



NAATSIHWP
National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners



National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Submission

**Senate Community Affairs References Committee: Inquiry into
the provision of GP and related primary health services to outer
metropolitan, rural, and regional Australians**

September 2021

About NAATSIHWP

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners is a national peak workforce association committed to ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people. We have been funded by the Australian Government since establishment in August 2009 to:

- › promote the prevention and control of disease and other health conditions in Aboriginal and Torres Strait Islander communities
- › improve the health outcomes of Aboriginal and Torres Strait Islander people
- › address the impacts of Aboriginal and Torres Strait Islander disadvantage and
- › address the under representation of Aboriginal and Torres Strait Islander people working within Australia's health care system.

We achieve this by:

- › delivering and collaborating on initiatives to ensure the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is embedded as a vital, valued and professional component of Australia's health care system
- › recognising, addressing and promoting the social and cultural determinants of health
- › establishing and maintaining networks, partnerships and alliances with key government agencies, other Aboriginal and Torres Strait Islander organisations, researchers, academic institutions, and other national health bodies
- › participating in a range of key strategic initiatives to influence the design and delivery of policies, programs and services and
- › role modelling the benefits of community control, self-determination and implementing rights-based best practice principles and approaches.

A key part of our role involves directly supporting a national membership network of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. In this respect we:

- › support and promote policies to ensure the effective utilisation and professional integration of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce
- › provide support, training and resources to improve the prevention, diagnosis, treatment and management of disease and chronic health conditions
- › deliver professional development forums, conferences and symposiums
- › liaise with regulators, training authorities and employers to ensure the recruitment and retention of a skilled and competent workforce and
- › actively promote education and career pathways.

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Introduction

NAATSIHWP welcomes the opportunity to provide a submission to the Community Affairs References Committee's Inquiry into the Provision of GP and related primary health services to outer metropolitan, rural and regional Australians. As a peak body, NAATSIHWP holds responsibility for ensuring the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce is embedded as a vital, valued and professional component of Australia's health care system.

A key part of our role involves supporting a growing national network of over 1,100 Aboriginal and Torres Strait Islander Health Workers and Health Practitioners through the provision of ongoing support, training and resources. We also work to ensure the voices, perspectives and aspirations of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are incorporated into the delivery of more effective health, social and workforce policies.

Our submission is focused on the need to improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people and, to this end, is shaped by:

- › the growing bodies of evidence directly connecting the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce to improved outcomes across the life course, and
- › our priority to ensure this workforce is embedded as a vital, valued and professional component of Australia's healthcare system.

As the only culturally based health workforce underpinned by national training and regulation in the world, this workforce provides perhaps one of the most significant demonstrations of how inherent self-determination is to the health and wellbeing of Aboriginal and Torres Strait Islander people.

Response to the Terms of Reference

The current state of outer metropolitan, rural, and regional GPs and related services

Aboriginal and Torres Strait Islander people are more likely than other Australians to live in regional, remote and very remote areasⁱ and have higher levels of chronic disease and other pre-existing health conditions. For the Aboriginal and Torres Strait Islander people living in these areas the inadequate availability of and access to culturally safe and responsive health services exacerbates ill health.

Although the Aboriginal community-controlled sector provides a holistic model of health for Aboriginal and Torres Strait Islander people, not all Aboriginal and Torres Strait Islander people access these services and it is therefore important to provide access to culturally safe mainstream services in all locations, including government health services and private practice.

For Aboriginal and Torres Strait Islander people the effects of colonisation are ongoing and racism continues to be experienced by Aboriginal and Torres Strait Islander people both working in and accessing the health care system. In this context 'access' incorporates measures of availability, affordability and acceptability.ⁱⁱ

In terms of accessibility, embedding culturally safe care to eliminate racism will be crucial to addressing inequality and to ensuring access to high quality of health care for Aboriginal and Torres Strait Islander people. This is a priority identified in the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023* and the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023*.

Going forward a focus on investing in, expanding and strengthening the Aboriginal and Torres Strait Islander health professional workforce as part the provision of GP and primary health care services in outer metropolitan, rural, and regional GPs will be essential for improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

This workforce brings an intuitive understanding of cultural safe and responsive care into the provision of health services. Yet an under representation of Aboriginal and Torres Strait Islander people working in the health care system continues to impact on the accessibility of healthcare services to Aboriginal and Torres

Strait Islander people. In this regard the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce is particularly underutilised. Across mainstream Australia few know, understand or recognise Aboriginal and Torres Strait Islander Health Workers and Health Practitioners as stand-alone professions.

By way of background, Aboriginal and Torres Strait Islander Health Workers and Health Practitioners work on the frontline of Australia's Health care system. They are rarely part of the fly in fly out workforce but instead have a lived experience in and deep understanding of the communities they serve.

Their combination of clinical, cultural, social and linguistic skills delivers an engagement capability and community reach that sets them apart from others working in the health care system. They act as cultural brokers; health system navigators; and provide a high standard of culturally safe and responsive primary health care. Their ability to respond to the clinical, social and cultural needs and contexts of Aboriginal and Torres Strait Islander families and communities positions them as unique among Health Professionals.

