



## **National Aboriginal Community Controlled Health Organisation**

### **Submission Regarding the Provisions of the IGA**

#### **Overview**

NACCHO is the national peak body representing over 140 Aboriginal Community Controlled Health Services (ACCHSs) that deliver comprehensive primary health care services across the country. This submission focuses on necessary investment into Aboriginal and/or Torres Strait Islander Health Workers who are the backbone of these services. Aboriginal and/or Torres Strait Islander Health Workers have long been the profession who have been committed to 'Closing the Gap' in the health inequalities experienced by Aboriginal Peoples.

#### **Submission**

The IGA and the architecture outlined in Bill A is of particular interest to NACCHO as we intend to make a submission to the Health Workforce Principal Committee for the inclusion of Aboriginal and/or Torres Strait Islander Health Workers, as a partially regulated profession, into the single scheme.

NACCHO argues that the current 10 proposed Boards are not appropriate for inclusion in the single system as they currently address regulation matters regarding Aboriginal and/or Torres Strait Islander Health Workers. Further, there would need to be a separate regulatory board consistent with the structures prescribed in the consultation paper.

In terms of the statutory legislation, the view of protecting the public from harm implies clinical invasive treatment. NACCHO would argue further that in many instances health professionals, when dealing with Aboriginal clients, could be held accountable for causing harm related to recognised principals related to Indigenous social and emotional wellbeing which is perpetrated by racism and an absence of cultural competence. NACCHO seeks for this option to be explored and articulated further with respect to the matters raised; and incorporation of existing models for comparison between New Zealand and Canada.

Given that Aboriginal and/or Torres Strait Islander Health Workers are a small profession, without adequate recognition reflected in lower remuneration and conditions, as specified in page 7, set fees and longer term self funding should apply. Following on the paper states that fees are reasonable. NACCHO would like clarification of the economy of scales used to set these fees (i.e. what is reasonable) and if there will be a minimum resource allocation to professions such as Aboriginal and/or Torres Strait Islander Health Workers.

NACCHO would also like to flag that at present Aboriginal and/or Torres Strait Islander Health Workers do not have training/education accreditation arrangements. However NACCHO is working towards nationally endorsed standards of delivery and an application process for Registered Training Organisations. It is envisaged that an accrediting body will be established by the introduction of Bill B.

Within all structures of the Architecture contained within Bill A, NACCHO would argue that not only are consumer voices needed, but the voices and opinions of Aboriginal People and bodies

such as NACCHO who have the mandate to represent Aboriginal Health at a national level. Given the failure of the current health system to improve Aboriginal Health and to protect our people's, NACCHO views the scheme as an opportunity to not only reach and positively impact health professionals, but to formalise the standards of 'safe' care our people expect and deserve from not only their Aboriginal and/or Torres Strait Islander Health Workers but from the wider professions.