

The Discussion Paper

22<sup>nd</sup> February 2013

NACCHO is the national peak Aboriginal health body representing over 150 Aboriginal Community Controlled Health Services (ACCHS) that deliver comprehensive primary health care services across the country. This submission focuses on the Aboriginal and/or Torres Strait Islander Health Workers who have long been the profession committed to 'Closing the Gap' in the health inequalities experienced by Aboriginal Peoples. Therefore we believe NACCHO to be well placed to make informed comment in regards to this consultation.

NACCHO

National Aboriginal Community Controlled Health Organisation

Thank you for the opportunity of commenting on this important consultation paper. Improving the Aboriginal and Torres Strait Islander health workforce is fundamental to closing the gap in Aboriginal and Torres Strait Islander life expectancy. While our contribution in regards to this consultation are minimal we trust that you will give them due consideration.

Which Aboriginal and Torres Strait Islander primary health care worker roles should be regulated based on an assessment of risk to the public?

The statutory view of protecting the public from harm implies clinical invasive treatment. It is because of this view that persons who have obtained Certificate IV (Primary Health Care Practice) HLT43907 and are currently working in a role that requires them to deliver primary health care practice are the identified group that should be regulated. To identify other worker roles that should be regulated introduces a myriad of scenarios that could be argued for inclusion in registration. It is not unusual for an Aboriginal Health Worker (HLT44007 primary Health Care Community) to hold a number of roles or transition between roles within the service of which they work. The matters and concerns raised when considering inclusion of *other* Aboriginal and Torres Strait Islander primary health care worker roles for registration are complex and require greater exploration.

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## What qualifications should be regarded as the appropriate educational preparation for the registration of these practitioners?

In early submissions, (December 2008) regarding proposed arrangements for (National Registration & Accreditation Scheme for Health professional), NACCHO stated the following:

'NACCHO supports that <u>all</u> AHWs be registered as a pre-requisite for practice anywhere in Australia and that registration should identify mandatory minimum requirements and conditions for registration. AHWs should be required to meet minimum competency based education qualifications to be eligible for registration'.

NACCHO supports the current Registration requirement for Aboriginal and/or Torres Strait Islander Practioner's to have obtained Certificate IV (Primary Health Care Practice) HLT43907. This is the qualification currently recognised by AHPRA as the minimum standard for registration, and as previously required for registration in the Northern Territory which is the benchmark. To impose higher qualifications would exclude many Aboriginal and/or Torres Strait Islander Practioner's who are currently delivering primary health care, particularly in rural and remote areas. Some of these persons are sole Practioner's. The majority of persons currently undertaking Primary Health Care Practice delivery are mature employees who are comfortable in their roles. They may not desire to obtain higher qualification, nor may their service or their community have the capacity which would allow them to partake of this further education.