



NATSIHWA

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

ABN 61 138 748 697

NATSIHWA

16th January 2012

Mr Ian Holland
Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Mr Holland

Re: Submission to the Senate Inquiry on the *Personal Controlled Electronic Health Record Bill 2011* and one related bill

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) thank you for the opportunity to provide a submission to the Standing Committee on Community Affairs to assist its inquiry into the provisions of the *Personally Controlled Electronic Health Records Bill 2011* (the Bill) and a related bill.

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 1st July 2012 once they become registered under the *Health Practitioner Regulation National Law 2009* (the National Law). We believe NATSIHWA is well placed to provide comment on the implications of the Bills for our members and the Aboriginal and Torres Strait Islander peoples and communities they serve.

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.

NATSIHWA fully supports the concept of the Personally Controlled Electronic Health Record (PCeHR) and the prioritisation of the implementation of the PCeHR for Aboriginal and Torres Strait Islander peoples. The PCeHR has the potential, over time, to improve the health outcomes of our people and communities. Personal control of the levels of access to the PCeHR is an essential part of empowerment and the self-determination.

NATSIHWA welcomes the inclusion of 'a person with experience of Aboriginal and Torres Strait Islander healthcare' within the Independent Advisory Council. Aboriginal and/Torres Strait Islander Health Practitioners are one of only three registered health professionals authorised under the current draft Bill as nominated

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healthcare providers able to assist consumers to complete and update Shared Health Summaries. NATSIHWA therefore recommends appropriate representation of Aboriginal and/Torres Strait Islander Health Practitioners is required within the Independent Advisory Council and other governance structures.

The rest of NATSIHWA's submission primarily provides information on one of the four areas of interest to the Committee. That is, 'who will be able to participate in the PCeHR' from a healthcare provider perspective.

NATSIHWA notes the Bill and the explanatory memorandum highlights that only certain types of healthcare providers are eligible under legislation to be a nominated healthcare provider, these being:

"providers who are registered by a registration authority as a:

- medical practitioner;*
- registered nurse; or*
- Aboriginal health practitioner, Torres Strait Islander health practitioner or Aboriginal and Torres Strait Islander health practitioner within a class specified in the regulations."* (Explanatory memorandum, p5)

The nominated healthcare provider is important to the maintenance of the Shared Health Summaries and is therefore key to the continuity of care and accuracy of the consumer's health information. NATSIHWA welcomes and supports the inclusion of Aboriginal and/or Torres Strait Islander Health Practitioners within the Bill.

From 1 July 2012, the Aboriginal and Torres Strait Islander Health Practice Board of Australia will be responsible for registering Aboriginal and Torres Strait Islander Health Practitioners and students under the National Law. Currently Aboriginal Health Workers are only registered in the Northern Territory. It is our understanding that Northern Territory registered Aboriginal Health Workers will automatically transition to the national scheme. All other Aboriginal and Torres Strait Islander Health Workers will need to apply to the national board for registration under the national scheme. While the decision of Health Ministers on the exact qualification required for application for registration has not yet been made public, the draft standards consulted on by the Aboriginal and Torres Strait Islander Practice Board of Australia proposed the Certificate IV in Aboriginal Primary Health Care (Practice).

In the majority of states the predominant for the Health Worker qualification is Certificate IV (Community) or a Certificate III in Aboriginal Primary Health. This was evidenced through the recent *Health Workforce Australia (HWA) Aboriginal and Torres Strait Islander Health Worker project*. The HWA project also highlighted that workers with these qualifications are a frontline primary health care worker. They undertake adult and child health checks and manage chronic disease in the community. They are also the key stakeholder and deliverer of health care interventions under the Australian Government's *Closing the Gap* strategy.

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To restrict this workforce from completing Shared Health Summaries as a nominated healthcare provider will be detrimental to the health outcomes and the continuum of care for Aboriginal and Torres Strait Islander peoples. In rural and remote locations this workforce are the predominant providers of primary health care and often provide direct care in the absence, or as an alternative, to a registered nurse or medical officer. An alternative solution needs to be formulated rather than restriction of nominated healthcare provider to Aboriginal and/or Torres Strait Islander Health Practitioners only.

Grandparenting provisions have been proposed by the national board. However, a very large number of Aboriginal or Torres Strait Islander Health Worker have not had the opportunity to upgrade their qualifications, through a recognition of prior learning/recognition of current competency process, to any of the new national qualifications which only commenced in 2008.

The current draft of the Bill means no Aboriginal or Torres Strait Islander Health Workers outside the Northern Territory will be able to be a nominated healthcare provider until registered under the National Law - a process is likely to take extensive time and effort for our members. This will likely further impact the health outcomes Aboriginal and Torres Strait Islander people, particularly in rural and remote areas where there will be limited access to nominated healthcare providers.

NATSIHWA believes the options for inclusion of the boarder Aboriginal and Torres Strait Islander Health Worker workforce as nominated healthcare providers are:

1. The Aboriginal and Torres Strait Islander Health Practice Board of Australia grandparent all Aboriginal and Torres Health Workers from 1st July 2012 under the National Law and/or providing provisional or limited registration to allow this workforce to be considered nominated providers in line with the current draft of the Bill.
2. Alteration of the current draft Bill to include the broader Aboriginal and/or Torres Strait Islander Health Worker workforce within the legislation as nominated healthcare providers, in particular those with the Certificate IV (Community) qualification.
3. Inclusion of the broader Aboriginal and/or Torres Strait Islander Health Worker workforce through a prescribed regulation in line with Section 5,c (iv) of the Bill.

The current restriction of the nominated provider to those registered under the national scheme is likely to mean Aboriginal and Torres Strait Islander Health Workers in jurisdictions other than the Northern Territory will not be able to nominated healthcare providers in the medium term. Determination of classes of

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Aboriginal and or Torres Strait Islander Health Practitioner through regulations as outlined in in Section 5, c, (iii) will not solve this issue unless the decision of the Ministerial Council is to include *the entire* current workforce under the national registration scheme. Previous consultations on draft standards by the national board indicate that this scenario is unlikely.

Without rectification the current restriction will reduce the uptake and benefits of the PCeHR and is likely to further exacerbate the inequities in health care access for Aboriginal and Torres Strait Islander people.

The explanatory memorandum to the bill states:

“Additional types of healthcare providers may be prescribed in regulations as being eligible to be a nominated healthcare provider in the future, providing flexibility if implementation experience and stakeholder feedback indicate it is needed.” (p5)

NATSIHWA acknowledges the need to ensure appropriate qualifications are held by nominated providers but we would seek inclusion of Aboriginal and Torres Strait Islander Health Workers as nominated providers alongside their Practitioner cousins. It is NATSIHWA's position that this must occur prior to the commencement of the PCeHR on 1st July 2012.

Regards

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