

Department for Health and Ageing (SA Health)

Feedback to Aboriginal and Torres Strait Islander Health Practice Board of Australia (National Board) relating to consideration for the inclusion of other primary health care worker roles (other than clinical) for regulation and their minimum/relevant qualification, based on the questions below:

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

SA Health is developing a project that describes the role of an Aboriginal Health Practitioner, identifies career pathways and the up skilling requirements of the existing Aboriginal Health Worker (AHW) workforce. The project will focus on the role (scope of practice) and organisational needs, thus, the individual AHW's occupying roles that are currently providing clinical functions that will be identified as AHP roles. Once this project is implemented the number of AHP roles will be clearly defined and the registration of staff occupying those roles will emerge.

Various Comments from SA Health LHN's:

- Partial registration for one professional group seems complicated and as a result registration may have the unintended consequence of deterring Aboriginal people from working in these roles or partake in registration.
- If limited data is available to provide information about the risk to the public, for example, complaints about services or incidents and adverse outcomes from services provided by Aboriginal Health Workers in primary health care, there needs to be an emphasis to gain this data to determine the level of risk before making a decision about registration.
- Preliminary work needs to be done on the criteria and risk matrix following the above dot point.
- A national scope of practice for the clinical Aboriginal Health Practitioner needs to be defined, promoted and understood by not only the AHP's but other multi-disciplinary health professionals.
- The National Board needs to look at the Drugs Scheduling Act. per participating jurisdictions to gain national agreement to improve workforce mobility and professional development opportunities.

The general consensus within SA Health at this given time is to support the first option - Continue with the current arrangements, utilising existing complaints mechanisms and the criminal justice system.

Notwithstanding, SA Health is looking forward to providing input into this topic in the future to address the non-clinical Aboriginal Health Worker workforce in South Australia.

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