

8 October 2008

Australian Health Minister's Advisory Council
National Registration and Accreditation Implementation Project
The Council of Australian Governments
Department of Human Services
Canberra ACT 2600

Attention: Practitioner Regulation Subcommittee

Please find enclosed Vision 2020 Australia's submission in support of the Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Profession of Aboriginal and Torres Strait Islander Health Workers (ATSIHW).

Vision 2020 Australia leads advocacy efforts, raises community awareness about eye health and vision care and provides a platform for collaboration for 59 member organisations. Established in October 2000, Vision 2020 Australia is part of 'VISION 2020: The Right to Sight', a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

Vision 2020 Australia brings together Australian organisations involved in local and global eye care service delivery, health promotion, education and development, low vision support, vision health rehabilitation, eye research, professional assistance and community support.

Vision 2020 Australia has a particular focus on Aboriginal and Torres Strait Islander vision care and eye health. Our strategic plan identifies this population group as a key target group. In 2005 members formed an Aboriginal and Torres Strait Islander Committee which meets regularly to discuss advocacy in this area. Vision 2020 Australia staff and members are also involved in a range of Aboriginal and Torres Strait Islander projects.

Vision 2020 Australia recognises and supports a nationally regulated Aboriginal and Torres Strait Islander Health Worker profession. ATSIHW play a key role in providing primary health care services across Australia. ATSIHW are often the first point of contact and provide a wide range of services in urban, rural and remote communities. They play a vital role in community vision care and eye health by providing a range of services including raising awareness of conditions, identifying eye health issues, referring patients to other services and treating some eye health conditions. Eye health is closely associated with other aspects of poor health and well being in communities including chronic disease such as diabetes, trachoma due to poor hygiene, falls in older people to name a few.

Vision 2020 Australia has been working with the Victorian Aboriginal Community Controlled Health Organisation to include eye health and vision care content in Certificate IV Aboriginal and Torres Strait Islander Primary Health Care. The content will be piloted this year and included in the course in 2009. Part of this project is to increase Aboriginal and Torres Strait Islander health worker understanding of eye health and vision care issues and services in Victoria and to increase the capacity of Aboriginal and Torres Strait Islander health workers to integrate eye health and vision care awareness into current practice.

Thank you for the opportunity to provide support and comment on this important issue. If you need any further information please contact Ms Worrelle Blow on 03 9656 2020.

Yours sincerely

A handwritten signature in black ink that reads "Jennifer Gersbeck". The script is cursive and fluid.

Jennifer Gersbeck
Chief Executive Officer

Submission to support National Regulation of Aboriginal and Torres Strait Islander Health Workers in Australia

Vision 2020 Australia

In addressing the criteria for assessing the need for statutory regulation of Aboriginal and Torres Strait Islander Health Workers (ATSIHW) it is recognised that the profession is regulated in the Northern Territory.

Criterion 1

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?

It is appropriate for ATSIHW to fall under the domain of the Health Ministry.

ATSIHW are employed within the health sector and are recognised as a vital component of the Aboriginal and Torres Strait Islander health workforce. They provide a range of primary health care services to mainly Aboriginal and Torres Strait Islander people across Australia.

Some key activities of ATSIHW include -

- primary health care clinical tasks
- disease prevention and screening programs
- health care service design, delivery and management
- cultural brokerage and liaison
- Aboriginal and Torres Strait Islander education, training, assessment and education courses.

The Aboriginal and Torres Strait Islander health workforce has grown substantially and is fully acknowledged as a crucial component in improving Aboriginal and Torres Strait Islander health. Development of the ATSIHW workforce is documented in *The Aboriginal and Torres Strait Islander Workforce National Strategic Framework*, endorsed in 2002 by the Australian Health Minister's Advisory Committee. Efforts to improve the clarity of roles, regulation and recognition of ATSIHW are key strategies in the Framework.

Criterion 2

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

Without national regulation the health and safety of the public can not be assured.

ATSIHW are in the front line of primary health care.

They work in a wide range of geographical areas from urban to remote clinics as well as providing a range of mobile services. They are frequently the only health care provider in a community, especially in remote locations.

They also provide care across the whole health continuum from undertaking health promotion programs to performing clinical care and being responsible for a range of emergency situations.