Of the two professions Aboriginal and Torres Strait Islander Health Practitioners, have a high level of clinical skills and are trained to work autonomously. In recognition, they have been required to meet practice standards and register under the National Registration and Accreditation Scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia since 2012.

The Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce plays a vital role in Australia's Health Care system. Evidence shows that support provided by Aboriginal and Torres Strait Islander Health Workers and Practitioners directly translates to higher levels of patient satisfaction and care. Additionally, this evidence demonstrates that the Aboriginal and Torres Strait Islander Health Worker and Practitioner workforce is integral to the delivery of culturally safe and responsive care. ⁱⁱⁱ

Implementing measures to increase the professional deployment of this workforce and ensuring Aboriginal and Torres Strait Islander Health Workers and Health Practitioners are embedded as part of multidisciplinary health care teams in GP practices and other related primary health services in outer metropolitan, rural, and regional locations will be key to meeting future population health needs, embedding cultural safety and facilitating improved Aboriginal and Torres Strait Islander health and wellbeing outcomes.

Current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs

The Stronger Rural Health Strategy

The Stronger Rural Health Strategy announced as part of the 2018-19 budget helped to draw attention to the need to address underrepresentation of Aboriginal and Torres Strait Islander people working in the health care system. It invested in four Aboriginal and Torres Strait Islander Health Professional Organisations (ATSHIPOs), including NAATSIHWP, to:

- › develop and implement strategies to improve recruitment and retention of Aboriginal and Torres Strait Islander health professionals in clinical and non-clinical roles
- › improve the skills and capacity of the Aboriginal and Torres Strait Islander health workforce
- › promote culturally safe and responsive environments for Aboriginal and Torres Strait Islander patients and health professionals
- › improve completion, graduation and employment rates for Aboriginal and Torres Strait Islander health students
- › build an evidence base to improve the quality of health workforce planning and future policy platforms and
- › contributing to the development of Australian Government policies that impact on Aboriginal and Torres Strait Islander people.

Although a number of significant gains have been made over the past four years, major barriers remain and there is wide recognition that an ongoing focus on growing and strengthening the Aboriginal and Torres Strait Islander health workforce is required.

Strategies for achieving this have been codesigned with considerable input and direction from the ATSIHPOs and other peak Aboriginal and Torres Strait Islander organisations and are included for action within the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031. Ongoing and increased investment in the ATSIHPO's under the Rural Health Strategy is critical to the implementation of actions within this plan and will help to embed Aboriginal and Torres Strait Islander health professionals into the infrastructure of rural health and lead to improved health, education and employment outcomes for Aboriginal and Torres Strait Islander people living in outer metropolitan, rural and regional areas across Australia

GP Training Reforms

To improve the health and wellbeing outcomes of Aboriginal and Torres Strait Islander people all GP training reforms must include a focus on culturally safe practice consistent with the *National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* developed within Ahpra. This strategy sets out that cultural safety must be defined by Aboriginal and Torres Strait Islander Peoples, is a critical component of patient safety, and aims to make cultural safety the norm for Aboriginal and Torres Strait Islander patients.

The Strategy provides guidance on how to ensure culturally safe and respectful practice, and that all registered health practitioners must take steps to:

- a) Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b) Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c) Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d) Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues^{iv}.

To support the uptake of culturally safe practice and the delivery of culturally safe and responsive care there is also scope to ensure that GP training reforms include evidence based best practice models of care for Aboriginal and Torres Strait Islander people, noting the ATSIHPO's are well placed to assist and support with this reform. NAATSIHWP, in particular, would welcome an opportunity to support the inclusion of models that recognise and embed the roles of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners within the GP training curriculum.

The Medicare Rebate Freeze

In regards to the Medicare rebate freeze it is important to note that as part of the Medicare Benefits Scheme (MBS) Review conducted from 2015-2020, an Aboriginal and Torres Strait Islander Health Reference Group provided practical solutions to issues within the MBS that are negatively impacting upon the delivery of primary healthcare to Aboriginal and Torres Strait Islander clients. In particular they recommended the extension and/or expansion of many MBS referral and follow up pathways to enable complex chronic conditions to be addressed through a holistic continuum of care across the life course. While 13 of the 17 recommendations were endorsed, only 2 were fully endorsed with the remaining 11 supported '*in principal*' only.

Although a failure to bolster these referral pathways or to facilitate culturally safe and responsive continuums of care places the value and effectiveness of the 715 Aboriginal and Torres Strait Islander Peoples health assessment and many other aspects of primary healthcare at risk, a statement on how and when action will be taken to address these recommendations has yet to be forthcoming.

To ensure the health care system is equipped to better meet the needs of Aboriginal and Torres Strait Islander people, affordable and accessible continuums of care must be provided.

Under the National Agreement on Closing the Gap, frameworks for shared decision making are now intended to guide and underpin the way government works with Aboriginal and Torres Strait Islander peoples and in this respect the establishment of open and transparent pathways for sharing information

and decisions in regards to the recommendations of the MBS Review's Aboriginal and Torres Strait Islander Reference Group should be prioritised.

The impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia

The COVID-19 pandemic has put a significant strain on all of Australia's workforce and this has major implications, particularly for Aboriginal and Torres Strait Islander people living in regional, rural and remote communities. Outbreaks of the virus pose significant risks to Aboriginal and Torres Strait Islander people. As previously mentioned, the levels of chronic health and other pre-existing health conditions, together with poor infrastructure, food insecurity and overcrowded housing contributes to potential emergency situations. For those living in rural and remote communities, with poor access to health services the risks are magnified. Relying on the fly in fly out workforce is not always feasible and can be complex when borders and communities are closed. Further, there have been reports of racism in hospitals for Aboriginal and Torres Strait Islander patients during testing and treatment for COVID-19.^v This reinforces the need to invest in the Aboriginal and Torres Strait Islander health workforce with a focus on local solutions. The approach is essential to increasing access to care, maintaining service continuity and meeting demand during times of crises.

Importantly, Aboriginal and Torres Strait Islander Health Practitioners should be recognised and included as a valued and critical resource in the rollout of the COVID-19 Vaccine Program and other national public health initiatives. Although they have the skills and qualifications necessary to administer vaccines, in some States and Territories they do not have the legal authority. Through the national response to COVID-19 all governments have proven their ability to work together to fast track reform and harmonise health legislation and regulation. Immediate action to harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners would improve the professional integration and utilisation of this asset. This should be actioned as a priority as it would have an immediate impact on vaccination workforce capacity and capability for COVID-19 rollout and for future public health initiatives.

The role that Aboriginal and Torres Strait Islander Health Workers can also play in terms of combatting vaccine hesitancy, community engagement and the communication of public health measures also needs to be recognised.

Other related matters impacting outer metropolitan, rural, and regional access to quality health services

Aboriginal and Torres Strait Islander people access both mainstream and Aboriginal community-controlled health services. Embedding the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce in all services including Aboriginal community-controlled health organisations, government and private practices is critical to ensure the needs of Aboriginal and Torres Strait Islander people are met. To improve the take up and utilisation of this workforce, primary health care providers should implement best practice and effective models of care within their routine operations. This would improve recruitment and retention of the workforce and facilitate improved access to culturally safe and responsive health services for Aboriginal and Torres Strait Islander people.

Additionally, it is crucial to increase and strengthen the number of Aboriginal and Torres Strait Islander staff working in the health system across all health professions and categories of workers, from executive level to administrative staff. Investment in ensuring Aboriginal and Torres Strait Islander health professionals are enabled to deliver healthcare in remote communities including as local employees and as part of fly in fly out models of care, will support health service providers and Aboriginal and Torres Strait Islander people accessing care. This will allow for a strengthened and culturally safe health care system in all areas, including regional, rural and remote locations.

Recommendations

That the Committee:

1. **Support** the need to invest, grow and strengthen the Aboriginal and Torres Strait Islander health worker and health practitioner workforce across all spheres of the healthcare system and all other Aboriginal and Torres Strait Islander health professionals
2. **Recognise** the critical role the ATSIHPO's play and ensure that increased investment to support the ongoing implementation of measures **to address the under representation and** embed Aboriginal and Torres Strait Islander health professionals into health infrastructure and models of care are included as part of any new rural health strategy.
3. **Ensure** that a focus on cultural safety is included in all training and CPD programs for all practitioners and staff working in the health system
4. **Acknowledge** the role that Aboriginal and Torres Strait Islander Health Workers and Health Practitioners play as part of the response to the COVID-19 pandemic and **support** the harmonisation of medicine authorities to enable Aboriginal and Torres Strait Islander Health Practitioners across all States and Territories to contribute to the ongoing COVID-19 vaccine rollout to Aboriginal and Torres Strait Islander people and communities
5. **Recognise** that the MBS must enable complex chronic conditions to be addressed through a holistic continuum of care across the life course consistent with the recommendations of the Aboriginal and Torres Strait Islander Health Reference Group established as part of the MBS review
6. **Recognise** the importance of shared decision-making frameworks and the establishment of open and transparent pathways for sharing information and decisions in regards to issues that directly impact on the policies, programs and services that impact on Aboriginal and Torres Strait Islander people at national, jurisdictional and local levels.

ⁱ Australian Bureau of Statistics 2016. *Census of Population and Housing – Counts of Aboriginal and Torres Strait Islander Australians*.

ⁱⁱ Australian Institute of Health and Welfare 2016. *Australia's health series no. 15. Cat. No. AUS 199*. Canberra AIHW.

ⁱⁱⁱ Bureau of Health Information. *The Insights Series – Aboriginal people's experiences of hospital care*. Sydney (NSW); BHI; 2021.

^{iv} Australian Health Practitioner Regulation Agency. *The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*.

^v Australian Indigenous Doctors' Association. *Indigenous doctors warn that racism will cost lives* (media release).