



National Aboriginal Community Controlled Health Organisation

Submission Regarding Partially-Regulated Professions

Overview

It is noted the Council of Australian Governments (COAG), under the coordination of the Health Workforce Principals Committee (HWPC), has announced its intention for National Regulation and Accreditation of health professionals by July 2010. The preferred nature, functions, role, and governing legislation along with the identification of appropriate health professional groups are issues to which submissions are now being sought.

The National Aboriginal Community Controlled Health Organisation (NACCHO) hereby submits for the inclusion of Aboriginal and Torres Strait Islander Health Workers (AHW) into the National Regulation and Accreditation of health professionals' scheme. Currently the regulation of AHWs occurs only within the Northern Territory. NACCHO believes that a nationally consistent approach to the profession is required. Therefore, this submission seeks the inclusion of AHW within a National Framework and addresses those criteria identified by the Health Workforce Principals Committee as they relate to AHWs.

The NACCHO is the national peak Aboriginal health body representing over 140 Aboriginal Community Controlled Health Services (ACCHS) throughout Australia. Therefore we believe NACCHO to be well placed to make informed comment on the issues facing ACCHS, and strongly believe that AHWs should be nationally regulated as a health profession.

An Aboriginal Community Controlled Health Service (ACCHS) or an Aboriginal Medical Service (AMS) is a primary health care service provider initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it - through a locally elected Board of Management. Generally these primary health care services are delivered to Aboriginal Community members by Aboriginal people, namely Aboriginal Health Workers. The role of AHWs has evolved exponentially over the past 30 years, with the most recent development being nationally accredited training for the profession ranging from certificate two to advanced diploma.

The principles and criteria set out by the Committee have been reviewed by NACCHO with the aim of considering the issues relating to the regulation of AHWs as members of the health profession. NACCHO, as the peak representative body of the Aboriginal Community Controlled Health Sector is able to speak regarding AHWs as a profession as they are employed primarily within Aboriginal Health Services. In reviewing your guiding principles and selection criteria, we put forth our position as to why AHWs should be included in the scheme for national regulation and accreditation.

Submission

Criteria One

Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?

The Health Ministers should exercise responsibility for regulation of AHWs as an occupation as they comprise of members of the health profession and as such should be regulated similarly to other allied health professionals.

Criteria Two

Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?

Similar to other health professions scope of practice for Aboriginal Health Workers is influenced by:

- The setting and environment;
- Policy;
- Education;
- Industry standards; and
- The health needs of the population they service.

Educational standards set out by the industry may require AHWs to perform the following tasks:

- Utilise appropriate medical equipment to measure vital signs, identify and report significant variations from normal, and recognise signs and symptoms of a range of health conditions through performing health assessments in line with standard protocols;
- Undertake physical examinations supported by appropriate educational best practice knowledge and experience which aligns with organisational procedures and protocols such as standard infection control and occupational health and safety requirements;
- Consideration of a range of factors that may impact on client health when undertaking clinical assessment, including identification of non-clinical factors that may potentially explain test variations and repeat assessments, if required;
- Use, maintain and regularly clean medical equipment in accordance with generic Occupational Health and Safety Standards, Infection Control Guidelines and organisation policies;

- Provide clients with information regarding each examination/test to be undertaken together with the rationale for its use;
- Initiate clinical tests in response to a range of triggers in line with medical best practice, organisational policies and informed consent and agreement with the client;
- Consult relevant allied professionals and review available documentation in relation to obtaining better health outcomes for clients;
- Collect and send specimens for pathology testing in line with standard procedures;
- Inform clients regarding findings relating to physical examination and pathology testing in line with organisation policies and procedures; and
- Provide clients with information relevant to promoting and maintaining health in a manner they readily understand

AHWs are often required to perform invasive procedures on their clients. These include, vena puncture, internal and external examinations, suturing and specimen collection. Performing invasive procedures places AHWs in a position to potentially cause physical harm, such as cross infection or even death. In addition, to client's physical wellbeing, Aboriginal Health Workers are also responsible for ensuring that potential impacts upon clients social and emotional wellbeing are minimized.

