills and knowledge were required for the training and assessment of some units of competency.

There is no definition in the TAE10 or CHC08 Training Packages to explain what constitutes 'current' industry experience or competency[22]. Audits revealed that in many instances there was a clear lack of evidence of RTOs not meeting the requirement to demonstrate the competencies being trained or assessed, but in addition there was also minimal evidence of trainers/assessors demonstrating current industry skills or that they have continued to develop their industry currency and trainer/assessor competence.

> Not all RTOs demonstrate a clear understanding of the requirements for trainers/assessors to demonstrate current industry skills or how they have continued to develop their industry currency and trainer/assessor competence.

Data concerning trainer and assessor qualifications from the random sampled audits is summarised in Table 24.

Table 24: Characteristics of the random sample: Trainer/Assessor qualifications

Staff	Proportion (%)
RTOs with all staff holding training and assessing qualifications	77.0
RTOs with all staff holding relevant vocational qualifications	66.0
RTOs with all staff having industry experience within the past 5 years	68.0

Source: ASQA, 2013.

> Not all RTOs employed staff who were qualified both professionally and vocationally, and had current industry experience.

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21   Generally speaking this is accepted as registered nurse level.
22   For this Review 'current' has been interpreted as within the past 5 years. An interpretation is necessary for any audit judgement, and an industry-determined definition is needed.
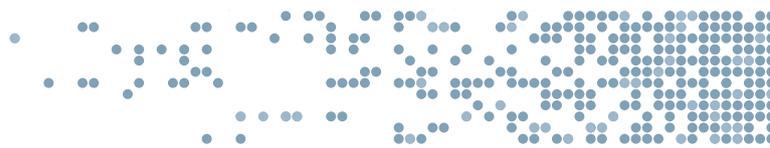
5.4.3   Areas of non-compliance

Less than half of all RTOs audited were compliant with this standard, with 43.4% of RTOs that had re-registration audits, and 45.0% of randomly audited RTOs, employed trainers and assessors with qualifications, vocational skills and experience that met the requirements of this standard.

Of the 53 RTOs that had re-registration audits, 56.6% were not compliant with the standard for trainers and assessors and 55.0% of RTOs sampled through random audits were not compliant with this standard at the initial site audit.

The main reasons for this were:

- there were no procedures for ensuring trainers had vocational competence, or for verifying resume, certificates and qualifications;
- not all trainers and assessors met the requirements of the standard;
- there was little evidence of currency in industry experience;
- there was little evidence of professional development as a trainer or assessor; and
- there was a lack of supervision for trainers without training qualifications

After the RTOs audited for re-registration purposes had the opportunity to rectify the non-compliances identified with this standard, the rate of non-compliance fell to 13.2%. A similar reduction in non-compliance can be expected for the RTOs randomly selected for this review once their rectification processes are completed.

5.4.4   Comments from employers, students and RTOs

Telephone interviews with employers or students elicited the following responses:

- *fantastic help from my trainer;*
- *employer has to train students in basic skills; and*
- *a student was signed off by the assessor on her manual handling skills, but we had to re-train her.*

5.4.5   Examples of good practice

Listed are examples of good practice noted at audit:

- workplace personnel (nurses) with assessor skill-set qualification;
- trainers and assessors who work part-time in age care facilities, maintaining industry currency; and
- trainers and assessors participating in a 'Community of practice' - forum for exchange of ideas on training and assessment.

5.5 Assessment – National Standard 15.5.

It is a requirement that an RTO must only issue a VET qualification 'to persons whom it has assessed as competent in accordance with the requirements of the training package'[23]. Where assessment is unreliable, as established through this review, the validity of the qualifications issued is questionable. Concerns have been raised in submissions to the Productivity Commission as well as comments made to the review team, about the low level of competency of some graduates from some of those Certificates III and IV in aged and community care covered in this review.

5.5.1 Requirements of Standard 15.5

Assessment must:

- meet the requirements of the training package;
- be in accordance with the principles of assessment - that is, be valid, reliable, flexible and fair;
- be conducted according to the rules of evidence - that is, for sufficient, valid, authentic and current evidence to be collected[24];
- meet workplace requirements; and
- be validated.

5.5.2 Requirements of the training package

The qualifications reviewed include the following assessment requirements:

- assessment in the workplace - partial for some core units and complete assessment for an elective unit;
- the Certificate IV qualifications include supervisory competencies. RTOs did not always ensure that work experience enabled students to demonstrate these;
- required skills such as oral communication, literacy and numeracy;
- support clients with a range of ageing and health issues;
- safely use mobility aids and other personal care items; and
- assessment in a *normal range of workplace conditions*.

A feature of poor-assessment practice sighted is the heavy reliance by the RTO on all or most skills assessment being completed in the workplace, by the workplace supervisor. Workplace supervisors are usually not trained assessors. RTOs are required to ensure that they assess using trained assessors, yet the workplace supervisor is often requested to complete what are commonly known as 'third-party reports', and these reports are used as the sole 'evidence' of skills instead of an assessment of skills being conducted by a trained assessor. These third-party reports are not to be confused with assessor observation tools, which may be completed in a workplace by a trained assessor (as described above), or may be used in a simulated workplace environment where this is allowed by the training package. An assessment approach where workplace supervisor reports are used as an input to the assessment of skills carried out by the RTO's qualified assessor is a valid use of a third party report.

In the CHC08 *Community Services* Training Package, the Community Services and Health Industry Skills Council delineated *Specific requirements for assessment of competence* (CSHISC 2012, p.262):

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23   Standard 23.1
24   See Appendix D
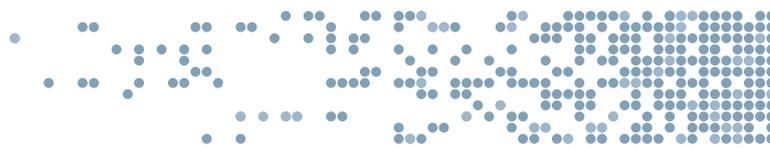
Some units of competency specify:

…observation of workplace performance is essential for assessment of this unit.

The intention of this statement is that assessment of the skills and knowledge described in the unit of competency should include observation of workplace performance by the assessor.

Again, the implication of the training package is that a qualified assessor, meeting the requirements of Standard 15.4, is the person able to assess these *critical aspects* of assessment.

An interpretation of training package requirements in some units requires a qualified assessor to undertake an assessment of student workplace performance.

The use of checklists comprising a list of performance criteria is a common practice. Examples were sighted, which included a list of all required knowledge and skills, and often ran to three pages for each unit of competency. Often these lists do not comprise observable behaviours, leading to a 'tick and flick' approach by the workplace supervisor. Many employers complained about being burdened with these checklists. Some examples of good practice were sighted, and these are described at 5.5.5.

Assessment practice where knowledge is assessed by an RTO using written tools, with skills 'assessed' by way of third-party reports, was common to many RTOs. There are varied opinions among VET professionals on the value of third-party reports, including whether these are primary evidence of skills, or corroborative evidence. In some instances, assessors were utilising this evidence as part of a suite of evidence that is analysed and a decision of competence made. However, some assessors were utilising these third-party reports as 'default assessments of competence', which is clearly inappropriate as workplace staff were not qualified assessors or, if qualified, were not employed by the RTO. The RTO issuing qualification must ensure assessment is undertaken by qualified assessors.

