

Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC)  
Industry Summary

Part A – IRC Details

<b>Name of the IRC</b>
Aboriginal and Torres Strait Islander Health Worker
<b>IRC members</b>
<i>Name</i>
Warren Locke
Karl Briscoe
Leigh Svendsen
Chris Eldridge
Iris Raye
Ian Ludwick
Karrina DeMasi
Jodie Davis
Nadine Blair

Part B – Industry Details

<b>Industry areas (1,000 words, include attachments where relevant)</b>
<p><i>Overview of industry sectors / sub-sectors covered by the IRC, including:</i></p> <ul style="list-style-type: none"><li>• <i>employers (size, local/state/national/global, government/not-for-profit/for-profit, key enterprises)</i></li><li>• <i>key links with other industries and cross-sectoral work</i></li></ul> <p>Aboriginal and Torres Strait Islander Health Workers and Practitioners play a significant role in meeting the health needs of Aboriginal and Torres Strait Islander communities. The roles that they perform vary and are dependent on the needs of the community they serve. They often work in collaboration with a range of clinical health practitioners, allied health practitioners and many other types of workers across the health industry to ensure the needs of individuals are adequately met.</p> <p>The job role titles of workers can vary from Aboriginal and Torres Strait Islander Health Practitioner to Aboriginal Health Practitioner or Torres Strait Islander Health Practitioner. Please note these titles are protected under the <i>Health Practitioner Regulation National Law</i> and a person cannot use any of these titles unless they are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA).</p> <p>Queensland Health defines an <b>Aboriginal and Torres Strait Islander Health Practitioner</b> as:<sup>1</sup> <i>“...a primary health care professional providing high-quality, culturally-safe, clinical care services to Aboriginal and Torres Strait Islander people and communities.</i></p> <p><i>Aboriginal and Torres Strait Islander Health Practitioners are independent practitioners who work alongside and collaboratively with other clinicians including doctors, nurses, midwives, allied health and oral health practitioners in a range of settings.</i></p>

<sup>1</sup> Queensland Government. Queensland Health. About the Aboriginal and Torres Strait Islander Health Practitioner [Available at: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-healthpractitioner/about-the-role>]

*They may have a broad individual clinical scope of practice or work in a more specialised role, depending on a range of factors including the individual's qualification and competence, practice location, practice setting, level of supervision, and community need. They can assess, diagnose, treat, educate, and use scheduled medicines depending on their approved individual scope of practice outlined in a practice plan.”*

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) provides the following definitions across the two job roles:<sup>2</sup>

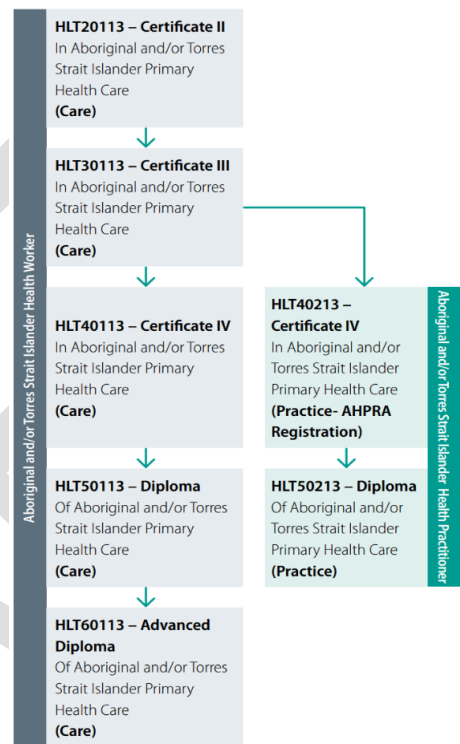
**An Aboriginal and/or Torres Strait Islander Health Worker as:**

*An Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from one of the health training packages listed below. [located on right in this document]*

**An Aboriginal and/or Torres Strait Islander Health Practitioner as:**

*An Aboriginal and/or Torres Strait Islander person who has gained a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, and has successfully applied for and been registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA).*

Current Aboriginal and Torres Strait Islander Health Worker Training Package



Source: National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Annual Report 2021

The Aboriginal and Torres Strait Islander Health Worker Training Package which is overseen by the IRC supports an extensive range of job roles in the workforce with examples outlined as follows:<sup>3</sup>

