



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

### **Submission Regarding Proposed Registration Arrangements – October 2008.**

#### **Overview**

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The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing over 140 Aboriginal Community Controlled Health Services throughout Australia. NACCHO's guiding principles are based on the National Aboriginal Health Strategy 1989 and were further strengthened in the Ways Forward Report (SWR 1995). They are:

- National Aboriginal Health Strategy definition of health;
- Concepts of health as holistic;
- The right to self determination;
- The impact of history in trauma and loss;
- The need for cultural understanding;
- The recognition of human rights;
- The impact of racism and stigma;
- Recognition of the centrality of kinship;
- Recognition of different communities and needs;
- Aboriginal strengths;
- Universal access to basic health care;
- High quality health care services; and
- Equitable funding for health care.

An Aboriginal Community Controlled Health Service (ACCHS) or an Aboriginal Medical Service (AMS) is a primary health care service 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). Often these primary health care services are delivered to Aboriginal Community members by Aboriginal people, namely Aboriginal Health Workers (AHWs).

The role of AHWs has evolved exponentially over the last 30 years, with the most recent development being nationally accredited training for the profession ranging from certificate two to advanced diploma.

As a peak organisation representing the professionals working within ACCHSs and the organisations that employ them, NACCHO strongly believes that AHW should be nationally regulated as a health profession. NACCHO puts forward the

following submission, as to why AHW should be included in the proposed registration arrangements as part of the National Registration and Accreditation Scheme for Health Professionals.

NACCHO supports that all AHWs be registered as a pre-requisite for practice anywhere in Australia and that registration should identify mandatory minimum requirements and conditions for registration. AHWs should be required to meet minimum competency based education qualifications to be eligible for registration. Registered AHWs should be issued with an appropriate certificate of registration for a one year period.

At present the only jurisdiction with Aboriginal and Torres Strait Islander Health Worker Legislation is the Northern Territory which requires registration for practice. NACCHO has sought support from all jurisdictions to develop relevant legislation and support the requirement of Aboriginal Health Worker Registration as a requirement for practice and inclusion of Aboriginal and Torres Strait Islander Health Workers in the single national registration and accreditation scheme for health professionals agreed to by COAG, as soon after July 2010 as possible.

Currently AHWs do have a national training framework but does 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.

The legislation should define the levels of Aboriginal or Torres Strait Islander Health Worker who are given formal accreditation to practice and how the Aboriginal and/or Torres Strait Islander Health Worker gains accreditation to practice and retains it, the approaches to industry standards of practice and the factors that lead to removal of the right to practice. To meet the regulatory standards stringent educational, competence and fitness to practise criteria must be met by all applicants

It should also be noted that a national Aboriginal and Torres Strait Islander health worker association will shortly be established.

In addition to this submission, NACCHO has provided submissions regarding the Provisions of the IGA as well as Partially-Regulated Professions. We respectfully request that the issues highlighted in each of these submissions are also taken into account in consideration of this submission. Self regulation is currently the only evident regulation of AHWs in Australia with the exception of 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.

NACCHO and members of affiliates have expressed serious concern about the limited consultation period that has been scheduled for such major reform. A more lengthy timeframe would have enabled NACCHO to carry out extensive consultations.

The matters and concerns raised when considering inclusion of AHWs in a National Registration Scheme are complex and require greater exploration than available through this process. Therefore, we are willing to seek and provide additional verbal or written advice on these complex matters if there is an opportunity.

To assist with the formulation of a response from the sector, NACCHO conducted a workshop in Brisbane 29-30 October 2008 for national representatives from Jurisdictional Affiliates to review the proposals and options presented in the Consultation Paper on *Proposed Registration Arrangements* and provide input into this submission. This submission seeks to address those options considered most critical.

It should be noted that in some parts of the Consultation Paper it was felt that there was insufficient information/explanation about proposed processes/options to enable full consideration of the implications and a conclusive response to be offered in this submission. Where this has been the case, we have tried to note this within our response.

NACCHO would like to acknowledge the support that has been offered by the National Registration and Accreditation Implementation Project Team, Brisbane.

## Submission

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**2. Principles and approach- *Proposal 2.1:*** There is general endorsement.