Many RTOs are relying on the completion of third-party reports by workplace staff as the only evaluation of applied skills and knowledge. However, the requirements of the standard are that assessment is undertaken by qualified assessors. While some assessment tools sighted could reflect valid evidence, the majority did not. Some workplaces had qualified assessors on staff, but the majority did not.

Where students are completing the aged or the community care qualifications through a traineeship, funded through a state or federal program, the contracts between the RTO and the funding bodies do not necessarily include a requirement that the RTO visits the trainees to conduct assessment. This is despite the fact that the standard requires assessment by a qualified assessor.

5.5.3   Areas of non-compliance

Some 20.8% of RTOs that had re-registration audits and 20.0% of RTOs randomly selected specifically for audits for this review, provided evidence of assessment tools and practices, which met the requirements of this standard at the initial audit.

Of the 53 RTOs that had re-registration audits, 79.2%, and 80.0% of RTOs randomly selected for audits specifically for this review, had non-compliant assessment tools and practices at the initial audit. This is the highest rate of non-compliance for any standard.

The main reasons for this were:

- units of competency requiring at least partial assessment in the workplace were not assessed in the workplace;
- the unit CHCC305C *Assist clients with medication* was assessed by several RTOs in the classroom, despite it being mandatory that it be assessed in the workplace;
- 100% classroom assessment in some cases;
- 100% online assessment in some cases;
- assessment tools that did not reflect the context and conditions for assessment (a breach of principles of assessment);
- a reliance on third-party reports comprising tick-boxes against performance criteria, required knowledge and required skills;

> Tick-box item from a 3rd party checklist:
>
> *Observe the candidate monitor implementation of the plan and provide feedback and/or make revisions to care plan as required.*

- assessment tools did not cover the *normal range of workplace conditions* as required in CHC08 *Community Services* Training Package (CSHISC 2012, p.263);
- observation of skills on only one occasion (some units specify *over a number of assessment situations*) as required in CHC08 *Community Services* Training Package (CSHISC 2012, p.263);
- no advice to assessors on how to determine sufficient and valid evidence to make a judgement of competence;
- skills not developed and assessed in the classroom prior to assessment in the workplace;
- validation of assessment tools not undertaken;
- reliance on supervisor reports where supervisors did not have assessor competencies;
- assessment tools did not include observable behaviours; and
- RTOs complete 'knowledge' checks through written assessments, and rely on workplaces to complete 'skills' checklists.

> Most RTOs' assessment tools do not meet the principles of assessment.

The RTOs that had re-registration audits were given an opportunity to address the non-compliances with their assessment approach, and following this rectification process the non-compliance rate fell to only 20.8% of RTOs remaining not compliant with this standard.

The rectification process with the 20 randomly selected RTOs that were audited is still underway, but a similar reduction in their rates of non-compliance with the assessment standard is expected, once it is completed.
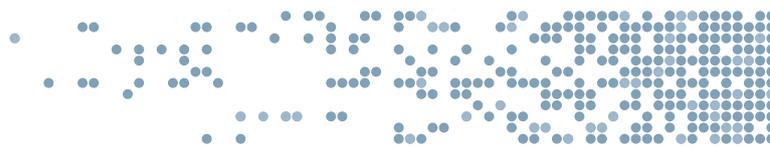
5.5.4 Comments from employers and students

Telephone interviews with employers and students elicited the following responses:

- *the RTO assessor observed the student and also talked to the assigned staff buddy;*
- *assessment was largely left to the workplace. The RTO collects the papers;*
- *no visit by the assessor to the workplace during the work experience;*
- *simulated assessments don't work;*
- *it was annoying (for the employer) to fill in all the checklists;*
- *we have had to make it clear to the RTO that we are not responsible for assessment; and*
- *there are too many [RTOs] ... who do not produce ... results that are in either the interests of the employees or the industry[25].*

5.5.5 Examples of good practice:

The following examples of good practice were noted in the audit findings:

- detailed clinical tasks representing 'observable behaviours';
- assessment in workplace by nurses with assessor skills;
- scheduled RTO assessor visits to workplaces for the purposes of assessment; and
- Recognition of Prior Learning as delivered by one RTO reviewed included:
  - conversation with applicants;
  - collection of relevant evidence assisted by assessor; and
  - observation of applicant during morning and afternoon routines.

Good practice example of assessment of practical skills:

The workplace skills audit assessment tool comprises detailed criteria for skills that relate to eight units of competency and is completed by the supervisor through observations over a period of time, including: *Manual handling, Hand washing, Clinical observations, Bed making, Personal care, Pressure area care, Eye care, Assisting a resident with meals and drinks, Bladder/bowel management, Perform blood sugar monitoring, Medication, Skin tears and wound dressings and Catheter care.*

This example of good practice was noted at one of the random audits, for an enterprise RTO.

5.5.6 Examples of poor practice

The following examples of poor practice were noted at audit:

- assessment tools did not include the context and conditions for assessment;
- assessment tools did not consistently include across the assessment methods the tasks or the performance indicators/observable behaviours relevant to the tasks;
- assessment tools did not include advice to assessors as to how to determine successful completion of tasks and how to synthesise the evidence and make a determination of competence; and

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25   This argument was put forward in the Productivity Commission Report (2011b) page 377.

- assessment is not conducted in accordance with the principles of assessment and the rules of evidence specifically for one RTO:
  - for students assessed as competent in 2012, in all cases there was no evidence of assessment of essential skills only essential knowledge; no evidence of any workplace assessment as required by the training package; and in some cases no completed final assessments are on file.

5.6 Appropriate information to participants – National Standard 16.3

5.6.1 Requirements of Standard 16.3

This standard requires that before students enrol or enter into an agreement (or a contract) with the RTO, that it informs them about:

- the training, assessment and support services to be provided. This would include any student attendance requirements, duration and costs; and
- student rights and obligations, e.g. police checks.

5.6.2 Requirements of the training package

Where a qualification requires students to have completed prior study, this should be clearly stated. The Certificate IV in Aged Care, for example, requires the completion of six units from the Certificate III in Aged Care, with a similar requirement for the Certificate IV in Home and Community Care.

As identified earlier, some of the units of competency require assessment in a workplace, so this requirement must be clearly stated, including that the RTO has responsibility for providing a suitable workplace.

### 5.6.3 Areas of non-compliance

Over three-quarters (77.4%) of the RTOs that had re-registration audits and 55.0% of RTOs randomly selected for audits specifically for this review provided information before enrolment to students, which met the requirements of this standard. Over one-fifth (22.6%) of the RTOs that had re-registration audits and 45.0% of RTOs sampled through random audits were found to be not compliant with this standard.

Issues of non-compliance related to:

- students enrolling in Certificate IV qualifications were not informed that access to organisational/ supervisory roles was required for demonstration of competency in some units;
- students were not informed that classroom or online only delivery modes would not provide assessment that meets training package requirements for all units; and
- students were not advised that a police check was required before any employment or work placement in aged care is allowed.

> There is a wide variation in the quality and accuracy of information provided to students before enrolment.

Following the rectification process the level of non-compliance with this standard amongst RTOs that had re-registration audits fell to only 3.8%. A similar reduction in non-compliances amongst the randomly selected RTOs can be expected once their rectification processed are completed.
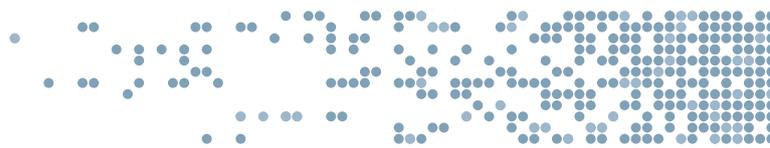
5.7   Engagement with industry – National Standard 16.4

5.7.1   The requirements of Standard 16.4

This standard requires that employers and other parties who contribute to learner's training and assessment are engaged in the development, delivery and monitoring of training and assessment. Put simply, that:

- employers are engaged in the development of training and assessment for students; and
- the RTO and employers understand the contribution employers will make, e.g. providing a mentor or supervisor.

