NATSIHWA
National Aboriginal and Torres Strait Islander Health Worker Association

7 August 2019

Professor Paul Worley
National Rural Health Commissioner
Department of Health
GPO Box 9848
CANBERRA ACT 2601

Email: NRHC@health.gov.au

Dear Professor Worley,

Re: Feedback on policy options to improve rural allied health services

On behalf of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), I am pleased to respond to your request for feedback on policy options described in the *Discussion Paper for Consultation: Rural Allied Health Quality, Access and Distribution: Options for Commonwealth Government Policy Reform and Investment* (the Discussion Paper).

Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce
NATSIHWA is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. As the only Indigenous ethnic-based health workforce in Australia, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners have a key role in the provision of culturally safe and comprehensive primary health care for Aboriginal and Torres Strait Islander people across the health sector. Their training foundations in comprehensive primary health care and their lived experience in the communities they serve inform their unique service perspectives and reach. NATSIHWA recognises the following workforce definitions:

- **Aboriginal and/or Torres Strait Islander Health Worker:** An Aboriginal and Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package.
- **Aboriginal and/or Torres Strait Islander Health Practitioner:** An Aboriginal and/or Torres Strait Islander Health Worker 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 Aboriginal and Torres Strait Islander Health Practice Board of Australia.

It is noted that NATSIHWA does not recognise Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners within the category of 'allied health' as the workforce has a unique primary health care profile. We do however acknowledge that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners work with allied health professionals as part of the multidisciplinary team and can undertake roles that directly support allied health service delivery including within specialised health fields. This provides rationale for considering Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in the context of the Discussion

Paper's Literature Review, particularly given the significance of their roles in rural areas. We caution however that the roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners should not be seen as interchangeable with Allied Health Assistants who are Aboriginal and Torres Strait Islander people as explained below.

Workforce differences

While there may be some overlaps between the roles of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and Allied Health Assistants, the training pathways and qualifications of the workforces are fundamentally different. For example,

- The training foundations and scope of practice of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are structured within a comprehensive primary health care framework, with a focus on prevention and health promotion, unlike allied health fields which are more narrowly framed. With the exception of the Certificate II, all Certificates leading to a qualification as an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner include the core unit of *Work in an Aboriginal and/or Torres Strait Islander primary health care context*. Allied Health Assistance qualifications do not have a specific primary health care foundation rather the focus is on providing therapeutic and program related support to allied health professionals and geared towards obtaining a qualification within a specialisation (physiotherapy, podiatry, occupational therapy, speech pathology, community rehabilitation, nutrition).
- At the Certificate IV level the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner qualifications prepare the workforce to *undertake a broad range of tasks either* ***individually or as a member of a multidisciplinary*** *team* whereas at the equivalent level, within the Allied Health Assistance qualification *the worker is required to conduct therapeutic and program related activities* ***under the guidance of an allied health professional.*** This is an important difference as it can have influence on service development options, as noted on page 6 of the Discussion Paper, "*Service prioritisation and rationalisation therefore occurs based on the providers available, their skills, population need and infrastructure*".

General considerations

In considering relevant policy options raised in the Discussion Paper, it is recommended that the Office of the National Rural Health Commissioner consider unintended workforce sustainability impacts of proposals. For example, Policy Area 4 discusses the merits of training existing "health workers" to undertake allied health tasks (see pages 33-35), considerations of this nature may have adverse flow-on effects for the supply and utilisation of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. While in strong support of policy options that will provide much needed training and career opportunities for rural origin Aboriginal and Torres Strait Islander people, NATSIHWA seeks to ensure that strategies do not create workforce recruitment and retention tensions in rural areas and thereby put pressure on the supply of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners or over-burden their roles.

While Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across the health sector undertake and support components of allied health care practice, any widespread policy intention to utilise the rural Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce to deliver allied health services must be carefully balanced to ensure their

scope of primary health care practice is not underutilised. This may be a risk if allied health models of care are widely developed to incorporate Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to address shortages or to supplement the allied health workforce in rural areas. This could create workforce recruitment tensions between allied health services and primary health care services. Furthermore, it could intensify current Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce pipeline concerns as the growth of the overall workforce is not keeping pace with demand.[1]

Specific feedback on the Discussion Paper

Regarding **Option 1.3 Allied Health Workforce Dataset**, NATSIHWA would welcome the development of a new health workforce dataset that includes much needed data on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce. There are fundamental workforce data gaps in relation to the numbers, work location and workforce profile of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners working in state and territory health services. The available workforce data (Census data, Aboriginal and Torres Strait Islander Health Performance Framework data and Commonwealth National Health Workforce Data sets) have significant limitations. Accurate statistics cannot be derived from these sources to identify numbers of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners working in state or territory health services or other mainstream health services and there is no separation of data for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners in some of the available data. NATSIHWA believes there is a need for a national agreement for collaborative and common jurisdictional data reporting to establish more accurate and publically available national statistics, including geographical data across employment sectors, to enable improvements in workforce capabilities, planning and evaluation, including for the rural health workforce.

In relation to **Option 2.2 Opportunities for rural origin Aboriginal and Torres Strait Islander people**, NATSIHWA offers in principle support for increasing the Puggy Hunter Memorial Scholarship Scheme to allocate a certain proportion of scholarships to rural origin Aboriginal and Torres Strait Islander applicants *with the proviso* that the funding is genuinely additional and is directed to professions that have capacity to work autonomously as distinct from professional groups routinely requiring guidance in the form of direct or indirect supervision. NATSIHWA is of the view that in the context of rural health care delivery, the scholarship scheme is best directed to professions with capability to apply a primary health care scope of practice and, potentially, with relative autonomy. This would support both the development of an appropriately skilled rural health workforce and support the optimisation of service capacity in these areas.

NATSIHWA is in strong support of community-led learning environments that embed partnerships with VET, university and health sectors to create training and employment pathways for rural origin Aboriginal and Torres Strait Islander people. Whether that be through the National Aboriginal and Torres Strait Islander Academy Model or another method. Of primary concern to NATSIHWA is the strategic need to consider various training and career pathway options that meet the diverse training and career aspirations of Aboriginal and Torres Strait Islander people and support the delivery of primary health care practice models. In supporting this measure, NATSIHWA reiterates, while we appreciate the rationale for including Aboriginal and/or Torres Strait Islander Health

[1] Wright, A., Briscoe, K. & Lovett, R. (2019). A national profile of Aboriginal and Torres Strait Islander Health Workers 2006-2016. *Australian and New Zealand Journal of Public Health*, 43 (1): 24. Retrieved June 13, 2019, https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864

Workers and Health Practitioners in the scope of the literature review undertaken to inform the Discussion Paper, we do not recognise the inclusion of the workforce under an "allied health banner" as may be the case for some organisations or within some jurisdictions.

While the Discussion Paper states policy options relating to structured pathways to undergraduate courses and educational bridging opportunities are out of scope, career development pathways are an important health workforce attraction and retention consideration that should be guided by an overarching cross-portfolio national strategy. As part of this, NATSIHWA believes there is scope to structure training pathways that enable Aboriginal and Torres Strait Islander people who are Allied Health Assistants to transition and/or progress to Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner careers. This would help ensure the more effective utilisation of the available workforce in rural areas by providing options for professional upskilling, broadening scope of practice and for career progression while potentially aiding workforce recruitment and retention. This could be achieved through the development of an appropriate pathway through the Industry Skills Councils Aboriginal and/or Torres Strait Islander Primary Health Care training package with relevant recognition of prior learning.

Thank you for the opportunity to comment on the Discussion Paper, please do not hesitate to contact me for more information or clarification in relation to this or any other matter.

Yours sincerely,

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CEO, NATSIHWA

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