

**Submission  
No 18**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH  
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

**Organisation:** National Association of Aboriginal and Torres Strait Islander Health  
Workers And Practitioners (NAATSIHWP)

**Date Received:** 15 April 2024

12 April 2024

Dr Joe McGirr  
Committee Chair  
Select Committee on Remote, Rural and Regional Health  
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Dear Dr McGirr

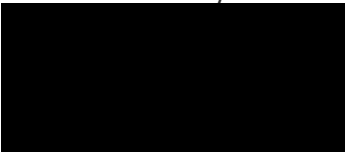
Thank you for the opportunity to provide a response to the inquiry into the implementation of Portfolio Committee No.2 recommendations relating to the delivery of specific health services and specialist care in remote, rural, and regional NSW.

For background, the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across the country. As the only organisations in Australia tasked with promoting and protecting the professional interests of this workforce, we play a critical role in expanding, regulating, and embedding the professions across the health care system. As a result, we are well placed to provide feedback on the progress off and issues relating to the implementation of Portfolio Committee No.2 recommendations relating to Indigenous health services.

Whilst we commend efforts to progress the recommendations made by Portfolio Committee No.2 relating to Indigenous Health Services, we consider these efforts do not adequately recognise the need to grow and embed the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce.

We hope our submission is useful and I look forward to seeing the findings of this review. Please do not hesitate to contact me should have any further questions of clarifications.

Yours sincerely



Karl Briscoe  
Kuku Yalanji 🇺🇸  
Chief Executive Officer  
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

## **Select Committee on Remote, Rural and Regional Health**

**Inquiry into the implementation of Portfolio  
Committee No.2 recommendations relating to the  
delivery of specific health services and specific care in  
remote, rural and regional NSW**

**April 2024**

## About NAATSIHWP

NAATSIHWP is the national peak workforce organisation with responsibility for ensuring the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is embedded safely as a vital, valued, and professional component of Australia's health care system. We are the only organisation in Australia with responsibility for securing the professional interests and aspirations of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and we play a critical and lead role in expanding, regulating, and developing the professions. In doing so, we provide a voice for, and professional mentoring and development support to, a growing national network of over 1200 members of the professions.

We work in partnership with other Aboriginal and Torres Strait Islander Community Controlled Organisations, governments, and a broad range of stakeholders to:

- expand and strengthen the professional capability of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce across all health services (Aboriginal Community Control, government hospitals and health services and private practice),
- promote the delivery of culturally safe and effective evidence-based models of care,
- address the under representation of Aboriginal and Torres Strait Islander people employed within Australia's health care system,
- impact the self-determined development of Aboriginal and Torres Strait Islander peoples and the transformation of policy and practice at the national level.

## About Aboriginal and Torres Strait Islander Health Workers and Practitioners

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners (**the workforce**) are the world's only culturally based health professions underpinned by national training and regulation. Created by and for Aboriginal and Torres Strait Islander people, in response to the need for the delivery of locally accessible and culturally safe clinical and primary health care, they are perhaps the most widespread example of self-determination in Australia's health system.

The workforce plays a unique role in Australia's health care system, acting as a vital and reliable community resource in the delivery of culturally safe, responsive clinical and non-clinical health care. The professions are crucial to addressing lower life expectancy, rates of early discharge and other health inequities prevalent in Aboriginal and Torres Strait Islander communities.

It is important to note that Aboriginal and/or Torres Strait Health Workers and Health Practitioners are two distinct but related professions. Together they comprise the Aboriginal and Torres Strait Islander Health Worker and Health practitioner workforce. Whilst both professions provide a range of generalist and specialist health care services, both professions are underpinned by an Aboriginal and/or Torres Strait Islander Health Workers and Practitioner Qualification Framework which was introduced through the Vocational Education and Training (VET) system. The framework provides professional career pathways from entry level to management level positions through two streams of study:

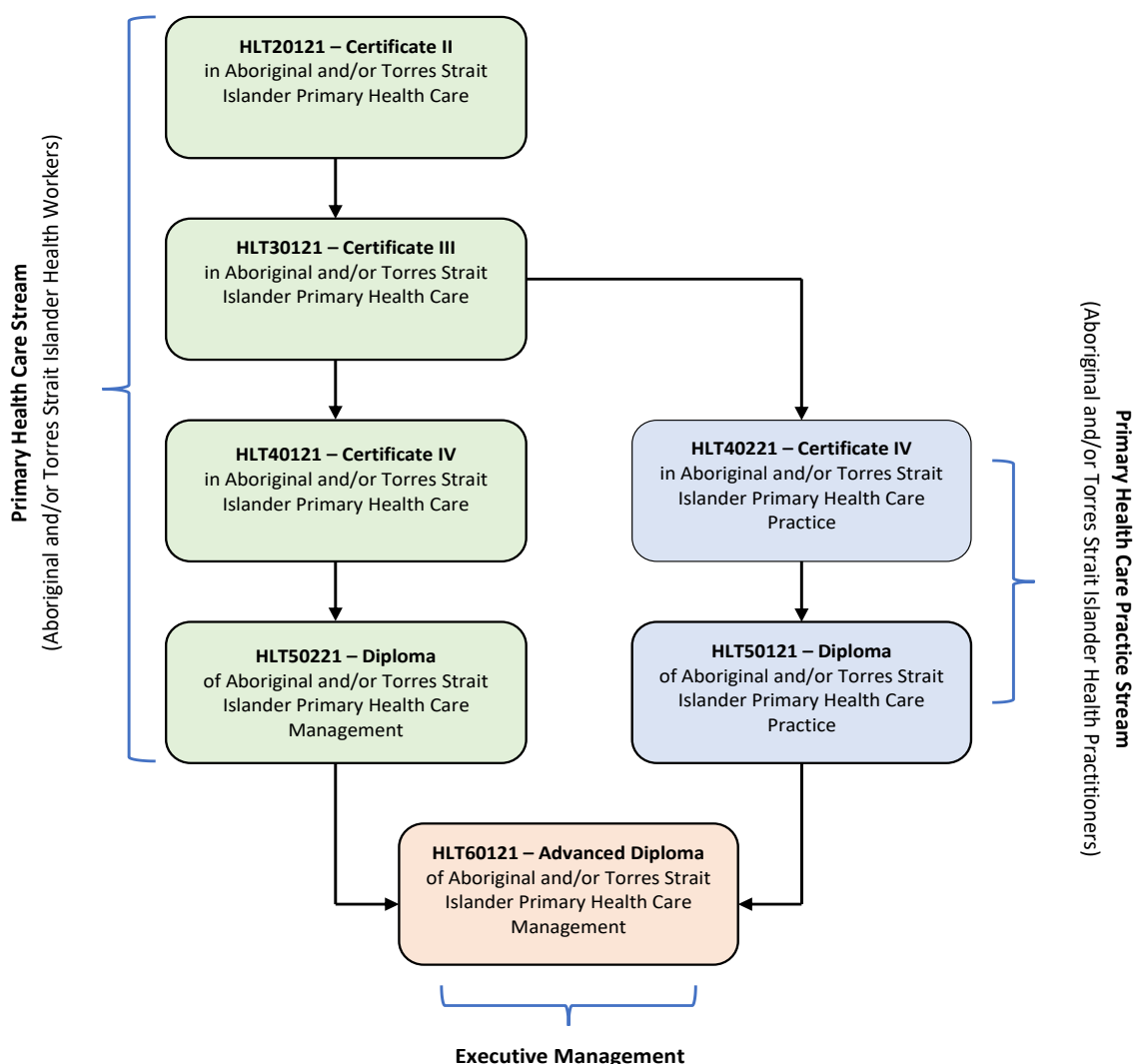
- a **primary health care stream** for those pursuing careers as Aboriginal and/or Torres Strait Health Workers and
- a **primary health care practice stream** for those pursuing careers in clinical roles as Aboriginal and/or Torres Strait Islander Health Practitioner.