5.7.2   The requirements of the training package

While the training package is silent on the specifics of employer engagement, it is clear from some units that there must be *assessment in a work context under the normal range of workplace conditions* [26]. Involving employers in planning the integration of structured work-based learning and assessment is integral to the success of the program and the competence of students has been discussed earlier.

5.7.3   Areas of non-compliance

Some 52.9 % of the RTOs that had re-registration audits and 70.0% of randomly audited RTOs, provided evidence that employers were informed and engaged in contributing to learners' training and assessment. However, 47.1% of the RTOs that had re-registration audits and 30.0% of RTOs that were randomly sampled to have audits specifically for this review were found not to be compliant with this standard.

Reasons for non-compliance included:

- employers were not informed that access to organisational/supervisory roles for the demonstration of competency in some units is required for students enrolled in Certificate IV qualifications;
- workplace supervisors were not provided with good quality third-party documentation;
- responsibilities for on-the-job training were not clear;
- information for workplace personnel of their training and assessment roles, and responsibilities were not clear;
- RTO requirements in relation to qualifications and experience of workplace personnel were not specified; and
- the overall RTO responsibility for training and assessment and how workplace training and assessment contributes to quality learning outcomes, was not specified.

The non-compliance rate amongst RTOs that had a re-registration audit fell to 7.5%, once the RTOs that were not compliant had an opportunity to address the non-compliance issues raised in their audit reports. A similar reduction in the levels of non-compliance identified by the audits on the randomly selected sample of RTOs can be expected once their rectification processes are completed.

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26   CHCICS301B *Provide support to meet personal care needs*, page 8.

5.7.4   Examples of good practice

The following examples of good practice were noted at audit:

- workplace staff include trained assessors, e.g. enrolled nurses with the assessor skillset from TAE40110, the Certificate IV in Training and Assessment;
- RTO assessors visit workplaces to assess students in the workplace; and
- RTOs and workplaces collaborate to design robust clinical-task assessments.

> There is a general lack of clarity in the roles of the workplace and of the RTO in the development, delivery and monitoring of training and assessment. Some excellent practice has been noted, albeit with a general reliance on relationships not supported by clear protocols.

5.8   Summary of audit findings

The training and assessment strategies and practices of 73 RTOs have been analysed for this review. While many RTOs go on to rectify the areas of non-compliance identified through an audit process, it is clear that there are widespread and significant issues with the current training of students in aged and community care programs, and these were identified at audit.

The Productivity Commission identified concerns with aged and community care training including:

- variability in the quality of training;
- differences in length of training;
- access to practical experience opportunities;
- industry experience of trainers; and
- effectiveness of training.

The review of the 73 RTOs has found that these concerns are warranted, with a high percentage of RTOs found to be not compliant with the training standards and the program requirements as specified in the training package. At site audit, 86.8% of the 53 RTOs audited before March 2013, were found to be not compliant. However, after rectification evidence was provided, of the 53 RTOs sampled, 81.1% were found to be compliant.

The highest level of non-compliance is with the quality of assessment, where up to 80.0% of RTOs were found not to be compliant at audit, although the level of non-compliance is expected to reduce to approximately 20.8% after all RTOs have finalised the process of attempting to rectify the non-compliance(s) identified at initial audit.

A particular problem with assessment was the lack of assessment in a workplace. This was compounded by a failure to ensure valid assessment of essential skills and knowledge.

Another significant area of non-compliance was found with the design of programs. Many programs were too short to enable students to become competent. Many programs did not integrate practice in a workplace with classroom-based training and assessment.

Further significant areas of non-compliance have been identified in adequate provision of resources, trainers' current industry knowledge, information provided before enrolment and involvement of employers in the development of skills of students.
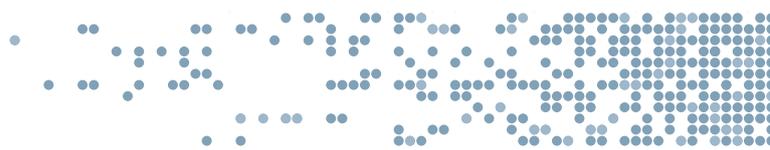
Chapter 6
The way forward

Responsibility for aged and community care training extends to institutions, government agencies, organisations and individuals. This final section of the report reflects on what is already being done by some agencies, and makes recommendations for further actions, which could be taken by agencies to improve the quality of training outcomes in the aged and community care sector.

Addressing the issues identified with training and assessment in aged and community care will involve a number of agencies and organisations, specifically the National Skills Standards Council, the Community Services and Health Industry Skills Council, ASQA, funding bodies and RTOs.

Because of the high levels of non-compliance among the RTOs that offer aged and community care qualifications, ASQA should continue to make aged and community care a high priority for regulatory scrutiny. Through continuing this activity, ASQA can monitor changes to the quality of training outcomes. It would be expected that if the recommendations made are implemented, this strategic review will be effective, and compliance of RTOs would be improved.

In conducting the audits for this Strategic Review the auditors focussed on the delivery and assessment of specific units of competency. These units had detailed requirements, enabling an efficient and effective identification of compliance. Continuing to focus on such units will save time and effort, promoting effective, consistent, objective outcomes.

ASQA will also prepare a summary of this report for dissemination to all RTOs, as the findings have relevance to training and assessment generally.

As a first response to the review, ASQA has requested, in accordance with its usual regulatory processes that all RTOs found during the review to be not compliant with the standards, provide evidence of rectification. Where non-compliance remains, ASQA will take further regulatory action including imposing sanctions.

The high levels of non-compliance among RTOs offering aged and community care training will require further and on-going regulatory scrutiny.

Recommendation 1

It is recommended that the Australian Skills Quality Authority continue to make the regulatory scrutiny of aged and community care training a very high priority in its regulatory approach. ASQA should continue to require the inclusion of aged and community care training and assessment, as a mandatory requirement, in the sample of qualifications for any audit it undertakes of any RTO offering such training.

In order to assist RTOs to understand the requirements of the revised national standards, workshops explaining the revised standards should be designed and attendance at these should be mandatory. These workshops should ideally occur once the new national standards for RTO registration that are being developed by the National Skills Standards Council, have been finalised.

Recommendation 2

It is recommended that the Australian Skills Quality Authority require RTOs offering aged and community care training to participate in a series of information workshops on training and assessment strategies to ensure full compliance with the required national standards for RTO registration.

Recommendation 3

*It is recommended that the Australian Skills Quality Authority invite the Community Services and Health Industry Skills Council to participate in the workshops proposed in **Recommendation 2**. Ideally these workshops should be held once the current revision of the relevant training package has been finalised.*

The Community Services and Health Industry Skills Council as the skills council responsible for the training package (which includes the aged and community care qualifications), is currently revising the Certificate III qualifications in this sector. In conducting the audits for the review, it became clear that a lack of specificity about some of the requirements for training and assessment in the qualifications and units of competency was contributing to RTOs' non-compliance.