A broader and potentially severe risk to the wider community/public can also be caused by a failure to recognise, identify and notify a population health risk such as a notifiable or communicable disease. AHWs may also be responsible for primary health education. Therefore, if incorrect/misleading information is provided to the community/individual the potential exists for inappropriate self care i.e. improper use of medications resulting in physical harm.

The appropriate use, maintenance and disposal of medical equipment and universal precautions are also components of the scope of a AHWs practice. This aspect of AHWs practice, particularly where bodily fluids are involved, is paramount to the safety of AHWs, clients in their care and the general public. Failure to comply with the highest standards of infection control has the potential to cause serious harm through cross contamination to both the AHW and the client - and in the case of disposal, (i.e. overflowing sharps or soils) the community.

In administering medications, AHWs often work in isolation and with limited supervision depending upon their skill level, geographic location and access to other health professionals. This often requires assessing risk in an emergency situation and determining immediate action regarding the appropriate course of action for treatment, including the administration of intra-venous therapy. Immunisation is routinely performed by AHWs in South Australia and the

Northern Territory and dependent upon required levels of supervision in other jurisdictions as well. However, irrespective of who performs the procedure, client education regarding the Quality Use of Medicines is contained within the scope of practice for all AHWs regardless of jurisdiction, location or supervision. Again misleading information regarding medication use, application of incorrect route of administration, recognition and response to anaphylaxis, contra-indications, and poor storage are potential factors that may cause harm.

If an episode of care, as defined above, is not undertaken correctly or mishandled by an AHW this can result in bodily harm, injury and in extreme circumstances death. Therefore, NACCHO submits that AHW as an occupation has the potential to cause harm to the health and safety of the public.

Criteria Three

Do existing regulatory or other mechanisms fail to address health and safety issues?

Self regulation mechanisms for AHWs have been formally included in the endorsed AHW qualifications, however prior to this self regulation was conducted informally. Currently in all jurisdictions (excluding the Northern Territory) the, regulation of AHWs scope of practice is the responsibility of individual health services and in accordance with the relevant overarching state or territory health legislation. The health service provider's operational procedures, codes of conduct and accreditation framework set out a standard for AHW practice. However, there is no guarantee that these policies, procedures and practices are adhered to, particularly in rural and remote localities where professional workforce recruitment, retention and overall capacity are well-known factors in AHWs being forced to undertake clinical procedures as identified above.

AHWs are also often required to work under the supervision of qualified nurses and medical practitioners. However, in other instances, particularly where cultural sensitivity is paramount and where there are limited or an absence of other health professionals primarily in remote and rural locations, AHWs may operate alone, delegate and/or supervise other health professionals. The existing Northern Territory regulations specify that AHWs scope of practice is supervised under the delegation of nurses. NACCHO, the industry and AHW workforce, we represent, would not agree to inclusion of a similar clause in any single registration scheme due to the factors identified above. However, NACCHO will articulate this matter further in the Bill B consultation phase.

Self regulation is currently the only evident regulation of AHWs in Australia, excluding the Northern Territory. NACCHO believes that individual regulation is essential but requires this to be coupled with statutory regulation. This approach would strengthen AHW practice and in doing so limit the risk to the public accessing AHWs.

In addition, legislation should define the educational, levels required for AHWs granted formal accreditation to practice; the mechanisms for how AHWs obtain and retain accreditation to practice; define the various approaches to industry standards of practice and the factors that lead to removal of the right to practice. It would also require AHWs to meet the regulatory standards, stringent educational requirements, competence and fitness to practise. The AHWs profession's complaint process is an integral component of monitoring an individual's competency/safety to practice.

NACCHO believes that Registration of Aboriginal Health Workers is the key to ensuring safety to practice. We also consider it is important that the processes associated with ensuring safety to practice are not too onerous, are transparent and fair.

A health practitioner is in a state to practice safely if:

- 1) They have the necessary skills; and
- 2) They are sufficiently healthy in mind and body.

Finally, there is a need for individual practitioners to adhere to and embrace a code of conduct/ethics that ensures AHWs practice within their personal limit of practice - even if an area is within the scope of practice for their level/stream of AHW. Further, that they take responsibility and are required to report other health professionals who fail to adhere to the code of conduct to the relevant registration board.