As part of each qualification, graduates receive practical primary health care training. However, those undertaking the primary health care practice stream are trained to perform a high level of clinical skills and consequently, Aboriginal and/or Torres Strait Islander Health Practitioners must meet practice standards and

register with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) with in Ahpra. There is currently no registration requirement for Aboriginal and/or Torres Strait Islander Health Workers pursuing careers through the primary health care stream.

The qualifications within the framework are regularly reviewed in line with the health needs of the Aboriginal and Torres Strait Islander community and contemporary education standards. The latest review of the qualification framework commenced in 2017 and was endorsed in December 2022. The qualifications approved as a result of this review are outlined as follows:

### The National Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Qualification Framework, endorsed December 2022



## Background

The NSW Legislative Council Portfolio Committee No.2 – Health inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW considered several key issues relating to health services for Aboriginal and/or Torres Strait Islander peoples. This included:

- › Cultural Safety,
- › Workforce and training
- › Service delivery models and
- › Partnerships with Aboriginal Community Controlled Health Services.

[Report No.57](#) which was tabled by the Committee details several recommendations to improve health outcomes and access to health and hospital services for Aboriginal and/or Torres Strait Islander people living in rural, regional, and remote NSW, namely recommendations 23,31,32,33,34,35 and 43.

NAATSIHWP's submission concerns issues relating to the progress of implementing Recommendation 33, in particular relation to the workforce. For background, Recommendation 33 states that,

*“NSW Health and the Local Health Districts, particularly those located in rural, regional and remote areas to prioritise building their Indigenous workforce across all disciplines, job types and locations, This should include additional funding targeted at increasing the number of Aboriginal Care Navigators and Aboriginal Peer Worker”*

In December 2023, the NSW Health Workforce Planning and Talent Development Branch released its [NSW Health Aboriginal Workforce Composition Policy](#). The plan is intended to provide direction to Local Health Districts, Speciality Health networks and other NSW organisations to grow and develop their Aboriginal Workforce, directly correlating to the implementation of Recommendation 33. The plan identifies the following priorities in relation to Aboriginal and/or Torres Strait Health Workers and Health Practitioners:

- › 1.6 - Aboriginal Health Practitioner roles are embedded in workforce planning processes with the view to embedding the registered clinical role within the multi-disciplinary team
- › 3.7.1 - Establish a 4<sup>th</sup> clinical pillar for Aboriginal Health Workers and Practitioners within NSW Health's structure, as a peer to Allied Health, Nursing & midwifery, and Medical workforce structures
- › 3.7.2 - Embed in Service Agreements the growth points for the Aboriginal Health Practitioner in NSW Health Organisations – establish quotas
- › 3.7.3 - Embed Aboriginal Health Practitioner workforce considerations in clinical service plan reviews, redevelopment activities, and broader workforce planning models, ensuring including in the multi-disciplinary team design
- › 3.7.4 - Review the NSW Health Service Aboriginal Health Workers' (State) Award, including the development of senior clinical/team roles based on updates to the national qualification
- › 3.7.5 - Review the NSW Health Aboriginal Health Worker Guidelines and Decision-Making Framework for Aboriginal Health Practitioners
- › 3.7.6 - Establish a unique Treasury Group in which to map the Aboriginal Health Worker and Aboriginal Health Practitioner Workforce
- › 3.7.7 - Partner in the development of the Centre for Aboriginal Health's work within the Aboriginal Health Practitioner in the emergency department space

NAATSIHWP commends NSW Health on these initiatives and acknowledges the positive impact the implementation of these priorities will have on the development of the workforce. However, we remain concerned they do not address the systemic barriers we know are impacting on the recruitment, retention, and recognition of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner professions nationally.

In this respect any effort to grow this workforce in NSW must include investment in initiatives that work to:

- address the underutilisation of the workforce by:
  - embedding shared understandings about the skills, training, and roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners at each level of qualification and
  - ensuring clearly defined scopes of practice that are aligned to the skills and capabilities gained through training noting that any efforts to establish these should recognise and support the imperative for national consistency
- create a strong professional identity by providing an emphasis on qualifications and incentivised pathways from entrance level training to leadership positions
- eliminate racism and provide supportive workplace environments that value the cultural intellect that these professionals bring to the table.

