

14 August 2023

To whom it may concern

**Re: Updating ANZSCO codes for the Aboriginal and Torres Strait Islander Health Worker and Practitioner workforce**

Thank you for the opportunity of providing feedback and contributing to the Round 2 of Consultation of the Australian Bureau of Statistics' (ABS) comprehensive review of the Australian and New Zealand Standard Classification of Occupations (ANZSCO).

By way of background NAATSIHWP holds responsibility for ensuring the Aboriginal and/or Torres Strait Islander Health Worker and Aboriginal and/or Torres Strait Islander Health Practitioner workforce is embedded as a valued and professional component of Australia's health care system. We are the only organisation in Australia tasked with promoting and protecting the professional interests of Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners and play a critical and lead role in expanding, regulating, and developing the professions. We are well placed to comment on the '*Aboriginal and Torres Strait Islander Health Worker*' ANZSCO code.

While answers to the relevant consultation questions and suggested amendments to the ANZSCO code are included at **Attachment A** for consideration it is important to note that since the 2006 version of ANZSCO this workforce has evolved considerably, and the current code does not meet industry need or reflect the Aboriginal and or Torres Strait Islander Health Worker and Health Practitioner workforce of today. For example it does not recognise:

- › **Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners** as distinct but related professions
- › the different skillsets and registration requirements of **Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners**
- › the cultural expertise or intellect that this workforce brings to the table
- › the critical nature of these professions or
- › the different level of skills aligned to each of the qualifications available under the National Aboriginal and Torres Strait Islander Health Worker Training Package.

To help you gain a greater understanding of the differences between Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, the role the workforce plays across the entire health care system and the National Aboriginal and Torres Strait Islander Health Worker Training Package we have included further information at **Attachment B**. It is also critical to understand that there is a current lack of labour market data for this workforce and the changes we are suggesting would assist us to better understand workforce demographics and trends.

Lastly, you may also be interested to know that late last year, in a related piece of work, we made a similar submission to the National Skills Commission as the Occupation Skills profile for the Aboriginal and Torres Strait Islander Health Worker code also needed updating.

Over the coming months, we would like to keep working with you to support the introduction of improved ANZSCO codes for the **Aboriginal and/or Torres Strait Islander Health Workers** and **Aboriginal and/or Torres Strait Islander Health Practitioner** workforce and if you have any questions or require clarification, please don't hesitate to give me a call. We hope our comments are useful and I look forward to partnering and collaborating with you to progress this work further.

Yours sincerely



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

The following provides NAATSIHWP response to the relevant consultation questions specifically regarding ANZSCO Code **411511 Aboriginal and Torres Strait Islander Health Worker**.

**Are there any occupations in your industry, business or workplace that are not accurately described? For each inaccurately described occupation:**

- › Provide your proposed new title, alternative title, definition, specialisations, licensing and/or registration requirement (whichever apply). Refer here for more information on title, alternative title, definition, specialisations, licensing and/or registration requirement.
- › Provide a list of any unique tasks which distinguish this occupation from others included in ANZSCO.
- › Include any evidence to support your proposed changes, such as industry workforce surveys, workplace awards, job vacancy data, industry workforce planning documents, or job descriptions.
- › Describe how the inaccurate description affects your industry, business or workplace.

**Response:**

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP), considers that code 411511 Aboriginal and Torres Strait Islander Health Worker **is not** accurately described. The code does not reflect the changes that have occurred to the workforce over recent years.

**1. Current title is not accurate.**

The title ‘*Aboriginal and Torres Strait Islander Health Worker*’ does not correctly portray the title of this profession. A more accurate and reflective title for the code would be ‘**Aboriginal and/or Torres Strait Islander Health Worker**’. This is consistent with the aspirations of the workforce itself and is more inclusive of Aboriginal people, Torres Strait Islander people and people who identify as both Aboriginal and Torres Strait Islander.

For more information, please see the NAATSIHWP fact sheet on the preferred terminology for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner professions [here](#).

**2. Definition is not reflective of the skill or role.**

*‘Liaises with patients, clients, visitors to hospitals and other medical facilities and staff at health clinics, and works as a team member to arrange, coordinate, and provide health care delivery in Aboriginal and Torres Strait Islander community health clinics. Registration or licensing may be required.’*

NAATSIHWP also considers that the above definition for code 411511 Aboriginal and Torres Strait Islander Health Worker contributes to the general lack of understanding and undervaluing of Aboriginal and/or Torres Strait Islander Health Worker roles and does not work to legitimise these workers as a skilled and qualified component of the healthcare system. The definition in its current form does not recognise that the profession is critical to the delivery of culturally safe care or that most people occupying these roles hold Certificate II to Advanced Diploma level qualifications.