- Health Practitioner
- Pharmacy Health Worker
- Health Worker (Generalist)
- Trainee Health Worker
- Outreach Worker
- Womens' Health Worker
- Immuniser
- Mens' Health Worker
- Oral Health Worker
- Child and Youth Health Worker
- Mental Health Worker
- Otitis Media Health Worker
- Family Health Worker
- Nutrition Health Worker
- Sexual Health Worker
- Eye care coordinator
- Renal Health Worker
- Health Promotion
- Education Officer
- Primary Health Care Practice Manager
- Hospital Liaison Officer
- Chronic Care Worker
- Hospital Liaison Officer
- Drug and Alcohol Worker
- Healthy Living Worker
- Environmental Health Worker
- Senior Health Worker
- Community Worker
- Advanced Health Worker
- Primary Health Care Coordinator
- Maternal and Perinatal Health Worker.

<sup>2</sup> National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Annual Report 2021 [Available at: [https://www.naatsihwp.org.au/sites/default/files/natsihwa-annual\\_report\\_2020-21\\_web\\_0.pdf](https://www.naatsihwp.org.au/sites/default/files/natsihwa-annual_report_2020-21_web_0.pdf)]

<sup>3</sup> 2019 and 2020 Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee Industry Skills Forecast [Available at: <https://www.skillsiq.com.au/IndustryEngagement/IndustryReferenceCommittees/AboriginalandTorresStraitIslanderHealthWorkerIndustryRefere>]

Aboriginal health care workers and practitioners have had a critical role in preventing and managing the spread of COVID-19 in the community through the implementation of additional measures in the workplace regarding infection prevention and control (i.e. pre-screening patients, wearing appropriate Personal Protective Equipment (PPE) etc.).<sup>4</sup> Aboriginal and Torres Strait Islander peoples and people living in remote communities were identified early on in the COVID-19 pandemic at being at greater risk from the virus due to higher rates of health issues (e.g. chronic diseases) across the community, and having limited access to services due to location.<sup>5</sup> The Aboriginal and Torres Strait Islander Health Workers workforce therefore has (and continues to) play an essential role in what has been described as unprecedented and uncertain times. The impact of the pandemic and focus on infection control has been an area of particular focus in the recent Aboriginal and Torres Strait Islander Health Worker Training Package review project (see Part C for more information).

*The Aboriginal and Torres Strait Islander Health Worker workforce*

The most recent national statistics available indicate that in 2021, there were approximately 2,000 Aboriginal and Torres Strait Islander Health Workers (ANZSCO ID 4115)\* with 500 people employed in the occupation as their main job.<sup>6</sup>

*Note: \* Data collection and reporting for job roles is conducted according to the Australian and New Zealand Standard Classification of Occupations (ANZSCOs). ANZSCO ID 4115 currently labels the job role as Indigenous Health Workers and the workforce count includes:*

- ANZSCO ID 411511 Aboriginal and Torres Strait Islander Health Worker
- ANZSCO ID 411512 Kaiawhina (Hauora) (Maori Health Assistant).

*At the time of preparing this summary, the Australian Bureau of Statistics (ABS) was running a public consultation to review the ANZSCO classifications. The figures throughout this summary are presented to provide an indicative account of the workforce size and nature supported by the VET Training Package.*

The recently established *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031* (National Workforce Plan) sets out a key target that **Aboriginal and Torres Strait Islander people are fully represented in the health workforce by 2031**. In 2016, the health sector participation rate of Aboriginal and Torres Strait Islander people was 1.8%. The target participation rate for 2031 is 3.43%.<sup>7</sup> The National Workforce Plan also builds on the six (6) strategic directions set out in *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023*. It is also aligned to, and supports, multiple Aboriginal and Torres Strait Islander policy reforms (i.e. National Agreement on Closing the Gap 2020, National Aboriginal and Torres Strait Islander Health Plan 2021–2031, Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 – 2026).

*“Governments and Aboriginal and Torres Strait Islander community-controlled health peak bodies agreed: an appropriately skilled, available and responsive Aboriginal and Torres Strait Islander health workforce is critical for an efficient national health system.”*

*[Executive Summary: National Workforce Plan]*

<sup>4</sup> NSW Government NSW Health. Aboriginal health care workers and settings during COVID-19 [Available at: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/aboriginal-services.aspx>]

<sup>5</sup> Healthdirect. Aboriginal and Torres Strait Islanders and COVID-19 [Available at: <https://www.healthdirect.gov.au/covid-19/aboriginal-and-torres-strait-islanders-and-covid-19>]

<sup>6</sup> Australian Government National Skills Commission (NSC) Occupation Profile Indigenous Health Workers [Available at: <https://labourmarketinsights.gov.au/occupation-profile/indigenous-health-workers?occupationCode=4115>] [Accessed July 2022]

<sup>7</sup> Australian Government Department of Health. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.