Key to the role is the early identification of health issues and the importance of referral and follow-up to ensure the health and safety of the public.

In 1985, the Northern Territory government passed legislation to regulate Aboriginal Health Workers in recognition of the complexities of the care they provide and the risk that they pose to the public if minimum standards are not maintained. The Aboriginal Health Workers Board in the Northern Territory was established with the express purpose of protecting and promoting the public interest through the maintenance of Aboriginal Health Workers standards of conduct and competence.

The Health Practitioners Act Northern Territory section 10 states in part that, the Board has the following functions -

- to monitor competence of health practitioners
- to accredit courses for entry into the category of health care practice for which it is established
- to accredit educational institutions to conduct courses

Section 22 of the Act provides details of the requirements applicants are required to meet prior to being eligible for registration. Requirements include -

- eligible to apply for the category of registration or enrolment
- competent to practice in the category
- sufficient physical and mental capacity to practice in the category
- adequate professional indemnity arrangements in place

Without national regulation the public can not be assured that minimum qualification requirements have been met and that the ATSIHW is competent in their role and continuing to build their knowledge and skills.

Criterion 3

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

There is an increased risk to public health and safety due to ATSIHW -

- only being regulated in the Northern Territory
- having no national peak body
- employers, outside of the Northern Territory, being responsible for assessing abilities and competencies
- range of roles and duties
- variety of locations where duties are performed, sometimes in remote communities.

It is recommended that a national professional body is established to assist ATSIHW contribute to national workforce planning and policy processes.

Criterion 4

Is regulation possible to implement for the occupation in question?

Yes, it is possible and has been done in the Northern Territory since 1985.

The occupation is well defined by the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) which provides consistency in skills and knowledge and insurance that the practitioner meets the minimum competency standards to practise as an ATSIHW.

As mentioned, Aboriginal Health Workers are currently registered in the Northern Territory where the Aboriginal Health Workers Board has responsibility to protect and promote the public interest through the maintenance of Aboriginal Health Workers' standards of conduct and competence.

Criterion 5

Is regulation practical to implement for the occupation in question?

Yes regulation is practical. It has been achieved in the Northern Territory with a focus on protecting the public interest. There are currently over 300 Aboriginal Health Workers registered who are required to renew registration each year, providing evidence of current competence, recency of practice and good character.

National consistency is vital and provides the public with confidence in the profession.

Criterion 6

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

Yes, the benefits of regulation are clear and outweigh any negative impact as outlined in addressing early criterion.

As a population Aboriginal and Torres Strait Islander people have the highest morbidity and mortality statistics than any other cultural group in Australia. People from Aboriginal and Torres Strait Islander communities are ten times more likely than the general community to suffer from eye disease. The leading causes of blindness and vision impairment are cataract, diabetic retinopathy, refractive error and trachoma.

Having Aboriginal and Torres Strait Islander people provide health care services in their communities is vital and has many social and health benefits. Furthermore the national registration of ATSIHW would provide greater recognition for the profession as well as protecting public health and safety. ATSIHW are key players in 'closing the gap' and moving towards self determination.

Some key vision care and eye health facts for Aboriginal and Torres Strait Islander communities -

- In many parts of Australia, access to spectacles can be difficult and cost prohibitive. Eye care programs for Aboriginal people in remote Australia are overstretched and waiting lists are long.
- Rates of chronic diseases are significant; Aboriginal and Torres Strait Islanders develop type 2 diabetes earlier and the prevalence is significantly higher.
- Diabetes related deaths in these communities are up to 35 times higher than that of the overall population.
- Often poor hygiene practices lead to disease such as trachoma.
- Aboriginal and Torres Strait Islander people are three times as likely to report vision loss due to cataract but four times less likely to have surgery.
- In Australia, trachoma is found almost exclusively within the Aboriginal and Torres Strait Islander population and remains endemic in large areas of WA, SA and the NT.

- Awareness of low vision services is limited in mainstream and Aboriginal and Torres Strait Islander communities.
- Health outcomes for Aboriginal and Torres Strait Islander people are poor and, in many instances, continue to deteriorate.

With the renewed focus on Aboriginal and Torres Strait Islander health through the Government's Emergency Response there is a continued need for additional human resources, such as ATSIHW. National registration would assist in raising the profile of the profession and providing professional support and skills sharing.