In this respect [the Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee Industry Skills Forecast – 2020 Update](#) cites that around 58.5% of Indigenous Health Workers have a Certificate III or higher VET qualification. There are also examples of career structures and awards/enterprise agreements such as the [Aboriginal and Torres Strait Islander Health Workers and Practitioners and Aboriginal Community Controlled Health Services Award 2020](#) that encourage training and professional development by relating qualifications to career progression.

The current definition is also not accurate. It implies that Aboriginal and/or Torres Strait Islander Health Workers only work in Aboriginal and Torres Strait Islander community health clinics. We would like to reinforce that **this is not the case**. Aboriginal and/or Torres Strait Islander Health Workers work in roles across the health care system and are employed in Aboriginal Community Controlled Health Services, Government Hospitals and Health services and Private Practices.

We consider a definition such as the following would provide a more accurate and appropriate reflection of the role:

**411511 Aboriginal and/or Torres Strait Islander Health Worker**

*Work in supporting roles across the health system to ensure Aboriginal and Torres Strait Islander People can access culturally safe care. Duties include cultural brokerage, basic health assessment, supporting early intervention, prevention, and continuity of care. Qualifications in Aboriginal and/or Torres Strait Islander Primary Health care are desirable.*

**Are there any occupations in your industry, business or workplace for which ANZSCO does not accurately reflect the skill level (1 to 5)? (Refer [here](#) for more information on skill level.)**

**For each such occupation:**

- › **Outline the skill level (1-5) that should be applied to the occupation.**
- › **Include any evidence to support the change, such as changed education, training or licensing requirements, occupation data, industry workforce surveys, job vacancy data, or workplace awards.**
- › **Describe how the inaccurate skill level affects your industry, business or workplace.**

**Response:**

We consider the current skill level assigned to 411511 Aboriginal and Torres Strait Islander Health Worker is fair and accurate.

**Are there any occupations in your industry, business or workplace that should be separately identified with a unique code?**

**For each such occupation:**

- › **Describe the occupation as fully as possible, including the tasks involved; its relationship to other occupations; any registration or licensing requirements; the education and experience requirements; its skill level (1 to 5), and any other titles used to describe the occupation.**
- › **Indicate the number of people that undertake the occupation in your industry, business or workplace. Estimate the number of people that will be required to undertake the occupation in 5 years' time in your industry, business or workplace. Where possible, use evidence to support the estimates you provide.**
- › **Identify where you think this occupation sits within ANZSCO.**
- › **Would adding this occupation as a specialisation of an existing ANZSCO occupation category meet the needs of your industry, business or workplace? Why? / Why not?**

Yes. We consider that the occupation of Aboriginal and/or Torres Strait Health Practitioner should be separately identified under Unit Group 4115 Indigenous Health Workers.

**1. Why a new code is required.**

Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners are two distinct but related professions.

Of the two professions, Aboriginal and/or Torres Strait Islander Health Practitioners have been required to meet practice standards and register with the National Registration and Accreditation Scheme administered by the [Aboriginal and Torres Strait Islander Health Practice Board of Australia](#) (A&TSIHPBA) within the Australian Health Practitioner Regulation Agency (Ahpra) since 2012.

In establishing registration prescribed protected titles were introduced for Aboriginal and Torres Strait Islander Health Practice. Consequently, under Section 113 of the Health Practitioner Regulation National Law Act only those people who have successfully attained a minimum qualification of the HLT 40213 Certificate IV of Aboriginal and Torres Strait Islander Primary Health Care Practice or an approved course of study and are registered with A&TSIHPBA may use the titles of:

- › Aboriginal and Torres Strait Islander Health Practitioner
- › Aboriginal Health Practitioner
- › Torres Strait Islander Health Practitioner

In terms of the delineation in skills between an Aboriginal and or Torres Strait Islander Health Worker and Health Practitioner a national qualification framework was introduced through the Vocational Education and Training (VET) system to promote consistent training standards for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in 2007. 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 Islander Health Workers and
- › a **primary health care practice stream** for those pursuing careers in clinical roles as Aboriginal and/or Torres Strait Islander Health Practitioners

As part of each qualification under the framework graduates receive practical primary health care training. However, those undertaking qualifications under the primary health care practice stream to become Aboriginal and/or Torres Strait Islander Health Practitioners receive an advanced level of clinical skills. This is designed to enable Aboriginal and Torres Strait Islander People to access culturally safe clinical care in a variety of settings.

For example, as part of their training Aboriginal and/or Torres Strait Islander Health Practitioners undertake core units of study covering the administration of medications and the delivery of comprehensive physical health assessments including for people presenting with chronic or communicable disease and acute conditions. Whereas Aboriginal and Torres Strait Islander Health Workers, dependent on qualification, are trained to support or deliver basic physical health assessments and to facilitate early intervention, prevention (health education and promotion) and diagnosis through the development and delivery of community health programs.

