Discussion questions

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

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Immunisation Support / Hearing Health Screening

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Mental Health (Adult)

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Mental Health (CYMHS)

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Child Health

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Generalist

Advanced Health Worker (Aboriginal and Torres Strait Islander Health) – Chronic Disease

Senior Health Worker (Aboriginal and Torres Strait Islander Health) – Chronic Disease

Senior Health Worker (Aboriginal and Torres Strait Islander Health) – Evolve Therapeutic

Hospital Liaison Officer (Aboriginal and Torres Strait Islander Health)

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

OO4 – Certificate IV in Aboriginal and Torres Strait Islander primary health care (Community)

OO5 – Diploma in Aboriginal and Torres Strait Islander primary health care (Community)

OO7 – Diploma in Aboriginal and Torres Strait Islander primary health care (Community)

Are these qualifications adequate preparation for the role? If not, why not?

No. Even though the qualifications are mandatory for the positions within our area on many if not all occasions the employees do not deliver or utilise a number of skills performed as part of the qualification that are clinical in nature due to the requirements of our organisation.

Within the GCHHS Health Workers work alongside clinical staff or as a part of the treating team in providing cultural support to clients and staff. With the exception of the Hearing Health Screening position all other roles provide services in a dual capacity with clinical staff thus providing the client with both the clinical and cultural service to ensure that they receive the best possible care.

The issue with this qualification is twofold not only is the organisation not able to or needs to fully utilise the skills obtained as part of this training but the staff undertaking this training often feel like they are not able to fully utilise the skill set they have acquired. In my experience, Staff either become frustrated by having to do training that is not required within the organisation or wanting to perform some of these skills out of scope particularly due to the training being the required qualification for the positions.

What, if any, of the following activities are undertaken by Aboriginal and Torres Strait Islander primary health care workers in these roles? *Please tick*

1. putting an instrument, hand or finger into a body cavity, **YES, Only with Health Health Screening Position**
2. procedures below dermis, mucous membrane, in or below surface of cornea or teeth, **NO**
3. prescribing a scheduled drug, supplying a scheduled drug (includes compounding), supervising that part of a pharmacy that dispenses scheduled drugs, **NO**
4. administering a scheduled drug or substance by injection, **NO**
5. supplying substances for ingestion, **NO**
6. primary care practitioners who see patients with or without a referral from a registered practitioner, **NO**
7. treatment commonly occurs without others present, and **Rarely, only on the occasion with the Hearing Health Screening Program where the health worker may screen alone. The worker has the necessary Hearing Health Qualifications**
8. patients are commonly required to disrobe. **NO**

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

- Staff undertake varying electives when studying the qualification thus only being proficient and assessed on certain electives which may not correspond to the position they are filling or the requirements of the organisation where they are employed.
- The nature of the Health Worker roles are that the communities generally trust and view these roles in high regard on many occasions higher than Doctors, Nurses etc and depend on the Health Workers to provide medical information. In extreme cases, this has potential to give rise to situations where Health Workers may lose sight of the limitations of their roles in wanting to 'protect' clients and may not refer on to appropriate services or may try to provide clinical information to clients without the appropriate skills / training or employed in a role that can provide this.

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

Normal mechanisms within Queensland Health based on the PAD and Code of Conduct along with the other processes such as CMC dependent on the severity of the complaint.

Whilst the mechanisms are adequate for the public to lodge complaints it does have its limitations for the public particularly if the community know the health works and feel uneasy about complaining (For eg, not wanting to get people in trouble if something has occurred) so by its very nature it could be stopping the public from feeling safe in complaining given that it goes through an internal process in the first instance.

Having an independent process and avenue to raise concerns will provide the public with the confidence and safety.

As noted in the discussion paper identifying the issues is difficult given that there is no formal process for regulation of Health Workers in non-clinical roles and having this regulation for non-clinical roles could provide the avenue for issues to be raised and addressed.

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

The GCHHS would support (C) as the most appropriate option.

(a) Continue with current arrangements, utilising existing complaints mechanisms and the criminal justice system, or

(b) Introduce a system of negative licensing. Or

(c) Expand the regulation (including the requirements for registration) of Aboriginal and Torres Strait Islander Health Practitioners, under the National Law, to include Aboriginal and Torres Strait Islander primary health care worker working in non clinical or less clinical roles.

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 qualification(s) for registration? Please explain why.

Certificate IV or Diploma in Aboriginal and Torres Strait Islander primary health care (Practice) for Clinical roles.

Certificate IV or Diploma in Aboriginal and Torres Strait Islander primary health care (Community) for non-Clinical roles or equivalent qualifications such as Diploma in Community Services that provide skills in caring for, supporting and advocating for clients along with additional modules dependent on certain roles (For eg, Chronic Disease Management Plans for people filling these roles, Case Management, working as part of a MDT etc).

What are the risks to public safety with this qualification?

Potential lack of clinical content/skills and knowledge as covered in the Practice Stream

Lack of clarity about the roles that this qualification encompasses given that at present it is wide and varied – need for additional modules as noted above.

Potential for Community to be confused or unsure about the scope of the roles and how they differ from clinical roles particularly with the Practice Stream.

Are there any other comments you would like to make?

The discussion paper notes that regulation of non-clinical roles may inhibit community members from entering roles but given the poor health and vulnerability of the Aboriginal and Torres Strait Islander Community we have a role to ensure that the provision of care particularly in communities where there are limited services and where the burden of disease is higher is of the highest standard and this can be accomplished through good regulation of professionals.