Another major concern of stakeholders was the failure of RTOs to provide workplace training and assessment in their strategies, and even where it was provided, in many instances it was a short, 'add-on' to a program, with no indication of planning between the RTO and the employer as to what was to be trained, how it was to be assessed, and no provision for a qualified assessor to observe the application of skills and knowledge.

Having clarity about what must be assessed in a workplace will assist positive client outcomes, RTO planning and regulatory oversight.

It has been found through this review that RTOs have very divergent practices with respect to work placement, required for the acquisition of competencies and for the assessment of skills and knowledge in the workplace context.

Recommendation 4

It is recommended that the Community Services and Health Industry Skills Council, in the current process of revision of the training package covering aged and community care, give consideration to:

• *specifying the minimum work placement hours that are required for the demonstration and assessment of competencies; and*

• *specifying which units of competency must include assessment of workplace performance.*

An issue commonly raised with auditors was the assessment of the medications unit, CHCCS305C *Assist clients with medication*. There were two issues with the provision of this unit of competency. The first issue is the vague description in the unit that the assessment *must be undertaken by a person with higher order medication qualifications …*[27] RTOs commonly did not understand what this meant. The second issue related to the reluctance of many facilities to allow this unit to be assessed in the workplace, although this is a requirement of the unit.

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27   CHCCS305C, page 13 of 23, CHC08 Training Package.

Recommendation 5

It is recommended that the Community Services and Health Industry Skills Council give consideration to specifying:

- *the qualifications an assessor is required to hold, in order to assess the unit 'CHCCS305C Assist clients with medication; and*

- *how this unit of competency can be assessed to ensure consistency and validity of assessment processes.*

Three key elements are required for a sector-wide approach to enhancing assessment. First is to revise the assessment standards in the national standards for RTOs to make it clearer how competency-based assessment should be carried out. In particular the principles of assessment that require assessments to be fair, flexible, valid and reliable and requirements for assessment evidence to be valid, sufficient (to ensure people have the competencies) authentic and current need to be spelt out in the national standards themselves (rather than being in accompanying documentation). Second is the urgent need for each Industry Skills Council to more explicitly prescribe assessment requirements in all units of competency across all training packages so that RTOs can be in no doubt what the industry requirements are in each training area. This is particularly important with respect to training delivery and assessment that needs to occur in the workplace, especially if the training and assessment must occur through and apprenticeship or a traineeship. This process is already underway, but it is crucial that any such requirements are explicit in each and every unit of each training package where there is a requirement for workplace assessment and/or delivery. Third is the need to overhaul the training of those delivering training and assessment to address the requirements for how to properly carry out competency-based training and assessment.

Recommendation 6

It is recommended that the National Skills Standards Council give consideration to, including in the revised standards for RTOs, an assessment standard that explicitly includes the principles of assessment and the rules of evidence (as they are currently defined in the definitions section of the standards).

The new assessment standard should be along the lines of: assessment must be conducted by a qualified assessor according to the principles of assessment and the rules of evidence for assessment.

The principles of assessment are that:

- *assessment must be fair so that an individual candidate's needs and characteristics are considered in the assessment process, there is clear communication between the assessor and the candidate so that the candidate is informed about and fully understands the assessment process, and that the candidate is able to challenge the result of the assessment to the RTO and be reassessed if necessary;*

- *assessment must be flexible where the assessment draws on a range of assessment methods appropriate to the context and recognising the existing competencies of the candidate;*

- *assessment must be valid in terms of the assessment decision being based on evidence of performance by the candidate; and*

- *assessment must be reliable in terms of consistency between different assessors on the basis of the assessment evidence used, including that the precise assessment task or measurement instrument is appropriate and accurate to determine whether the candidate has the competencies being assessed.*

Assessment must be based on the collection of evidence to ensure that it is valid, sufficient, authentic and current as follows:

- *assessment evidence must be <u>valid</u> so that the assessor is certain that the candidate has the skills, knowledge and attributes as described in the relevant unit of competency;*

- *assessment evidence must be <u>sufficient</u> so that the quality and quantity of assessment evidence is adequate to ensure that all aspects of the competency have been met and that it can be demonstrated repeatedly;*

- *assessment evidence must be <u>authentic</u> so that the assessor can be assured that the evidence presented for assessment is the candidate's own work; and*

- *assessment evidence must be <u>current</u> to the extent that assessment is of current competencies.*

Recommendation 7

It is recommended that all industry skills councils, as part of the current process of revising training packages, precisely identify in each unit of competency in every training package any requirements:

- *for workplace delivery and assessment;*

- *for delivery and assessment that must be undertaken for an apprenticeship or traineeship;*

- *for delivery and assessment to be undertaken in a simulated workplace context and what constitutes an appropriate workplace assessment in each case; and*

- *for repeated demonstration of competencies in the workplace and what that needs to entail in each unit of competency.*

Given the current review of standards for registered training organisations being undertaken by the National Skills Standards Council, the findings from the strategic review of aged and community care training may inform the consideration of changes to the standards.

Between 55.0% and 71.7% of RTOs audited were not compliant at the initial site audit, in their training and assessment strategies. One reason for this emerged – is because that some of the wording in the current standards is unclear, and that some RTOs have difficulty understanding precisely what is required. In designing training and assessment strategies RTOs did not always include sufficient information – not specifying, for example, who was the client group for the program. Nearly all RTOs audited did not have effective consultation with industry to ensure their strategies meet industry needs.

More than half of the RTOs audited had difficulties demonstrating that their trainers and assessors met the standard for trainers and assessors (Standard 15.4). Lack of compliance with the standard related either to the lack of continuing professional development of staff, or the currency of staff industry experience. The existing standards do not provide any definition of currency or reinforce the requirement for continuing professional development in order to demonstrate training and assessment currency as well as industry currency.

Most RTOs were not compliant in their assessment practices, despite most of their trainers and assessors holding the required TAE40110 Certificate IV in Training and Assessment. Most assessment did not meet the principles of assessment or the rules of evidence. In its review of the *Standards for NVR Registered Training Organisations* the National Skills Standards Council is recommending that RTOs engage a member of staff with a higher-order training qualification.
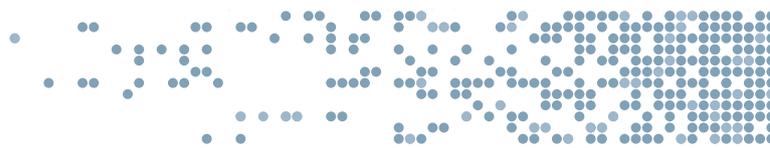
In its proposed changes to the *Standards for NVR Registered Training Organisations*, the National Skills Standards Council has drafted a standard called *Obligations to learners and clients*. Through the audit of RTOs for the review it was evident that a number of RTOs were not providing clear information to clients on how training and assessment was to be conducted in a workplace, including the responsibilities of employers and of RTOs.

The National Skills Standards Council's new *Standards for Training Packages 2012* do not state that an Industry Skills Council must include any definition of currency. Only a few training packages have ever defined industry currency[28] or how assessors can demonstrate that they continue to develop their industry currency. This means that all parties, including industry, RTOs and regulators cannot be clear on what is expected to ensure that this requirement can be met. Trainer/assessor currency or capability is important in ensuring students are trained and assessed to current industry requirements.

There are considerable deficiencies in current RTO practices in assessment. In its regulatory work, the Australian Skills Quality Authority has found these deficiencies to be widespread and to extend beyond assessment of aged and community care provision.