The Aboriginal and Torres Strait Islander Health Worker workforce is imperative to building Australia's future highly skilled national health workforce and maximising the wellbeing of all Aboriginal and Torres Strait Islander people. The VET Training Package Products are therefore key tools to supporting the sector and its skills training.

#### *Employer landscape*

The number of organisations and service providers involved in employing the Aboriginal and Torres Strait Islander Health Worker workforce are multiple and represent both public and private, small, medium and large enterprises, spread across the country. Examples and counts of relevant providers include:<sup>8</sup>

- 47,224 general practice medical services (June 2021)
- 160 Aboriginal Community Controlled Health Services (ACCHSs) (employ approximately 6,000 staff of most of whom are Indigenous)
- 191 Indigenous-specific primary health care organisations (2020-21) employed approximately 8,300 full-time equivalent staff)
- 25,593 other allied health services (June 2021)
- 1,278 publicly funded Alcohol and Other Drugs (AOD) treatment agencies (2020-21)
- 8,827 providers active in supporting NDIS participants
- 1,796 aged care residential services (June 2021)
- 20,177 specialist medical services (June 2021)
- 134 community mental health care (CMHC) services (2019-20)
- 693 public hospitals providing 62,000 beds (2017–18)
- 657 private hospitals providing 34,000 hospital beds (2016–17).

#### *Cross-sector*

As stated earlier, the Aboriginal and Torres Strait Islander Health Worker workforce engage with a range of staff to deliver services, including health, education and community services sectors. The overlap of healthcare with other intersecting sectors has meant that the HLT Health Training Package shares content with other Training Packages, this becomes evident in cross-sector units of competence.

Significant content is shared with the CHC Community Services Training Package in the areas of:

- advocacy
- anatomy and physiology
- communication
- diversity
- information management
- management and leadership
- infection prevention and control
- legal and ethical practice
- policy and research
- professional practice
- oral health
- work health and safety
- first aid
- language literacy and numeracy.

<sup>8</sup> Various sources: Australian Institute of Health and Welfare (AIHW) Australia's health 2020, Mental health services in Australia, 2019-20, Healthy Futures – Aboriginal Community Controlled Health Services Report Care 2016, Alcohol and other drug treatment services 2020-21, Aboriginal and Torres Strait Islander specific primary health care: results from the nKPI and OSR collections; National Aboriginal Community Controlled Health Organisation (NACCHO); Australia Bureau of Statistics (ABS) Count of Businesses to June 2021; Report on Government Services 2022 14 Aged care services; NDIS. Data and insight.

**Regulatory context (200 words)**

*Brief description of relevant industry standards, licensing or accreditation requirement*

Aboriginal and Torres Strait Islander Health Practitioners are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) and only when registered, can use the protected title of Aboriginal and/or Torres Strait Islander Health Practitioner. However, registration is not automatically linked to an individual's certification in HLT units of competency or qualifications.

Current requirements for RTOs to accredit their course of study and have this approved, should be checked with ATSIHPBA: <https://www.atsihealthpracticeboard.gov.au/Accreditation.aspx>

Current requirements for practitioner registration, including any requirements to complete an accredited course of study, should be checked with ATSIHPBA: <https://www.atsihealthpracticeboard.gov.au/Registration.aspx>

**Part C – Industry Priorities****Major priorities for the industry sector (500 words)**

*Brief description of skills and training needs the IRC has focused on each year of the program and why these were a priority. What are the current top 3 skills priorities for the sector?*

**Past Skills Priorities Addressed**

All Aboriginal and/or Torres Strait Islander Health Worker Training Package Products of the HLT Health Training Package were updated in 2021, under the direction of the Aboriginal and Torres Strait Islander Health Worker IRC.

The Qualifications which have been updated are:

- HLT20121 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT30121 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40121 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT50221 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management
- HLT60121 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management

The Qualifications which are currently under review are:

- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice

A review of units previously coded HLT/AHW was conducted, and a competency field was added to all units along with a new coding system. A total of 14 units were deleted and five new units added. 18 Skill Sets were removed.

