



**NATSIHWA**  
National Aboriginal and Torres Strait  
Islander Health Worker Association

ABN 61 138 748 697

NATSIHWA

9<sup>th</sup> January 2012

Ms Kerrie Kellett  
Executive Director  
Aboriginal and Torres Strait Islander Board of Australia  
c/o The Australian Health Practitioners Regulation Agency

Dear Ms Kellett,

**Re: Proposed Codes and Guidelines**

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) thank you for the opportunity to provide comment on the **Aboriginal and Torres Strait Islander Health Practitioner Board of Australia's (ATSIHPBA) Proposed Codes and Guidelines for Aboriginal and/or Torres Strait Islander Health Practitioners**. As the national professional association for Aboriginal and Torres Strait Islander Health Workers Health Workers, and therefore Aboriginal and Torres Strait Islander Health Practitioners from 1<sup>st</sup> July 2012, we believe NATSIHWA is well placed to provide comment, advocate and consult on the proposed codes and guidelines.

NATSIHWA was specifically established and funded to consult, support and advocate for Aboriginal and/or Torres Strait Islander Health Workers as well as provide advice to government on the Health Worker workforce. Health Practitioners will remain part of our membership and are seen as Health workers first and foremost.

Within this response document we have utilised the summative term of 'Health Worker' to mean *an Aboriginal and/or Torres Strait Islander Worker as determined by NATSIHWA Board* and the summative term 'Health Practitioner' to mean *an Aboriginal and/or Torres Strait Islander Health Practitioner as determined by the standards and requirements of the Aboriginal and Torres Strait Islander Health Practitioner Board of Australia*. In using these terms we recognise the unique contributions of these health professionals in their communities, their unique needs, and the histories of themselves and their elders. While all these peoples may not be currently paid and/or full members of our organisation, our advocacy role extends to both our members and constituent health professionals.

***Consultation processes to date***

Due to the uniqueness and diversity of our members and their communities we do not feel the formal consultation process has been adequate to comprehensively canvass

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our members' views. This comment extends to the proposed codes of conduct and guidelines requested for comment in this period (noted in this document), as well the previous consultations on standards of practice. There has been inadequate consultation in time, duration and reach given the location and diverse working environment of our members and constituent health professionals. As the national peak for the profession we feel the process has not adequately consulted with ourselves as a peak body and has not taken the opportunity to contact our membership through the process.

However, NATSIHWA is fully committed to working in partnership with the ATSIHPBA. We would seek to work with the ATSIHPBA to be able to adequately inform, consult and prepare our members in the lead up to national registration.

In order to rectify this issue we would seek to meet with you at the earliest possible convenience to discuss proposals and processes for engaging with NATSIHWA, its members and constituents in the lead up to national registration. Our aim would be to develop processes and procedures for consultation and information while maintaining the independence of the organisations/parties.

We also extend an invitation to yourself and/or an appropriate representative to speak at our 2011/12 AGM to be held in Adelaide on Tuesday, 31<sup>st</sup> January 2012.

### *Commentary on current policies and guidelines*

In relation to the three documents requested for consultation NATSIHWA provides the following comment:

#### **1. Advertising Guidelines**

NATSIHWA feels it is appropriate that our members, and those who will become Aboriginal and/or Torres Strait Islander Health Practitioners, be governed by the same advertising guidelines as other health professionals and practitioners. However, we note, due to the short response time available, we have not consulted with the entirety of our membership in relation to this matter and therefore are unable to speak to the appropriateness in every situation to which our members may be engaged. To this end we would feel it is an appropriate issue for notation and discussion at the NATSIHWA AGM and forum in Adelaide on 31<sup>st</sup> January 2012.

Following the AGM discussion, and with appropriate supports to translate the implications of the guidelines into communications with our membership, we would seek to work collaboratively to notify members and constituents of once endorsed by the ATSIHPBA and Ministers. Without these supports it would be challenging for us to fulfil our advocacy role and to fully endorse the guidelines.

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## 2. Code of Conduct

NATSIHWA welcomes the ATSIHPA comment in relation to the need to consider the particular needs of Aboriginal and/or Torres Strait Islander Health Practitioners. Our Health Workers, and therefore in the future our Aboriginal and/or Torres Strait Islander Health Practitioners, face unique challenges in the communities in which they deliver vital health services. They are the backbone of their communities and their contribution, to date, has had limited recognition.

Our members and constituents' positions also propose unique relationships in their communities. For many they are family, carer, advocate and emergency health respondent. This means they wear many hats and sometimes many hats within the same health interaction. Our members face this ethical and\ conduct challenge every day and NATSIHWA feels the current guidelines are not adequate in guiding our members in how to appropriate meet these multiple responsibilities.

This issue is particularly pertinent to those Health Workers and (from 1<sup>st</sup> July 2012) Health Practitioners, in rural and remote locations where 'Hum Bug' may be an issue. We would seek to include within the guidelines some commentary in relation this unique issue. This is only one example of the distinctive work issues faced by our members and constituents.

To that end, an acceptance of the 'standard' code of conduct is not appropriate. NATSIHWA would therefore seek further discussion and consultation on the requirements for a code of conduct. With appropriate support we would be happy to facilitate this through our AGM and other member network mechanisms.

NATSIHWA would suggest the inclusion of a tailored statement, similar that which is included within the Australian Nursing and Midwifery Council Professional Conduct Framework, such as blow

*"[Aboriginal and/or Torres Strait Islander Health Practitioners] fulfil roles outside the professional role, including those as family members, friends and community members. [Aboriginal and/or Torres Strait Islander Health Practitioners] are aware that dual relationships may compromise care outcomes and always conduct professional relationships with the primary intent of benefit for the person receiving care. [Aboriginal and/or Torres Strait Islander Health Practitioners] take care when giving professional advice to people with whom they have a dual relationship (eg a family member or friend) and advise them to seek independent advice due to the existence of actual or potential conflicts of interest."*

In the interim we would point to the *Draft National Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework*. This document was developed with NATSIHWA and other stakeholder involvement during the Health Workforce Australia Aboriginal and Torres Strait Islander Health Worker Project. NATSIHWA will seek

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member endorsement of this framework at its AGM in Adelaide on 31<sup>st</sup> January 2012. NATSIHWA feels the elements of this Framework are more than appropriate for inclusion within a Health Practitioner Code of Conduct to guide our members and constituents.

Any Code of Conduct for Aboriginal and/or Torres Strait Islander Health Practitioners would require appropriate tailoring of messages and dissemination of communication of details to our members and constituents – without this the ATSITHPBA risks people applying for national registration misunderstanding the ramifications of registration.

### 3. Draft Guidelines for mandatory notification

NATSIHWA would reiterate the same statements as we have made for the advertising guidelines. They are appropriate as long as the implications are translated into plain language and communicated to our members and constituents. Without this action and support we are unable to endorse the statements and guidelines.

We look forward to a positive working relationship with AHPRA and the national Board. Please feel free to contact me on [ceo@natsihwa.org.au](mailto:ceo@natsihwa.org.au) or 0431152559.

Regards

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Chief Executive Officer

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