## The National Context

NAATSIHWP is currently leading a project to achieve greater national consistency for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Professions across all jurisdictions. The project has resulted from many years of advocacy and the subsequent inclusion of strategies for action in the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#) released in March 2022.

The initial phase of this work involved the development of a comprehensive gap analysis to identify the different jurisdictional arrangements and best practice approaches to developing the workforce nationally. Analysis found a range of systemic issues impacting the professional evolution the workforce. Findings from this work include:

1. Standardised minimum scopes of practice do not exist for most Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in Australia
2. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are not supported to apply the core capabilities gained through their qualification.
3. There are major differences across jurisdictions in the capabilities Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners with identical qualifications may perform.
4. There are major differences across sectors in the capabilities Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners with identical educations may perform.
5. Existing scopes of practice do not take different qualification levels into account.
6. There are no clear minimum scopes of practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners with Diploma and Advanced Diploma qualifications.
7. Inconsistent medicines and poisons legislations are a key barrier to achieving national consistency for Aboriginal and/or Torres Strait Islander Health Practitioners and
8. Workforce governance is inconsistent and, in some jurisdictions, insufficient.

## Systemic Issues impacting workforce in NSW

### Underutilisation and scopes of practice

In relation to NSW specifically NAATSIHWP's analysis identified that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners working in NSW Government hospitals and health services are not encouraged or supported through regulation or other frameworks guiding the governance of the workforce to apply the core capabilities gained through their qualifications. This means that the core capabilities that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are empowered to use in NSW are below the core capabilities they are qualified to perform.

This disparity between practice and qualification causes confusion and impacts on the retention, recruitment, and recognition of the workforce. In NSW Health the gap particularly impacts on Aboriginal and/or Torres Strait Islander Health Practitioners, with current guidelines preventing members of this regulated profession from participating fully in health checks and administering medicine in any capacity despite being trained to do so.

Whilst we acknowledge the commitment made by NSW Health to review the scopes of practice detailed in Aboriginal Health Worker Guidelines, we are yet to see any progress to this effect. Furthermore, these Guidelines are limited to members of the workforce who work in NSW Health. Despite a large proportion of the workforce working in non-government settings in NSW there are no state-wide scopes of practice for the workforce employed in Aboriginal community control or private settings.

Across Australia the potential and role of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners is also poorly understood. In every jurisdiction across Australia there is a need for greater clarity in terms of training, roles, and what the professions can and can't do. With no mainstream equivalent Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are a unique and valuable component of the Health Workforce. They offer considerable potential to fill workforce shortages, help to address under representation and to provide positive sustainable cross portfolio outcomes for Aboriginal and Torres Strait Islander people.

A failure to address these issues by developing appropriate scopes of practice alongside reforms to medicine administration arrangements and socialising an understanding about the skills, qualifications, and roles of Aboriginal and/or Torres Strait Islander Health Workers and Practitioners across the health care system will impact recruitment and retention and undermine the success of initiatives underway in NSW Health.

### Creating a strong professional identity through career pathways and complementary salary scales that support continuous learning

While NSW health have a career structure for the workforce it does not provide a well-defined or supported pathway from entrance levels through to leadership positions. Effective structures empower the workforce to expand their scopes of practice by building their qualifications. NAATSIHWP considers that best practice career structures and salary scales for the workforce:

- draw on the National Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner qualification framework to scaffold qualification and include levels and roles benchmarked against the core skills and training for each level of qualification



- provide clinical, community health and managerial pathways for the professions noting that effective structures support the self-determining nature of the workforce and enable Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to have responsibility for and management of their own profession
- include clear level statements to clearly set out the range of activities that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners at each level of qualification should be enabled to perform
- provide incentives to encourage the uptake of further study as part of career progression and
- ensure that the cultural intellect, primary health care training, and utility of Aboriginal and/or Torres Strait Islander Health Practitioners and Aboriginal and/or Torres Strait Islander Health Workers is recognised and harnessed to improve Aboriginal and Torres Strait Islander health and wellbeing outcomes across the state.