The key driver for Training Package Product change was stakeholder concern that pre-existing units of competency and qualifications did not align well with current and emerging roles for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. Additionally, their roles are continuing to expand to service emerging or persisting health and wellbeing issues, and the

following community needs and skills gaps had been identified:

- advocacy
- assistance with nutrition and other healthy lifestyle practices
- assisting people affected by alcohol and other drugs, and by domestic violence
- sexual health
- medication administration and management
- mental health, particularly skills for trauma informed care
- palliative care
- prevention, early detection and management of chronic disease, particularly diabetes
- rural and remote emergency services
- language, literacy and numeracy skills.

Multiple actions were taken to strengthen content for the above-mentioned skills gaps. Please refer to the HLT Health Training Package Companion Volume Implementation Guide for further details regarding the Training Package Review project.

### Current and Future Skills Priorities

SkillsIQ's 2022 Skills Survey, in addition with consultation with stakeholders across the Aboriginal and Torres Strait Islander Health Worker sector and wider health industry revealed that initial skills priorities which employers focus on when filling a vacancy are those which are **job-specific and technical skills** for a job. For example, employers of Aboriginal and Torres Strait Islander Health Workers expect individuals to have specific skills regarding the provision of clinical functions (i.e. case management support) as well as have knowledge and skills in providing health education and cultural education to persons.

When enquiring on non-technical skills requirements across the workforce, the top short-to-medium future skills needs identified by stakeholders representing Aboriginal and Torres Strait Islander Health Workers reflected a number of soft skill areas - **communication, resilience, stress tolerance, and flexibility**.

Similar soft skill areas have been voiced by employers via the Australian Government's National Skills Commission (NSC) Occupational profiles. For example, employers look for Aboriginal and Torres Strait Islander Health Workers who have strong skills related to **social perceptiveness, active listening, reading comprehension, serving others and speaking**.<sup>9</sup>

The Training Package review project recently conducted and outlined earlier aimed to address the skills priorities of the sector.

### National qualifications not substantially updated<sup>10</sup> since 2015, and where possible indicative timeframe for when they may need to be reviewed (add additional rows as necessary)

Qualification code	Qualification title	Reason	Timeframe for review
None, all qualifications have been reviewed			

<sup>9</sup> Australian Government National Skills Commission (NSC) Occupational Profile Indigenous Health Workers ANZSCO ID 4115 [Available at: <https://labourmarketinsights.gov.au/occupations/occupation-search/>]

<sup>10</sup> Includes where a qualification was solely updated to transition to the to the 2012 Standards for Training Packages

## Critical challenges and opportunities for this industry sector (1,000 words)

Summary of key challenges, lessons learned, and any identified opportunities (at local/state/national/global levels) related to vocational education and training, including but not limited to:

- issues with the implementation or delivery of training
- challenges achieving stakeholder consensus
- intersections or collaboration across industry sectors.

### Workforce challenges

Similarly to other sectors, stakeholders representing Aboriginal and Torres Strait Islander Health Workers have indicated that **COVID-19, and associated restrictions and requirements**, has been by far the most significant workforce challenge experienced in the last 12 months, and the disruption continues to impact stakeholders. For example, it has been creating general uncertainty in the operating environment (i.e. absences due to close contact rules, changing workplace protocols), and difficulties in avoiding staff burnout (when keeping up with increased demand for services) and staff mental health wellbeing (SkillsIQ's 2022 Skills Survey). When most sectors were arranging for staff to work-from-home, the Aboriginal and Torres Strait Islander Health Workers workforce along with the wider health care industry continued to deliver services in the workplace and at times, in high-risk settings.

The impact of the pandemic, including emerging protocols and procedures for conducting health practices and/or supporting health care recipients will continue to be challenging for providers across the wider health care industry including Aboriginal and Torres Strait Islander Health Workers workforce and service providers.

Currently there is not a standard scope of practice for Aboriginal and Torres Strait Islander Health Practitioners across Australia which is a concern for stakeholders. For example, while Aboriginal and Torres Strait Islander Health Practitioners have the skills to administer vaccines, they do not have the legal authority to administer them in all States and Territories as legislation varies. Aboriginal and Torres Strait Islander Health Practitioners are not always able to practice at the level to which they have been trained in a primary health care setting. Industry is calling for the harmonisation of medicines authorities to enable consistency in practice across Australia, with NAATSIHWP reporting in the most recent annual report (2021) that achieving this will aim *'To increase the appropriate use of the full range of skills and integration of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners into health services across all sectors in the health system'*.<sup>11</sup>