Recommendation 8

> *It is recommended that ASQA, the National Skills Standards Council and Innovation and Business Skills Australia (IBSA) as a matter of urgency develop a strategy to:*
>
> • *revise the assessment components and mandatory requirements in the TAE40110 Certificate IV in Training and Assessment, to ensure that people who are completing this qualification are fully capable of properly undertaking competency-based assessment;*
>
> • *consider the development of qualifications in VET assessment that could be introduced to supplement the deficient assessment capabilities of many trainers who currently hold the TAE40110 Certificate IV in Training and Assessment (or other qualifications that are considered to be equivalent); and*
>
> • *consider the inclusion of specific requirement for RTOs to provide professional development particularly to assessor staff.*

When any provision of amended training and assessment qualifications is completed, applications to add these to RTO registration should be carefully reviewed by ASQA to ensure quality provision of the revised or supplemented training and assessment qualification by RTOs.

The provision of not only sufficient work placement, but also how this experience contributes to the training and assessment of learners, were areas identified through the review as needing to be addressed. Some contributors to the review identified a scarcity of work placement opportunities, with some employers finding the demands of the placements to be onerous.

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28 *SIT07 Tourism, Hospitality and Events* Training Package included a requirement that assessors demonstrate current knowledge of the industry, industry practice and the job or role against that performance is being assessed. *This would be demonstrated through evidence of actual workplace experience within the last two years* (page 178). This specific requirement is not in the revised SIT12 Training Package.

The current CPC08 *Construction, Plumbing and Services* Training Package includes the following statement: *relevant industry experience, that is, workplace experience within the last two years in the competency area being delivered* (page 376).

Recommendation 9:

It is recommended that ASQA raise the availability of work placement opportunities with the Aged Care Standards Accreditation Agency and the Community Services and Health Industry Skills Council, to identify any initiatives that can be taken to support work placements for aged and community care learners.

A crucial area of concern is the very short duration of many training programs. Programs for the Certificate III in Aged Care varied greatly and were well short of what is required by the Australian Qualifications Framework (AQF) volume of learning descriptors. Over half (55.0%) involved delivery time of less than 500 hours. The short-duration programs, some of which had no workplace experience, were criticised by employers as leading to poorly skilled workers. The training package currently gives no guidance on duration or the volume of learning of the program. The volume of learning for a Certificate III-level program is typically one to two years, according to the AQF. Only a quarter of the RTOs audited for this review had programs that were of at least one year's duration. Over a third of programs were less than 15 weeks' duration. The real concern with such short training programs is that they do not allow sufficient time for the practice and consolidation of knowledge and skills. Therefore, they are not focussed on ensuring student needs are met and aimed at promoting the successful completion of the qualification.

The inclusion of a volume-of-learning measure will assist RTOs to understand and develop a learning program that will assist quality outcomes for clients, and support ASQA in its regulation of RTOs. Where a particular target group has prior experience in the area, this could be reflected in a program of a shorter duration.

Recommendation 10:

It is recommended that the National Skills Standards Council convene a group involving Industry Skills Councils; the Australian Qualifications Framework Council; the Australian Skills Quality Authority; the Victorian and Western Australian VET regulators; and appropriate Australian and state and territory training officials to develop an overall benchmark for:

- *the minimum volume of learning for different Australian Qualification Framework VET qualifications;*

- *the minimum volume of learning for different units of competency and skill sets;*

- *the different training, assessment and study activities that could be included in the volume of learning;*

- *the appropriate variations to any minimum volume-of-learning requirements to reflect the acceptability of shorter programs when learners already have considerable industry experience;*

- *these requirements to be expressed in the revision of the national standards for the registration of RTOs;*

- *the systematic incorporation of benchmarks into the revision of all training packages that is currently underway; and*

- *guidance for RTOs on the implementation of such benchmarks into their training delivery and assessment.*

It is also recommended that this process should involve direct consultation with peak employer, union and industry representative bodies.

The findings of this review are disturbing given the massive expansion of the aged and community care workforce that will be needed to meet the care needs of Australia's ageing population. The Productivity Commission (2011a) has estimated that Australia's aged care workforce will need to rise from just over 350,000 today, to around 980,000 by 2050. This rapid expansion in the demand for properly qualified aged care workers will not be adequately met unless the quality of aged care training delivery and assessment is improved.

Glossary

Assessment	The process of collecting evidence and making judgments on whether competency has been achieved, to confirm that an individual can perform to the standard expected in the workplace, as expressed by the relevant endorsed industry/ enterprise competency standards of a training package or by the learning outcomes of an accredited course. *Source: 2010 AQTF User's guide to the essential conditions and standards for Continuing Registration. http://natese.gov.au/?a=69353*
Assessment guidelines	The endorsed component of a training package that underpins assessment and sets out the industry's approach to valid, reliable, flexible and fair assessment. *Source: 2010 AQTF User's guide to the essential conditions and standards for Continuing Registration. http://natese.gov.au/?a=69353*
Assessment tools	An assessment tool includes the following components: the context and conditions for the assessment, the tasks to be administered to the candidate, an outline of the evidence to be gathered from the candidate and the evidence criteria used to judge the quality of performance (i.e. the assessment decision-making rules). It also includes the administration, recording and reporting requirements. *Source: 2010 AQTF User's guide to the essential conditions and standards for Continuing Registration. http://natese.gov.au/?a=69353*
Audit	The systematic and documented process used to assess an applicant's or an RTO's compliance with the VET Quality Framework. ASQA can conduct a compliance audit of an RTO at any time to assess whether the organisation continues to comply with the VET Quality Framework. RTOs can conduct internal audits to assess their compliance with the standards and their own policies and procedures as part of their continuous improvement process.
Authenticity	One of the rules of evidence. To accept evidence as authentic, an assessor must be assured that the evidence presented for assessment is the candidate's own work.
Compliance audit	An audit conducted, under s.35.1 of the *National Vocational Education and Training Regulator Act 2011*, to assess whether or not NVR RTOs continue to comply with the NVETR Act or the VET Quality Framework. Compliance audits may also be conducted under the *Education Services for Overseas Students Act 2000*.
Course	Course means a course of vocational education and training.
Non-compliance	The evidence reviewed during an audit indicates that the requirements of VET Quality Framework have not been met.

NVR RTO	An NVR RTO is a training organisation that is registered by the National VET Regulator as a registered training organisation.
Principles of assessment	To ensure quality outcomes, assessment should be fair, flexible, valid, and reliable. See also: Fairness, Flexibility, Reliability and Validity.
	Fairness
	Fairness in assessment requires consideration of the individual candidate's needs and characteristics, and any reasonable adjustments that need to be applied to take account of them.
	It requires clear communication between the assessor and the candidate to ensure that the candidate is fully informed about, understands, is able to participate in, the assessment process, and agrees that the process is appropriate. It also includes an opportunity for the person being assessed to challenge the result of the assessment and to be reassessed if necessary.
	Flexibility
	To be flexible, assessment should reflect the candidate's needs; provide for recognition of competencies no matter how, where or when they have been acquired; draw on a range of methods appropriate to the context, competency and the candidate; and, support continuous competency development.
	Reliability
	One of the principles of assessment. There are five types of reliability: internal consistency, parallel forms, split-half, inter-rater and intra rater. In general, reliability is an estimate of how accurate or precise the task is as a measurement instrument. Reliability is concerned with how much error is included in the evidence.
	Validity
	One of the rules of evidence and one of the principles of assessment.
	There are five major types of validity: face, content, criterion (i.e. predictive and concurrent), construct and consequential. In general, validity is concerned with the appropriateness of the inferences, use and consequences that result from the ass essment. In simple terms, it is concerned with the extent to which an assessment decision about a candidate (e.g. competent/not yet competent, a grade and/or a mark), based on the evidence of performance by the candidate, is justified.
	It requires determining conditions that weaken the truthfulness of the decision, exploring alternative explanations for good or poor performance, and feeding them back into the assessment process to reduce errors when making inferences about competence.
	Unlike reliability, validity is not simply a property of the assessment tool. As such, an assessment tool designed for a particular purpose and target group may not necessarily lead to valid interpretations of performance and assessment decisions if the tool was used for a different purpose and/or target group.

