

## **Aboriginal and Torres Strait Islander Health Practice Board of Australia**

### **Discussion Paper:**

- 1. Which Aboriginal and Torres Strait primary health care worker roles should be regulated based on assessment of risk to the public?**
- 2. What qualifications should be regarded as the appropriate educational preparation for the registration of these practitioners?**

# **NATSIHWA Submission**

### **Discussion Questions:**

#### **What are the types of roles Aboriginal and Torres Strait Islander primary health care worker currently undertake in your work area?**

Aboriginal and Torres Strait Islander health primary care workers (AHW's) undertake a range of roles across Australia including Aboriginal Health Practitioners, Aboriginal Community Health Workers, Aboriginal Hospital Liaison Officers and Aboriginal Health Professionals/Specialists.

Other AHW's work in specialised roles such as Social and Emotional Well Being, Drug and Alcohol, Maternal and Infant Health, Sexual Health, Aged Care, Youth Health, Men's or Women's Health. These roles are both clinical and non-clinical, depending on the service requirements and jurisdiction.

Clinical AHW's (titled Aboriginal Health Practitioners (AHP's)) are defined by the underpinning qualification that they undertake, mainly the Certificate IV Aboriginal Primary Health Care (Practice) and are registered accordingly.

The NATSIHWA definition of an AHW is:

1. Be an Aboriginal and/or Torres Strait Islander Person
2. Have completed a Certificate III or above in Aboriginal and/or Torres Strait Islander Primary Health Care; OR
3. Are undertaking an Aboriginal Primary Health Care Certificate, have completed at least 10 of the 14 units and can provide a statement of attainment as evidence; OR
4. Don't have the above qualification but can provide a statutory declaration from your employer, stating your employment title and position, and that you are recognised and employed by the organisation in a role that is equivalent to an AHW

#### **What qualifications do Aboriginal and Torres Strait Islander primary health care worker who undertake this work normally have?**

AHW's across Australia undertake a variety of Aboriginal Primary Health care qualifications, which have evolved over time. The national accredited Aboriginal Primary Health Care qualification is the preferred minimum qualification for AHW's. This qualification is relatively new and is currently under review. Jurisdictions like the Northern Territory, Queensland and Western Australia have adapted this

qualification into their job roles, including into award structures. They cover both clinical and non-clinical roles.

NATSIHWA also acknowledges that there are also qualifications at a tertiary (university) level, which also prepare AHW's for Aboriginal Primary Health Care service provision. Examples include the Bachelor of Health Science (Indigenous Mental Health) from Charles Sturt University and the Bachelor of Health Science (Indigenous Substance Misuse) from the University of Wollongong. Graduates from these courses provide clinical services (counselling, case management, diagnosis and treatment) in the fields of Mental Health and Drug & Alcohol to Aboriginal clients.

**Are these qualifications adequate to prepare for the role? If not, why not?**

Within the Aboriginal Primary Health Care qualification there is the Certificate II and Certificate III levels and then two streams commencing at Certificate IV – Community Care and Practice. NATSIHWA believes that all these qualifications prepare Aboriginal and Torres Strait Islander health workers for their job roles, including beginner/introductory roles at the Certificate II level.

The current Certificate IV Aboriginal Primary Health Care (Practice) qualification adequately prepares AHP's roles, which have to undertake clinical activities, and registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSHPB) is appropriate.

NATSIHWA has been working closely with the Community Services and Health Industry Skills Council in reviewing and strengthening the Aboriginal Primary Health Care qualification, which will further enhance and define scopes of practice and inform job roles.

**What, if any, of the following activities [in the AHMAC risk matrix] are undertaken by Aboriginal and Torres Strait Islander primary health care workers in these roles?**

If any AHW needs to undertake any of the roles as mentioned in the AHMAC risk matrix, then they must undertake a minimum Certificate IV Aboriginal Primary Health Care (Practice) and be registered with ATSHPB.

Those workers who undertake clinical skills in such areas as Mental Health, Drug and Alcohol, Sexual Health or Chronic Care for example would also need to be registered. They are still clinical workers and require registration, but are just working in a specialised field.

There are minimal clinical skills learnt at the Certificate III and in the Certificate IV Aboriginal Primary Health Care (Community Care) qualification, and these AHW's undertake these skills under direction and supervision, like an Assistant in Nursing (Certificate III) would do.

**What other risks to patients are associated with the type of work being undertaken by Aboriginal and Torres Strait Islander primary health care workers?**

NATSIHWA is of the view that Aboriginal health workers in non-clinical roles pose no more risk to the public than other unregistered health professionals, and that registration is not warranted.

**What mechanisms are in place to deal with complaints against primary health care workers in these roles? Are the mechanisms adequate?**

Further investigation will need to occur in regards to regulation of those Aboriginal primary health care workers who are not registered. Negative licencing would be the most appropriate option for non-clinical Aboriginal primary health care workers.

Currently, AHW's are supervised and regulated by their employers and the work undertaken by Aboriginal Primary Health Care workers is governed by their position descriptions. Aboriginal Primary Health Care Workers are supervised either directly or remotely and are accountable for their care practices in the same manner as other supervised staff.

**Which of the following options for unregulated Aboriginal and Torres Strait Islander primary health care workers do you think is the most appropriate**

NATSIHWA considers that the current regulatory processes are the appropriate option for regulating Aboriginal and Torres Strait Islander health workers in non-clinical roles.

NATSIHWA will be investigating future options for self-regulation, similar to other non-regulated health professionals, for example social workers, counsellors and welfare officers and their affiliated associations.

**If you think that a wider range of Aboriginal and Torres Strait Islander primary health care workers should be regulated, what qualification or qualifications should be the approved qualifications for registration? Please explain why.**

As noted above, NATSIHWA does not support registration of a wider range of Aboriginal and Torres Strait Islander health workers.

**What are the risks to public safety with this qualification?**

Not applicable, given our submission.

**Are there any other comments you would like to make?**

NATSIHWA does not support registration of non-clinical Aboriginal primary health care workers.

**Conclusion**

Thank you for the opportunity to make this submission. If submissions are to be published on the Board website, NATSIHWA has no objection to this submission being published.