Staff shortages in skilled Aboriginal and Torres Strait Islander Health Workers are a concern, with employers experiencing difficulties in hiring appropriately qualified staff. A lack of applicants, low wages, remote locations, and applicant perceptions that the job is unattractive, are some of the key difficulties identified with finding new staff. There is also a severe health workforce shortage in rural and remote Australia.<sup>12</sup> This continues to be a challenge and impacts the provision of health services to Aboriginal and Torres Strait Islander people in particular. Each year the Australian Institute of Health and Welfare (AIHW) reports staff vacancy levels at Indigenous-specific primary health care organisations which demonstrates continued shortages in rural and remote areas.<sup>13</sup> Some of the vacancies may be attributed to an increase in services provided attributed to the response to the COVID-19 pandemic, as well as other unrelated factors such as changes in funding, direction or size

<sup>11</sup> National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Annual Report 2021 [Available at: [https://www.naatsihwp.org.au/sites/default/files/natsihwa-annual\\_report\\_2020-21\\_web\\_0.pdf](https://www.naatsihwp.org.au/sites/default/files/natsihwa-annual_report_2020-21_web_0.pdf)]

<sup>12</sup> Cosgrave, C, Malatzky, C & Gillespie J 2019 'Social Determinants of Rural Health Workforce Retention: A Scoping Review', Int. J. Environ. Res. Public Health, 16(3), 314. [Available at: <https://www.mdpi.com/1660-4601/16/3/314/htm>]

<sup>13</sup> Australian Institute of Health and Welfare, 2022, Aboriginal and Torres Strait Islander-specific primary health care: results from the OSR and nKPI collections. Cat. no. IHW 227. Canberra: AIHW.

of services being delivered. Nevertheless, providers are under pressure to fill vacancies which at times remain vacant for extended periods of time.

Retaining workers is also a challenge for providers. Nearly three-quarters (71%) of Commonwealth-funded Indigenous primary health care organisations reported that recruitment, training and support of Indigenous staff was a major challenge (2017-18). The implications of losing staff is subsequently impacting community access to services, with one in five Indigenous Australians reported as living in areas facing a supply challenge of a health profession (compared to 3% of the non-Indigenous population).<sup>14</sup>

The recent Aboriginal and Torres Strait Islander Health Workers Training Package review project was conducted with these challenges at the forefront of consultations to ensure updates were in line with supporting the sector address these workforce challenges.

### **Aboriginal and Torres Strait Islander Health Workers and VET**

Organisations operating across the Aboriginal and Torres Strait Islander Health Workers sector are diverse, and a variety of skills needs and priorities exist across metropolitan, regional and remote locations. This therefore means that reviewing and developing VET Training Package Products that provide the skills and knowledge required of job roles, as well as achieving smooth implementation and the provision of quality training outcomes are especially challenging. Some of the main challenges and opportunities identified include:

- Competing views often existed during training package consultations. Differences in preferred approaches, training content and skills priorities were often voiced by stakeholders and captured in feedback. Therefore, the IRC was fundamental in exploring the issues and the associated evidence to make decisions that reflected the needs of industry from a national perspective.
- Implementation concerns for new VET training products include the administrative burden particularly on smaller and community-controlled RTOs as they transition to deliver the new products, including the need to modify existing teaching resources and create new resources. To ensure systemic issues are addressed and effective implementation is achieved, the following measures are recommended:
  - Strong and ongoing relationships between industry and training providers, and industry involvement in the validation of learning and assessment materials/activities
  - Robust and reliable assessment by RTOs, including in relation to prior recognition practices
  - The creation of new and improved training and assessment resources to reflect the new and revised Units of Competency.
- Allocation and management of funding associated with the delivery of new and revised training package products will be determined by the appropriate state and territory bodies in consultation with industry stakeholders in their respective jurisdictions.
- Opportunities for the portability of skills across sectors has always been a focus of consultation efforts, with industry and other stakeholders asked to consider the relevance of proposed Training Package Products to their sector and business models. Training

<sup>14</sup> Australian Institute of Health and Welfare, National Indigenous Australians Agency (2017-18) *Aboriginal and Torres Strait Islander Health Performance Framework 3.22 Recruitment and retention of staff* [Available at: <https://www.indigenoushpf.gov.au/measures/3-22-recruitment-retention-staff>]



Package Products have been developed in a manner which addresses the needs of a diverse range of industry sectors and organisation types, allowing for portability of skills across the industry.

Moving forward these opportunities should continue to be explored to ensure there is cross-sectoral consultation and collaboration between industries, the VET sector, and government.

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**IRC Chair/s**

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