Recognition of Prior Learning (RPL)	An assessment process that assesses an individual's non-formal and informal learning to determine the extent to which that individual has achieved the required learning outcomes, competency outcomes, or standards for entry to, and/or partial or total completion of, a qualification. *Source: 2010 AQTF User's guide to the essential conditions and standards for Continuing Registration. http://natese.gov.au/?a=69353*
Registration audit	An audit undertaken to assess an application for: • initial registration as a NVR RTO; or • renewal of registration as an NVR RTO; or • change to the scope of registration of an NVR RTO. Any audit undertaken under the NVR Act that is not a registration audit is a compliance audit.
Registered Training Organisation (RTO)	A training organisation registered by a national, state or territory registering body.
Rules of Evidence	These are closely related to the principles of assessment and provide guidance on the collection of evidence to ensure that it is valid, sufficient, authentic and current. **Validity** There are five major types of validity: face, content, criterion (i.e. predictive and concurrent), construct and consequential. In general, validity is concerned with the appropriateness of the inferences, use and consequences that result from the assessment. In simple terms, it is concerned with the extent to which an assessment decision about a candidate (e.g. competent/not yet competent, a grade and/or a mark), based on the evidence of performance by the candidate, is justified. It requires determining conditions that weaken the truthfulness of the decision, exploring alternative explanations for good or poor performance, and feeding them back into the assessment process to reduce errors when making inferences about competence. Unlike reliability, validity is not simply a property of the assessment tool. As such, an assessment tool designed for a particular purpose and target group may not necessarily lead to valid interpretations of performance and assessment decisions if the tool was used for a different purpose and/or target group.

	Sufficiency One of the rules of evidence. Sufficiency relates to the quality and quantity of evidence assessed. It requires collection of enough appropriate evidence to ensure that all aspects of competency have been satisfied and that competency can be demonstrated repeatedly. Supplementary sources of evidence may be necessary. The specific evidence requirements of each unit of competency provide advice on sufficiency. **Authenticity** To accept evidence as authentic, an assessor must be assured that the evidence presented for assessment is the candidate's own work. **Currency** In assessment, currency relates to the age of the evidence presented by candidates to demonstrate that they are still competent. Competency requires demonstration of current performance, so the evidence must be from either the present or the very recent past.	
Sampled audit (random sampled audit)	Reviews and examinations of any aspects of NVR RTOs operations to determine any systemic issues relating to the quality of vocational education and training.	
Simulated work environment	The requirement for a unit of competency to be assessed in a simulated workplace environment may be identified either within the unit of competency itself or within the relevant Training Package Assessment Guidelines. A simulated workplace may be required for the following reasons: - the learner may not have access to a workplace; - the available workplace may not use the relevant skill, equipment or process; - conducting assessments may be disruptive or interfere with work requirements, e.g. there may be ethical, privacy or confidentiality issues to consider; - it may not be appropriate to apply the skills in the workplace due to potential risks such as health and safety, or equipment being damaged; For the purposes of assessment, a simulated workplace may be described as one in which all of the required skills are performed with respect to the provision of paid services to an employer or the public can be demonstrated as though the business was actually operating. In order to be valid and reliable, the simulation must closely resemble what occurs in a real work environment. The simulated workplace should involve a range of activities that reflect real work experience. The simulated workplace should allow the performance of all of the required skills and demonstration of the required knowledge. It is critical that when a simulated workplace is being set up, the assessor is thoroughly familiar with the competency standard/s, as well as experienced in the current circumstances and environment of the workplace.	

In deciding whether a simulation or an assessment environment has been adequately set up, the following should be considered.

Are there opportunities to:

- test the full range of equipment;
- use up-to-date equipment and software;
- reflect times and deadlines;
- show the complexity of dealing with multiple tasks;
- involve prioritising among competing tasks;
- deal with customers, including difficult ones;
- work with others in a team;
- communicate with diverse groups;
- find, discuss and test solutions to problems;
- explore health and safety issues;
- answer practically oriented, applied-knowledge questions; and
- show the level of written and verbal expression sufficient for, but not exceeding, the work requirements.

Source: 2010 AQTF User's guide to the essential conditions and standards for initial registration. http://natese.gov.au/?a=69353

Training and assessment strategy	A framework that guides the learning requirements and the teaching, training and assessment arrangements of a vocational education and training qualification. It is the document that outlines the macro-level requirements of the learning and assessment process, usually at the qualification level.
Unit of competency	Specification of industry knowledge and skill, and the application of that knowledge and skill to the standard of performance expected in the workplace
Vocational education and training (VET)	Post-compulsory education and training, excluding degree and higher-level programs delivered by further education institutions, which provides people with occupational or work-related knowledge and skills. VET also includes programs that provide the basis for subsequent vocational programs. Alternative terms used internationally include technical and vocational education and training (TVET), vocational and technical education and training (VTET), technical and vocational education (TVE), vocational and technical education (VTE), further education and training (FET), and career and technical education (CTE).
VET Quality Framework	A set of standards and conditions used by the Australian Skills Quality Authority (ASQA) to assess whether a registered training organisation (RTO) meets the requirements for registration. It comprises: the *Standards for NVR Registered Training Organisations*, the Fit and Proper Person Requirements, the Financial Viability Risk Assessment Requirements, the Data Provision Requirements, and the Australian Qualifications Framework.
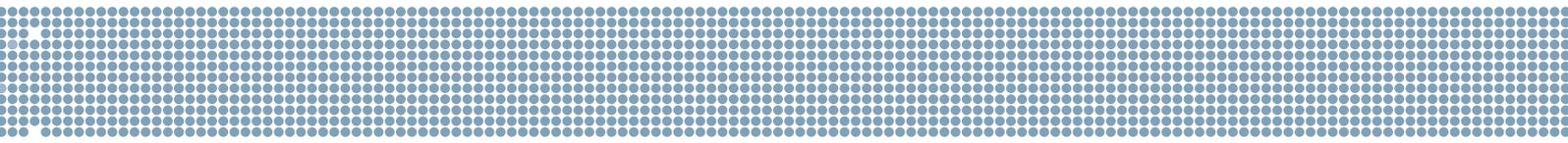
Appendices

Appendix A
Committee Membership

Christopher Robinson (Chair)
Chief Commissioner, Australian Skills Quality Authority (ASQA)

Claire Baldwin
Department of Innovation, Industry, Climate Change, Science, Research and Tertiary Education

