

Response Template - Consultation on *Australia's Health Workforce: strengthening the education foundation*

This template is for responses to *Australia's Health Workforce: strengthening the education foundation*, the final report of the Accreditation Systems Review project.

Please return your response to MOH-ASR@health.nsw.gov.au. Responses are due by **28 March 2019**

Stakeholder details	
Organisation name:	National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)
Contact person name:	Karl Briscoe, CEO
Email:	ceo@natsihwa.org.au
Phone:	02 6221 9221

Overarching comment in relation to *Governance* and recommendations 7-32

NATSIHWA acknowledges the importance of identifying opportunities to improve and strengthen the education foundations of the health workforce including through appropriate review of accreditation functions to improve the relevance and responsiveness of health professions education.

NATSIHWA works to promote the prevention and control of disease in Aboriginal and Torres Strait Islander communities and to improve health outcomes for Aboriginal and Torres Strait Islander people through assisting Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in delivering holistic health care within Aboriginal and Torres Strait Islander communities. Therefore, NATSIHWA seeks to ensure that *any* governance reforms of the accreditation system for Aboriginal and/or Torres Strait Islander Health Practitioner education strengthen, rather than diminish, Aboriginal and/or Torres Strait Islander Health Practitioner stewardship in the exercise of accreditation governance and functions for the profession. This is critical to ensuring the appropriate development of the Aboriginal and/or Torres Strait Islander Health Practitioner workforce that is pivotal to improving health outcomes for their people.

In response to the consultation on the *Accreditation Systems Review Final Report*, NATSIHWA highlights two issues regarding the emerging Aboriginal and/or Torres Strait Islander Health Practitioner workforce that should be clarified prior to considering the implementation of any of the options outlined in the proposed governance reforms to the national accreditation system. Any changes to accreditation arrangements, particularly the proposed establishment of a national health education accreditation body, under the national scheme must:

- build on, not diminish, Aboriginal and/or Torres Strait Islander Health Practitioner profession-specific stewardship of accreditation governance, particularly in relation to the authority to decide on and to approve the profession's accreditation entity and accreditation standards.
- not impose restrictions on potential future establishment of an external accreditation council for the Aboriginal and/or Torres Strait Islander Health Practitioner workforce.

Profession-specific accreditation governance

Profession-specific accreditation governance, processes and standards are particularly important for the regulation of the Aboriginal and/or Torres Strait Islander Health Practitioner workforce due to its unparalleled professional characteristics and roles. It is the only ethnic-based profession regulated under the NRAS with 100% of Health Practitioners identifying as Aboriginal or Torres Strait Islander. The educational preparation and roles of Aboriginal and/or Torres Strait Islander Health Practitioners are framed within primary health care

and have a key purpose of increasing the access for Aboriginal and Torres Strait Islander people to culturally safe health care in all settings whether in urban, regional or remote areas. Through early intervention and prevention strategies, the Aboriginal and/or Torres Strait Islander Health Practitioner workforce has vital roles in achieving progress towards “closing the gap” in health outcomes for Aboriginal and Torres Strait Islander peoples.

The optimal development, deployment and utilisation of this vital workforce requires the participation of profession-specific experts in all levels of accreditation governance to effectively steer the educational preparation of the workforce. The proposal for a cross-profession education accreditation body (whether a new body or functions conducted by the Agency Management Committee) that health profession accreditation authorities would report to, instead of to their National Boards, raises questions around the intended scope for profession-specific involvement in the oversight of accreditation. The skill mix and configuration of the proposed new accreditation body and the *extent* to which it would influence/define accreditation standards (beyond approval) must be clearly stipulated and an agreed model for profession-specific health practitioner representation on the body mandated to ensure the presence of relevant workforce expertise.

Furthermore, in seeking cross-profession efficiency improvements and innovation, governance reforms *must not* support or enable the potential amalgamation of any other accreditation authority with that of the Aboriginal and/or Torres Strait Islander Health Practitioner authority. This would weaken the profession-specific focus required to prepare and expand the Aboriginal and/or Torres Strait Islander Health Practitioner workforce and dilute efforts to strengthen the capacity and reach of this workforce uniquely positioned at the frontline of culturally safe health care delivery for their people.

Aboriginal and/or Torres Strait Islander Health Practitioner profession-specific stewardship is also essential to ensure the national scheme works to maintain accreditation arrangements that both protect the public, including by supporting the culturally safety of health service, and seek to embed culturally safety within programs of study. Securing a sustainable future pipeline of Aboriginal and/or Torres Strait Islander Health Practitioners depends on culturally safe training pathways to attract and retain students into the profession. This is an important strategic consideration as current trends demonstrate that the growth of the Aboriginal and/or Torres Strait Islander Health Practitioner and Aboriginal and/or Torres Strait Islander Health Worker workforce is not keeping pace with growth in population. As noted above, the implementation of a cross-profession accreditation body would need to include mandated measures for the representation of profession-specific *expertise* (relevant health practitioners) to provide appropriate governance oversight and strategic direction within the body to which accreditation authorities will report.

Potential for establishing external accreditation bodies

Regarding *Progress already made on areas addressed by recommendations – Common practices and education initiatives across the existing accreditation committees* as outlined on page 11 of the consultation paper, while the Aboriginal and Torres Strait Islander Health Practice Board of Australia currently uses a committee as its accreditation authority, there may be future need to establish an external accreditation entity. NATSIHWA seeks to ensure that the implementation of reform recommendations does not impose restrictions on the future potential of establishing an external accreditation entity for the Aboriginal and/or Torres Strait Islander Health Practitioner workforce.

The demand for this arrangement may arise with the expansion of the Aboriginal and/or Torres Strait Islander Health Practitioner workforce and the potential inclusion of Aboriginal and/or Torres Strait Islander Health Workers under the national scheme. An external entity may emerge as the preferred accreditation option for the Aboriginal and/or Torres Strait Islander Health Practitioner workforce and the reforms should not limit its pursuit.