

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

At Apunipima Cape York Health Council we currently employ Health Workers in the following areas:

Health Worker- Chronic Disease

Health Worker – Podiatry

Health Worker – Maternal and Child Health

Health Worker – Men’s Health

Health Worker – Nutrition

Healthy Lifestyle Workers (Tobacco)

Health Promotion Officer

Health Worker – Women’s Health

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

Health Workers have a minimum of Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). Once application of their knowledge is applied in the context of their work over a period of time the Health Worker is then enrolled in the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). Further education and training then follows over a period of time depending on the area and position (career path) they are employed in and may include some of the following:

Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)

Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)

Advanced Diploma in Aboriginal and /or Torres Strait Islander Primary Health Care (Practice)

Advanced Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)

Certificate III in Population Health

Certificate IV Population Health

Diploma in Population Health

Graduate Certificate in Health Promotion

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

Yes, these qualifications are adequate for the Health Worker role in terms of the theory component of the qualification; however the practical component takes comprehensive on the job training to ensure competence. Health Workers carrying out duties in a remote setting require on-going practical training to ensure their knowledge can be applied effectively in the right context which they are working such as Family Health, Chronic Disease etc.

Apunipima Primary Health Care Co-ordinators recommend that all Health Workers should have an "Assessment" completed by a qualified Assessor on their theory and how they are practicing their knowledge every two (2) years to make sure that Health Workers are up to the required standards and are practicing appropriate Primary Health Care.

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, NO
 2. procedures below dermis, mucous membrane, in or below surface of cornea or teeth, YES, only carried out by highly experienced Health Worker in Maternal and Child Health
 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, YES, only carried out by highly experienced Health Worker in Maternal and Child Health
 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 YES, only carried out by highly experienced Health Worker in Maternal and Child Health
 8. patients are commonly required to disrobe. YES, only carried out by highly experienced Health Worker in Maternal and Child Health
- The Health Workers generally do not carry out the above tasks as they do not have the training to do these however where it is indicated that the task is completed by a Health Worker is under the supervision of a Registered Nurse and in a clinical setting.

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

- Not having the training to properly treat clients
- Not having Isolated Practice qualifications in a remote setting
- There is a general lack of clinical supervision and support due to funding constraints
- The QLD Medicines Act is more restrictive than in other states

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

At Apunipima we have several mechanisms in place to deal with any complaints against Primary Health Care Workers. As part of the induction process all Health Workers receive comprehensive training. As part of best practice all policies have an on-going review process to ensure these mechanisms are adequate. To date we have had no complaints against any of our Health Workers.

Examples of mechanisms in place to deal with complaints are as follows:

Complaints Policy, Clinical Governance Policy, Code of Conduct, Disciplinary Policy, Performance Management Policy and the Induction Program

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

- (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.

Apunipima Cape York Health Council supports (a) Continue with current arrangements, utilising existing complaints mechanisms and the criminal justice system.

Whilst Health Workers are not regulated it is difficult to introduce a negative licencing system if there is no measurement tool in place to deal with this. If there are effective mechanisms in place within the organisation to deal with any potential complaints (which in our case we believe there is) then there is also no requirement to expand the regulation (including requirements for registration).

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.

If Aboriginal and Torres Strait Islander Primary Health Care workers were to be regulated we support the pathway of the Practice stream. The Practice stream covers the clinical component whereas the Community Care stream does not. We agree if the Community Care qualification is included as part of the requirements for a Health Worker and that Health Worker is working in areas that requires the clinical component then the five (5) core units from the Practice stream should be completed as follows:

- Plan and implement Health Care in a Primary Health Care Context
- Monitor Health Care
- Assess Clients Physical Well Being
- Work with Medicines
- Deliver Primary Health Care Programs for Aboriginal and Torres Strait Islander Communities

Apunipima Cape York Health Council recommends the following Qualification Pathway for Health Workers

Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

Advanced Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)

What are the risks to public safety with this qualification?

The risk to public safety following the Practice stream is very low. This qualification along with practical application and continuing education in the context that our Health Workers work in poses a very low risk. Our focus is on education and prevention as well as Health Promotion as opposed to Acute Primary Health Care which our Health Workers do not engage in.

Are there any other comments you would like to make?

The workforce is required to meet community health needs and be able to respond accordingly. Therefore it would be beneficial to have the flexibility to have a mix of Health Workers with different qualifications as not all Health Worker roles work in a clinical function / capacity.

A Health Worker should be given the choice of doing either Practice or Community Care and then they can aim to work towards getting the qualifications as required for that stream and applicable to the area that they are working within.

Apunipima agrees with the discussion papers with some of the points made such as having to protect the clients and also protect the Health Worker by making sure the Health Worker is qualified to perform the role that they play in the Primary Health Care setting. Feedback from our Primary Health Care Co-ordinators strongly recommends that regular assessments (every 2 Years) should take place by qualified assessors on all Health workers on both the theory and practical components of their roles to ensure the application of their skills and knowledge is at the standard required.