Dorothy Rao
Community Services and Health Industry Skills Council

Jenni Marsh
FEROS Care

Leigh Svenson
Health Services Union

Mark Brandon
Aged Care Standards Accreditation Agency

Penny Pengryffyn
Department of Health and Ageing

Note: The Victorian Registration and Qualifications Authority and the Western Australian Training Accreditation Council were invited to be observers to each of the three strategic reviews ASQA undertook in 2012-2013 and provided valuable input.
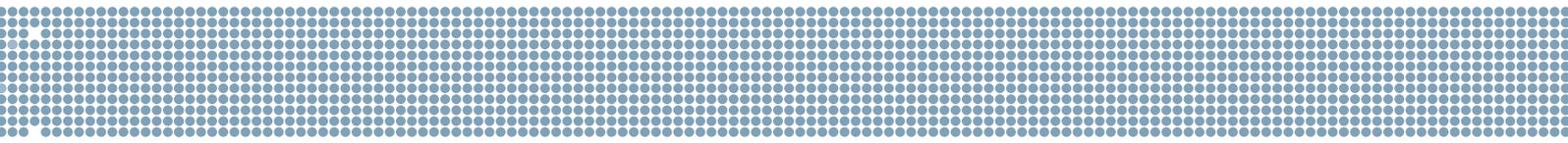
Appendix B
Management Committee terms of reference

The strategic review of training for the aged and community care sector has been established by the Australian Skills and Qualifications Authority (ASQA) under the *National Vocational Education and Training Regulator Act 2011* to: examine the efficacy of the current provision of training for aged and community care workers; and advise how best to ensure training packages incorporate flexibility and innovation to meet emerging needs.

ASQA has established a management committee chaired by ASQA and comprising representatives from the: Community Services and Health Industry Skills Council; an employer (Feros Care) and union representative (HSU) nominated by the Community Services and Health Industry Skills Council; the then Department of Innovation, Industry, Science, Research and Tertiary Education; the Aged Care Standards and Accreditation Agency; and the Department of Health and Ageing.

The management committee will:

1. Provide advice and findings about:

    a. how well aged and community care workers are being prepared, both in terms of RTO delivery of training packages and the available evidence from the sector about how their training equips them for working with and caring for older people;

    b. how best to ensure training packages incorporate flexibility and innovation to meet emerging needs; and

    c. any aspects of the VET Quality Framework not being adequately addressed by RTOs delivering aged and community care training.

2. Approve the methodology to be implemented by the secretariat to the review.

3. Establish a process to consult aged and community care training stakeholders

4. Provide a report to ASQA of the review's findings.
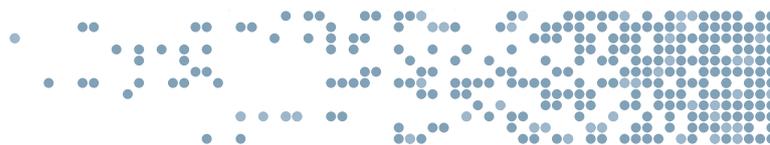
Appendix C

The *Standards for NVR Registered Training Organisations 2012* for the continuing registration of existing RTOs relevant to the review

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SNR 15 The NVR registered training organisation provides quality training and assessment across all of its operations, as follows:

15.1 The NVR registered training organisation collects, analyses, and acts on relevant data for continuous improvement of training and assessment.

15.2 Strategies for training and assessment meet the requirements of the relevant Training Package or VET accredited course and have been developed through effective consultation with industry.

15.3 Staff, facilities, equipment and training and assessment materials used by the NVR registered training organisation are consistent with the requirements of the Training Package or VET accredited course and the NVR registered training organisation's own training and assessment strategies and are developed through effective consultation with industry.

15.4 Training and assessment is delivered by trainers and assessors who:

    a. have the necessary training and assessment competencies as determined by the National Skills Standards Council or its successors; and

    b. have the relevant vocational competencies at least to the level being delivered or assessed; and

    c. can demonstrate current industry skills directly relevant to the training/assessment being undertaken; and

    d. continue to develop their Vocational Education and Training (VET) knowledge and skills as well as their industry currency and trainer/assessor competence.

15.5 Assessment including Recognition of Prior Learning (RPL):

    a. meets the requirements of the relevant Training Package or VET accredited course; and

    b. is conducted in accordance with the principles of assessment and the rules of evidence; and

    c. meets workplace and, where relevant, regulatory requirements; and

    d. is systematically validated.

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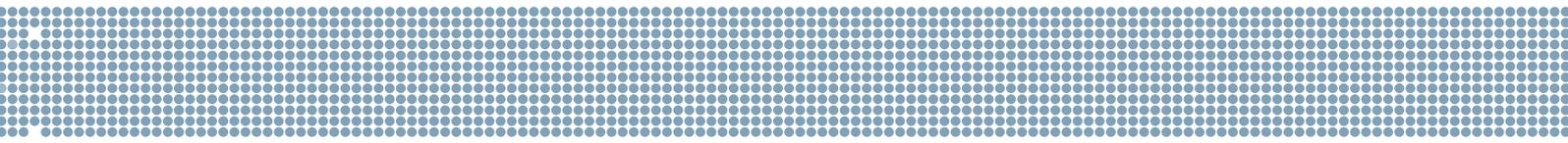
SNR 16 **The NVR registered training organisation adheres to principles of access and equity and maximises outcome for its clients, as follows:**

16.1 The NVR registered training organisation establishes the needs of clients, and delivers services to meet these needs.

16.2 The NVR registered training organisation continuously improves client services by collecting, analysing and acting on relevant data.

16.3 Before clients enrol or enter into an agreement, the NVR registered training organisation informs them about the training, assessment and support services to be provided, and about their rights and obligations.

16.4 Employers and other parties who contribute to each learner's training and assessment are engaged in the development, delivery and monitoring of training and assessment.

16.5 Learners receive training, assessment and support services that meet their individual needs.

16.6 Learners have timely access to current and accurate records of their participation and progress.

16.7 The NVR registered training organisation provides appropriate mechanisms and services for learners to have complaints and appeals addressed efficiently and effectively.

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SNR 17 **Management systems are responsive to the needs of clients, staff and stakeholders, and the environment in which the NVR registered training organisation operates, as follows:**

17.1 The NVR registered training organisation's management of its operations ensures clients receive the services detailed in their agreement with the NVR registered training organisation.

17.2 The NVR registered training organisation uses a systematic and continuous improvement approach to the management of operations.

17.3 The NVR registered training organisation monitors training and/or assessment services provided on its behalf to ensure that it complies with all aspects of the VET Quality Framework.

17.4 The NVR registered training organisation manages records to ensure their accuracy and integrity.

....

SNR 18 **The NVR registered training organisation has governance arrangements in place as follows:**

18.1 The NVR registered training organisation's Chief Executive must ensure that the NVR registered training organisation complies with the VET Quality Framework. This applies to all of the operations within the NVR registered training organisation's scope of registration, as listed on the National Register.

18.2 The NVR registered training organisation must also explicitly demonstrate how it ensures the decision making of senior management is informed by the experiences of its trainers and assessors.

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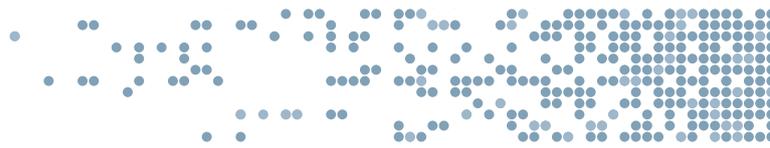
SNR 19 Interactions with the National VET Regulator

19.1   The NVR registered training organisation must co-operate with the National VET Regulator:

   a.   in the conduct of audits and the monitoring of its operations;

   b.   by providing accurate and timely data relevant to measures of its performance;

   c.   by providing information about significant changes to its operations;

   d.   by providing information about significant changes to its ownership; and

   e.   in the retention, archiving, retrieval and transfer of records consistent with the National VET Regulator's requirements.