## **2. The business needs.**

In terms of business need a lack of publicly available data makes it difficult to estimate the number of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners or to develop a comprehensive understanding of workforce trends.

Although Ahpra captures information about the [number of registered Aboriginal and/or Torres Strait Islander Health Practitioners](#), the current ANZSCO classification captures and combines information on both professions meaning we are unable to provide a count of the number of Aboriginal and/or Torres Strait Islander Health Workers nationally.

Creating an occupation code for the Aboriginal and/or Torres Strait Islander Health Practitioner would enable information on both professions to be captured as part of the five yearly census process and contribute to an improved understanding of the workforce.

NAATSIHWP together with several other workforce organisation has been raising the need for improved workforce data for close to a decade. As a consequence the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#) identifies improved information and data to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality as a key priority. In addition this is consistent with the Priority Reform area 4 of the [National Close the Gap Agreement](#).

**3. Potential title and definition for the code**

The following proves a potential title and definition for the new occupation.

***[Insert new Code] Aboriginal and/or Torres Strait Islander Health Practitioner***

*Provide Aboriginal and Torres Strait Islander People with access to culturally safe clinical care in a variety of settings. Duties include cultural brokerage, comprehensive health assessment, early intervention, prevention, and continuity of clinical care. May hold a specialisation in one or more clinical areas. The profession is Regulated. Registration applies.*

## About the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce

**Aboriginal and/or Torres Strait Islander Health Workers** and **Aboriginal and/or Torres Strait Islander Health Practitioners** are two distinct but related professions that together comprise the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce.

With no mainstream equivalents, the professions play a unique and critical role in ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people. Evidence directly connects the workforce to improved health outcomes across the life course. They restore trust, act as health system navigators, deliver culturally-safe care, play a role in early intervention and prevention, improve access to health-care services and the patient experience and work as part of multidisciplinary health care teams within Aboriginal Community Control, Government Hospitals and Health Services and Private Practice.

The workforce was established **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people in response to the need for geographically accessible and culturally-safe health care. Unofficial accounts and narratives indicate the workforce started to emerge close to a century ago, and since this time it has continued to grow and progress under the guidance, knowledge, and leadership of Aboriginal and Torres Strait Islander people every step of the way.

Today Indigenous-led structures are in place, such as the Aboriginal and Torres Strait Islander Practice Board of Australia (A&TSIHPBA), guiding professional standards. An Industry Reference Committee ensures nationwide training is tailored to the needs of a growing Aboriginal and Torres Strait Islander population, with the workforce providing a significant demonstration of how inherent self-determination is to the health and wellbeing of Aboriginal and Torres Strait Islander people.

Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners receive practical, comprehensive primary health care training through the Vocational Education and Training (VET) system. Importantly, this is designed to provide Aboriginal and Torres Strait Islander people with vital and alternative entrance-level pathways for careers in the health sector. Across the health care system there are many examples of Aboriginal and Torres Strait Islanders who have started careers in this Workforce and successfully transitioned to nursing, allied health, general practice, research, practice manager and health system administrator.

### Who they are

Of the two professions, Aboriginal and/or Torres Strait Islander Health Practitioners are trained to perform high-level clinical skills and work autonomously. They have been required to meet practice standards and register with the National Registration and Accreditation Scheme administered by the A&TSIHPBA within the Australian Health Practitioner Regulation Agency (Ahpra) since 2012. The registration of Health Practitioners is primarily designed to promote public safety, increase patient trust, promote professional development, and act as an accountability and oversight mechanism. There is no registration requirement for Aboriginal and/or Torres Strait Islander Health Workers.

NAATSIHWP defines:

- an **Aboriginal and/or Torres Strait Islander Health Worker** as:
  - › an Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care under the National Aboriginal and Torres Strait Islander Health Worker training package, **or**,



- › an Aboriginal and/or Torres Strait Islander person who currently are or have previously worked in an Aboriginal Health Worker role and are able to satisfy evidentiary requirements required by NAATSIHWP Board (noting these include a payslip or letter from the employer, a position or role description and/or relevant industrial award and a statutory declaration from the member)
- an **Aboriginal and/or Torres Strait Islander Health Practitioner** as:
  - › an Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice and has successfully applied for and been registered with the A&TSIHPBA of Australia through Ahpra.

To address the under-representation of Aboriginal and Torres Strait Islander people working in the health care system and ensure it meets the needs of Aboriginal and Torres Strait Islander people, there is a genuine occupational requirement to ensure this workforce comprises only Aboriginal and/or Torres Strait Islander people.

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