Attempts to grow, develop, and embed the workforce must recognise that both professions play an important role in the delivery of health care services to Aboriginal and Torres Strait Islander people and must also be designed to support the growth and expansion of the workforce across a range of clinical and acute care settings.

### **Eliminating Racism**

In diverse workplace environments the importance of cultural safety cannot be underestimated. The presence of systemic racism in healthcare settings is common, and for this workforce leads to funding inequity, differences in treatment, limited opportunities for professional and career development.

Research consistently shows that the “pervasive, system-wide, lack of understanding” of the Aboriginal Health Worker and Health Practitioner role is experienced as a ‘general undervaluing’ by non-Indigenous health colleagues.<sup>[1]</sup> This lack of understanding also leads to the continued underutilisation of the workforce, despite being recognised as key to improving the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people. Regardless of their high level of training Aboriginal and/or Torres Strait Islander Health Practitioners, for example, are often perceived as assistants or nurse aides, particularly within non-community-controlled health settings.<sup>[2]</sup> Resultingly, the clinical skills of Practitioners are often overlooked. The lack of understanding and respect for the profession leads to lower self-worth, role dissatisfaction, stress among the workforce and poor job retention.

Workplace policies and practices also do not accommodate or recognise the additional cultural loads that these professionals carry. This is shown through a lack of bereavement or carer leave, flexibility and support to complete further study, opportunities to work near home, or support for other cultural practices. Former CEO of the Lowitja Institute, Dr Janine Mohamed states that while Aboriginal and Torres Strait Islander people working in health “perform critical work on the front line”, they face difficulty advancing their careers due to “racism, lack of management support, family and community commitments, and inflexible human resources policies”.<sup>[3]</sup> Similarly, the critical role they play in helping all those around them in educating and traversing ‘two worlds’ is rarely recognised or compensated.

The Lowitja Institute’s 2020 Career Pathways Project identified that many Aboriginal people working in health “spoke of issues such as racism, discrimination and being overlooked for career progression opportunities in the government system”<sup>[4]</sup>, and noted that a lack of Aboriginal leadership in executive and management positions contributed to these problems.

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners interviewed for this project also reported receiving less support than nurses and other occupations and feeling undervalued because of this, despite the crucial impact they were providing to the community. The presence or absence of financial support for career progression was also reported to vary based on employer, and mandatory participation in unpaid training placements was often a key reason why workers choose not to upgrade their qualifications.

Additionally, constantly having to assist non-Indigenous colleagues in cultural competency was a drain on personal resilience, and working alone in this was said to be more exhausting, leading to lost potential and burnout.

Conversely, the presence of other Aboriginal colleagues provided a “strongly comforting and strengthening element of... (the) workplace experience”.<sup>[5]</sup>

In expanding the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce the implementation of mechanisms that assist to create supportive, culturally safe environments will be critical. The implementation of workplace cultural safety policies and the provision of clinical, peer to peer cultural and mentoring support should all be considered.

### **Investing in the Aboriginal Community Controlled Sector**

Lastly, consistent with Priority Area 2 of the National Closing the Gap Agreement initiatives to grow the workforce must also be underpinned by further investment in building and strengthening Aboriginal Community Controlled Organisations (ACCOs). ACCOs play an important role in the delivery of policies and initiatives related to the workforce.

As the only ACCO in Australia with responsibility for taking the professional aspirations of this workforce forward NAATSIHWP has unique expertise and comprehensive knowledge the workforce and its strategic directions. Going forward we urge NSW Health to collaborate, invest in and value our expertise and role in growing the workforce. Not only will this strengthen current initiatives undertaken by NSW Health in relation to the development of the workforce, doing so will ensure initiatives to grow the workforce centre the right to self-determination of Aboriginal and/or Torres Strait Islander people.