……………………………………………………………………………………….......................

SNR 20   Compliance with legislation

20.1   The NVR registered training organisation must comply with relevant Commonwealth, State or Territory legislation and regulatory requirements relevant to its operations and its scope of registration.

20.2   The NVR registered training organisation must ensure that its staff and clients are fully informed of legislative and regulatory requirements.

……………………………………………………………………………………….......................

SNR 21 Insurance

21.1   The NVR registered training organisation must hold public liability insurance throughout its registration period.

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SNR 22 Financial management

22.1 The NVR registered training organisation must be able to demonstrate to the National VET Regulator, on request, that it is financially viable at all times during the period of its registration.

22.2 The NVR registered training organisation must provide the following fee information to each client:

   a. the total amount of all fees including course fees, administration fees, materials fees and any other charges;

   b. payment terms, including the timing and amount of fees to be paid and any non-refundable deposit/administration fee;

   c. the nature of the guarantee given by the NVR registered training organisation to complete the training and/or assessment once the student has commenced study in their chosen qualification or course;

   d. the fees and charges for additional services, including such items as issuance of a replacement qualification testamur and the options available to students who are deemed not yet competent on completion of training and assessment; and

   e. the organisation's refund policy.

22.3 Where the NVR registered training organisation collects student fees in advance it must ensure it complies with one of the following acceptable options:

   a. (Option 1) the NVR registered training organisation is administered by a State, Territory or Commonwealth government agency;

   b. (Option 2) the NVR registered training organisation holds current membership of an approved Tuition Assurance Scheme;

   c. (Option 3) the NVR registered training organisation may accept payment of no more than $1000 from each individual student prior to the commencement of the course. Following course commencement, the NVR registered training organisation may require payment of additional fees in advance from the student but only such that at any given time, the total amount required to be paid which is attributable to tuition or other services yet to be delivered to the student does not exceed $1,500;

   d. (Option 4) the NVR registered training organisation holds an unconditional financial guarantee from a bank operating in Australia for no less than the full amount of funds held by the NVR registered training organisation which are prepayments from students (or future students) for tuition to be provided by the NVR registered training organisation to those students; or

   e. (Option 5) the NVR registered training organisation has alternative fee protection measures of equal rigour approved by the National VET Regulator.
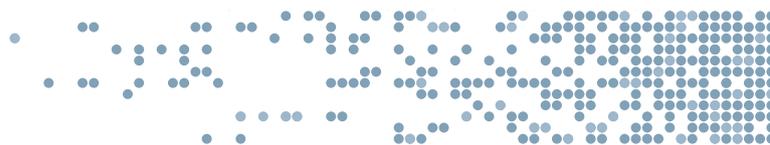
SNR 23 Certification, issuing and recognition of qualifications & statements of attainment

23.1 The NVR registered training organisation must issue to persons whom it has assessed as competent in accordance with the requirements of the Training Package or VET accredited course, a VET qualification or VET statement of attainment (as appropriate) that:

   a.   meets the Australian Qualifications Framework (AQF) requirements;

   b.   identifies the NVR registered training organisation by its national provider number from the National Register and

   c.   includes the NRT logo in accordance with current conditions of use.

23.2 The NVR registered training organisation must recognise AQF and VET qualifications and VET statements of attainment issued by any other RTO.

23.3 The NVR registered training organisation must retain client records of attainment of units of competency and qualifications for a period of 30 years.

23.4 The NVR registered training organisation must provide returns of its client records of attainment of units of competency and VET qualifications to the National VET Regulator on a regular basis, as determined by the National VET Regulator.

23.5 The NVR registered training organisation must meet the requirements for implementation of a national unique student identifier.

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SNR 24   Accuracy and integrity of marketing

24.1 The NVR registered training organisation must ensure its marketing and advertising of AQF and VET qualifications to prospective clients is ethical, accurate and consistent with its scope of registration.

24.2 The NVR registered training organisation must use the NRT logo only in accordance with its conditions of use.

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SNR 25 Transition to Training Packages/expiry of VET accredited course

25.1 The NVR registered training organisation must manage the transition from superseded Training Packages within 12 months of their publication on the National Register so that it delivers only currently endorsed Training Packages.

25.2 The NVR registered training organisation must manage the transition from superseded VET accredited courses so that it delivers only currently endorsed Training Packages or currently VET accredited courses.

Appendix D
The Principles of Assessment and the Rules of Evidence

Principles of assessment are required to ensure quality outcomes. Assessments should be fair, flexible, valid and reliable as follows:

a. **Fairness:** Fairness requires consideration of the individual candidate's needs and characteristics, and any reasonable adjustments that need to be applied to take account of them. It requires clear communication between the assessor and the candidate to ensure that the candidate is fully informed about, understands, and is able to participate in, the assessment process, and agrees that the process is appropriate. It also includes an opportunity for the person being assessed to challenge the result of the assessment and to be reassessed if necessary.

b. **Flexible:** To be flexible, assessment should reflect the candidate's needs; provide for recognition of competencies no matter how, where or when they have been acquired; draw on a range of methods appropriate to the context, competency and the candidate; and, support continuous competency development.

c. **Validity:** There are five major types of validity: face, content, criterion (i.e. predictive and concurrent), construct and consequential. In general, validity is concerned with the appropriateness of the inferences, use and consequences that result from the assessment. In simple terms, it is concerned with the extent to which an assessment decision about a candidate (e.g. competent/not yet competent, a grade and/or a mark), based on the evidence of performance by the candidate, is justified. It requires determining conditions that weaken the truthfulness of the decision, exploring alternative explanations for good or poor performance, and feeding them back into the assessment process to reduce errors when making inferences about competence.

   Unlike reliability, validity is not simply a property of the assessment tool. As such, an assessment tool designed for a particular purpose and target group may not necessarily lead to valid interpretations of performance and assessment decisions if the tool was used for a different purpose and/or target group.

d. **Reliability:** There are five types of reliability: internal consistency, parallel forms, split-half, inter-rater and intra-rater. In general, reliability is an estimate of how accurate or precise the task is as a measurement instrument. Reliability is concerned with how much error is included in the evidence.

Rules of evidence are closely related to the principles of assessment and provide guidance on the collection of evidence to ensure that it is valid, sufficient, authentic and current as follows:

a. **Validity:** see **Principles of assessment.**

b. **Sufficiency:** Sufficiency relates to the quality and quantity of evidence assessed. It requires collection of enough appropriate evidence to ensure that all aspects of competency have been satisfied and that competency can be demonstrated repeatedly. Supplementary sources of evidence may be necessary. The specific evidence requirements of each unit of competency provide advice on sufficiency.

c. **Authenticity:** To accept evidence as authentic, an assessor must be assured that the evidence presented for assessment is the candidate's own work.

d. **Currency:** Currency relates to the age of the evidence presented by candidates to demonstrate that they are still competent. Competency requires demonstration of current performance, so the evidence must be from either the present or the very recent past

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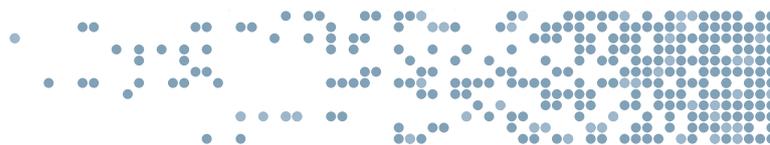
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