**3. Regulated professions:** It is recommended that Aboriginal Health Workers also be included in the implementation of the national scheme in the first stage of implementation and if so our Board will be called ...' Aboriginal and/or Torres Strait Islander Health Workers Board of Australia' and the 'Register ' Register of Aboriginal and/or Torres Strait Islander Health Workers'

### **4. Initial registration**

**4.1 Applications for registration - *Proposal 4.1.1:*** General endorsement, however further consultation and consideration will be needed in respect to the appropriate level of fee, fee fixing and if part of the fee component contributes to administration of the Registration Board. Further, an explanation regarding 'economies of scales and reasonable fees'

### **4.2 Information required on initial application - *Proposal 4.2.1:***

- a) Agreed
- b) Further consideration and clarification required e.g. could the Board set?
- c) Further consideration and clarification required re: examination – currently not applicable. Competency is another issue.
- d) Further consideration and clarification required e.g. self declaration or Board
- e) Further consideration and clarification in corresponding section regarding qualifications and registration provisions
- f) Further consideration and clarification required e.g. what will the data be used for; consent issues: How will this be managed/ data consideration should be given to NACCHOs data protocols.
- g) Request for personal disclosure re: criminal record check and if recently attach a current criminal history check if available.

### **4.3 Criminal history checks**

NACCHO would like to emphasize that in requesting and reviewing Criminal History Checks that there is a need to take account the high and excessive level of incarceration of Aboriginal people, which leads to the compounding of social disadvantage and social injustice.

Aboriginal people continue to be incarcerated at alarming rates. Each year up to a quarter of all young Aboriginal men have direct involvement with correctional services, and Aboriginal prisoners currently represent 22% of the total Australian

prisoner population. For most prisoners, imprisonment involves repeated short-term incarcerations. The high rates of repeated short-term incarceration experienced by Aboriginal people have a multitude of negative health affects for Aboriginal people.<sup>1</sup>

There is a need to acknowledge the impact of stigmatizing and discriminatory practices that perpetuate the cycle of disadvantage and incarceration.

**Proposal 4.3.1:** In considering the options there were mixed views . However it was recommended that in considering criminal history checks that there is a need to exercise a level of discretion when considering how old when offence first occurred, circumstances, severity of crime and current age.

It was agreed that clear information regarding the Criminal History Checks needs to be included in the application for registration. Self disclosure was considered an important option. It would be useful to include a Criminal Record Check Consent Form. Would also be useful to include an instruction on the application for registration that if prior a Criminal Record Check, has been recently conducted that a copy of the results be attached/included at time of application for registration.

It was highlighted that the requirement of criminal record checks occurring at the commencement of employment (employment screening policies) with Aboriginal Medical Services varied across jurisdictions.

*Suggested amendment to Option 3: The legislation may require criminal history checks on all new applicants for registration (for those who have not already had one) , with a discretionary power for boards to require checks at annual renewal, and self-declaration obligations imposed on registrants both at annual renewal and during the registration period.*

## **5. Qualifications for registration**

**Proposal 5.1:** Agreed.

**Proposal 5.2:** Agreed

**Proposal 5.3:** Agreed.

There was general agreement that there should be the following categories of registration for AHW:

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<sup>1</sup> Krieg,A, Aboriginal incarceration: health and social impacts: eMJA 2006: 184 (10): 534-536

**Provisional 1:** for those with certificates II, as this level does not work without daily supervision, registration is not required to work but should provide access to on-going career development in particular towards achieving full registration;

**Provisional 2:** for those trained prior to the introduction of the new national competencies were agreed and training in the new Certificates and Diplomas became available. This registration will only be available until 2012 at which time the transition to the new qualifications should be complete. This would include students registration for those persons currently undertaking AHW training .

**Full Registration:** requires a certificate III and above. Registration is a requirement for an Aboriginal and/or Torres Strait Islander Health Worker to work without daily supervision and to provide Medicare rebateable item number services. Registration information should include completion of any additional AHW accredited training.

**Non Practising Registration:** for those with previous full registration but who are not maintaining full registration and are therefore not continuing to practice. A small fee would be required annual to maintain ones name on the register.

It is envisaged that during an accredited AHW training course information should be provided to all students about registration. All will be encouraged to register in the appropriate category should they pass the course.

All students successfully passing an accredited course would receive a certificate and certificate number. Thereafter it is the responsibility of the individual.

**Initial application for registration at completion of training:**

- 1) Completion of form including the certificate number;
- 2) A statement of fitness to practice signed by the applicant;
- 3) The agreed fee.