We note that the consultation document makes references to "high quality" or "highest standards of professional practice" and although as a representative of the profession of AHWs we support and aspire to the highest standards, we are mindful that any regulatory system realistically defaults to a minimum standard in ensuring public safety. Consideration should be given to highlighting this important concept in the context of a consultation focused on the potential for change. It is critical that regulatory standards clearly seek to assure patient safety. However, regulations should not operate to exclude entry level practitioners or those working in health system environments that are unable to support "highest standards" or excellence by penalizing them for providing simply safe and competent care.

Criterion 4

Is regulation possible to implement for the occupation in question?

The regulation of AHWs is possible to implement as demonstrated by the Northern Territory and the desire of the profession for regulatory standards is in the affirmative nationally within the Aboriginal Community Controlled Sector. A number of mechanisms to support the national regulation of AHW have been

coordinated through NACCHO. NACCHO has developed a range of national position statements on AHW which include the following:

- Codes of Conduct, and Code of Ethics;
- Recognised Prior Learning (RPL);
- National Regulation and Accreditation;
- Scope of Practice and Development of the Profession;
- National Association Establishment;
- National Awards; and
- Safety to Practice.

Input and support for these position statements have come from NACCHO state and territory affiliates who have coordinated their responses through jurisdictional 'Joint Planning Frameworks' (JPF), where they exist. Membership on the JPF includes NACCHO affiliates, DoHA, and State Government Health representatives at a minimum.

NACCHO, in consultation with the Aboriginal and Torres Strait Islander Registered Training Organisation Network, has developed suggested standards of delivery for all AHW Qualifications; the qualifications also contain restrictions of assessment.

In readiness for title restriction/definition, a nationally endorsed definition of an AHW has been developed and is contained within NACCHO's statements. The AHMAC endorsed 'National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework' document not only calls for investigation regarding AHW regulation but includes a definition for the profession. The endorsement of nationally accredited and Industry endorsed competency standards and qualifications for AHWs was also a strategy identified within this framework. This project created and further defined the AHW profession and its body of core knowledge. The Australian national competency standards and qualifications for AHW are contained within HLT07.

Criterion 5

Is regulation practical to implement for the occupation in question?

As discussed above AHWs as a profession has conducted a range of work to support national regulation. This is evident in the documentation listed in Criteria 4 which enables and supports a practical system of regulation for AHWs which is consistent with the primary principals that professions seek national registration.

It is imperative that AHW as a profession be regulated to create national consistency and recognition in health service delivery, to ensure that the care provided is of the highest possible quality and delivered by a competent workforce, and that those providing a service are accountable to the client,

community and the profession itself. The profession believes that regulation is also essential to ensure that the client has utmost confidence in their health service provider and that all aspects of public and environmental health, safety and wellbeing are being fulfilled. This includes establishing mechanisms for the establishment of complaint registers.

In support of the profession being organised and acknowledged as a growing profession who are essential to closing the gap of life expectancy for Aboriginal Peoples, the federal government has announced funding for a national AHW Association. Whilst carrying out consultations for the establishment of a national association, AHWs were very clear that they needed to pay fees for the ongoing viability of the association and for their professional status. Consideration may need to be given to an income based fee due to the large disparity of wages between AHW Positions.

It is NACCHO's belief that the information arising from JPFs that the state governments agree with AHW national registration and accreditation, and as stated above the Australian Government has called for certain aspects of registration to be investigated.

Criterion 6

Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

The benefits of regulation completely outweigh the negative impacts as the process improves the quality of health service delivery and overall health outcomes for Aboriginal and Torres Strait Islander people and ultimately assist in 'Closing the Gap' in life expectancy between Indigenous and non-indigenous Australians. Alternatively the negative impacts simply relate to bureaucratic processes which are often tiresome and difficult to navigate. However, with the correct processes in place which support and enhance AHWs practice the negative impacts of regulation can be effectively minimised.

As stated in this submission, NACCHO will be contributing further through the consultation process Bill B. The matters and concerns raised by considering inclusion of AHW in a National Registration scheme are, complex and require greater exploration than available through this process. Therefore, we are willing to provide verbal, additional written or other advice on these complex matters

Should you require any additional information, please do not hesitate to contact Ms Janine Engelhardt on 02 6248 0644 or Janine@naccho.org.au