Following registration the individual will be sent a certificate of registration including a registration number.

**Ongoing registration:**

- 1) Completion of form including:
  - a) the registration number;
  - b) self declaration of a minimum annual number of hours of practice and name and contact details of line manager; and
  - c) minimum number of hours of on-going training (copies of certificates from training bodies for accredited training courses could be attached or if this information is collected by the registration body from the training organisations the certificate numbers would be sufficient).
- 2) A statement of fitness to practice signed by the applicant;

3) The agreed fee.

**Re-application for full registration following break in registration or if more than 1 year after completion of accredited course**

- 1) Completion of form including:
  - a) the previous registration number if one held;
  - b) copy of certificate (or certificate number see above) from an accredited re-entry course.
- 2) A statement of fitness to practice signed by the applicant;and
- 3) The agreed fee.

## **6. Registration decisions**

### **6.2 Who makes registration decisions?**

Further clarification is required re the term – “routine” vs. “non routine”. What does each encapsulate?

**Proposal 6.2.1:** Agree with having board – tighten membership. Enables Board to recognise the standards set by the accreditation board.

**Proposal 6.2.2:** Agree to all points

**Proposal 6.3.1:** Agree – positive

Positive measure for students who are undertaking placements following training or during training including visiting communities or schools: or doing work placements.

Recommendation: Board – Need a representative from each state/territory (endorsed at state/ territory level)

At least:

- two members must be members of National Aboriginal Health Worker Association
- two representatives must come from Community Controlled Sector
- one representative from State Health

Ensure that 2/3 are members of profession (AHWs)

Committee should appoint Chair (through vote)

Community representatives must be member of local Aboriginal group (e.g. Elders Association or Land Council)

At least one endorsed representative from the National Aboriginal Community Controlled Health Organisation (NACCHO) or Aboriginal Medical Service

### **6.3 Professional indemnity insurance**

**6.4 Proposal 6.3.2:** – General endorsement.

### **6.5 Powers to refuse to grant registration**

**Proposal 6.4.1:** NACHHO can not agree to this proposal in its current form be included in the legislation as a number of the grounds outlined are not considered appropriate for Aboriginal Health Workers. There is need for more detailed and well-considered guiding principles. A number of the conditions outlined would lead to the exclusion of a number of Aboriginal Health Workers e.g. category h) ‘English language proficiency’. In many circumstances English is a second or third language for an Aboriginal person.

**Proposal 6.4.2:** Agree with proposal. Assumption: Board initially would investigate the matter and refer it, if necessary for hearing by the relevant State/Territory Tribunal (refer 6.5.1 covers)

### **6.5 Refusal process**

**Proposal 6.5.1:** There is a need to reinforce the importance of a ‘fair and just’ process.

**Proposal 6.5.2:**

### **6.6 Rights of review of registration decisions**

Agree. Contentious issues: relevant state/territory tribunals may differ in their outcome of the review. It was not clear what the tribunal would review e.g. in Queensland- District Court; NSW – Medical Tribunal; Northern Territory – Supreme Court; South Australia Supreme Court. Therefore there is a need to clarify what constitutes a “merits based” review as opposed to points of law.

**Proposal 6.6.1:** General agreement. However, it is not clear to which body i.e. relevant State or Territory tribunal.

## **7. Types of registration granted**

**Proposal 7.1:** Please note proposed types in 5.3

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## **8. Authorities conferred by registration**

**8.1 Title Protection *Proposal 8.1.1*:** NACCHO proposes that the titles *Aboriginal Health Worker, Aboriginal and/or Torres Islander Health Worker, Torres Strait Islander Health Worker, Aboriginal and/or Torres Strait Islander Health Care Practitioner and Aboriginal and/or Torres Strait Islander Community Care Practitioner* be restricted (and strategies for title protection be explored) to apply to only Aboriginal and/or Torres Strait Islander people and who hold an appropriately recognised Aboriginal Health Worker qualification..

**9.2 Continuing competence requirements -.**  
***proposal 9.2.2 Agreed***

Thank you for the opportunity to submit comments on the proposed registration arrangements. Should you require any additional information please do not hesitate to contact Ms Janine Engelhardt on 02 6248 0644 or [Janine@naccho.org.au](mailto:Janine@naccho.org.au)

**NACCHO**  
**October 2008**