

12 May 2021

Recognising the skills and qualifications of Aboriginal and Torres Strait Islander Health Practitioners

**For consideration by: the Australian Health Protection Principal Committee (AHPPC)
Through: the Aboriginal and Torres Strait Islander Advisory Group on COVID-19**

Purpose

1. The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is seeking to ensure that Aboriginal and Torres Strait Islander Health Practitioners are recognised and included as a valued and critical resource in the rollout of the COVID-19 Vaccine Program and other national public health initiatives.

Background

2. The rollout of the COVID-19 Vaccine Program to Aboriginal and Torres Strait Islander people throughout Australia, particularly in remote communities will be a substantial undertaking.
3. Success will not only require a focus on logistics and infrastructure but will also demand a workforce with the capabilities to engage community members, combat the falsehoods circulating about the vaccine and ease the anxiety resulting from bad experiences with health research and care in the past.
4. The Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce will be key to this end:
 - › the response to the pandemic to date has demonstrated Aboriginal and Torres Strait Islander people are more likely to rely on trusted voices from within their own communities for information about the pandemic and the vaccine; and,
 - › in providing care to Aboriginal and Torres Strait Islander people it is widely recognised that the cultural responsiveness and engagement capability of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners sets them apart from other health professionals.
5. Of the two professions Aboriginal and Torres Strait Islander Health Practitioners in particular, are qualified with a high level of clinical skills including the ability to assess physical wellbeing, administer medication and work autonomously.
6. Since 2012 they have been required to meet practice standards and register under the Australian Health Practitioner Regulation Agency's national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board.
7. In securing a workforce with the skills, qualifications and cultural responsiveness required to deliver the COVID-19 Vaccination Program to Aboriginal and Torres Strait Islander people, over 800 registered Aboriginal and/or Torres Strait Islander Health Practitioners across Australia are an essential resource. (Further information and background about the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce is included at [Attachment A](#).)

Issues

8. Although Aboriginal and Torres Strait Islander Health Practitioners have the skills and qualifications necessary to administer vaccines, in some States and Territories they do not have the legal authority. (A table highlighting the variation in legal authority across jurisdictions is included at [Attachment B](#) for consideration).

9. This issue is not new and has been earmarked for action in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 currently under development.
10. The rollout of the Vaccination Program to Aboriginal and Torres Strait Islander people provides a significant opportunity to accelerate a response. As part of the national response to COVID-19 all governments have proven their ability to work together to fast track reform and harmonise health legislation and/or regulation.
11. Immediate action to harmonise medicines authorities across all jurisdictions for Aboriginal and Torres Strait Islander Health Practitioners would:
 - › enable the profession to play a greater role in all national or multijurisdictional public health initiatives including the enhanced response to addressing sexually transmissible infections and blood borne viruses in Indigenous populations
 - › improve the professional integration, utilisation and deployment of the profession more broadly
 - › help to ensure national public health initiatives can be delivered through the application of culturally safe and responsive models of care
 - › mitigate risks inherent with the current inconsistency in approaches across States and Territories and
 - › support the development of a national minimum scope of practice for the Aboriginal and Torres Strait Islander Health Worker and Practitioner Workforce and, provide clarity around what each of the professions can and can't do.
12. It is important to note the approach that NAATSIHWP supports is that Aboriginal and Torres Strait Islander Health Practitioners are able to supply and administer medications under instruction from a GP or other relevant Medical Professional only. This is consistent with the approaches that already exist in some State and Territories.

Recommendations

That the AHPPC:

1. **Agree** to fast track the harmonisation of medicine authorities for Aboriginal and Torres Strait Islander Health Practitioners as a matter of priority to ensure a qualified, trained and culturally safe workforce is available to support the vaccine rollout to Aboriginal and Torres Strait Islander peoples and communities.
2. **Note** that this move would enable Aboriginal and Torres Strait Islander Health Practitioners to make a greater contribution and strengthen the delivery of all national or multijurisdictional public health initiatives to Aboriginal and Torres Strait Islander people.
3. **Note** that the national training and regulation of this health profession provides protection for the public, and in this regard harmonising the medicines authorities to enable Aboriginal and Torres Strait Islander Health Practitioners to supply and administer medications under instruction from a GP or other relevant Medical Professionals, lessens the risks associated with the current ad-hoc approach.
4. **Note** that NAATSIHWP, as the peak body for this workforce, is well positioned to support the fast tracking of these arrangements if required.



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Formerly NATSIHWA (National Aboriginal and Torres Strait Islander Health Worker Associ

Further background to this brief

Despite a significant body of evidence directly connecting the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce to improved health outcomes across the life courseⁱ the professions continue to be undervalued and underutilised across the healthcare systemⁱⁱ. Research undertaken in 2019 indicates a lack of growth (commensurate with the Aboriginal and Torres Strait Islander population) and ageing of this Workforce with the most notable declines occurring in younger aged profiles, especially malesⁱⁱⁱ. The research also identified that an unsatisfactorily high proportion of Aboriginal and Torres Strait Islander people are lost to the profession due to difficulty completing entry level coursework. Given the significant benefits the Workforce provides in terms of health, education and employment outcomes for Aboriginal and Torres Strait Islander people we consider that overall too little is being done within the healthcare system to recognise the importance and value of the workforce or to support its professional integration, utilisation and expansion - especially through measures to promote and consolidate career pathways and to improve recruitment, training and retention.

Jurisdictional variations in legislation, regulations and workplace policies continue to present significant barriers and frequently limit the scope of what the workforce can do. Addressing these issues is critical to expanding and professionalising the workforce. In this respect NAATSIHWP has undertaken considerable analysis. The analysis of jurisdictional variation included at [Attachment B](#) demonstrates there is a lack of understanding about the skills, qualifications and regulation requirements of this workforce resulting in considerable, ambiguity and incoherence of approach nationally.

Overview of Jurisdictional Difference in Medicines Authorities

Jurisdiction	Aboriginal and Torres Strait Islander Health Worker or Health Practitioner	Administer	Supply
ACT	Aboriginal and Torres Strait Islander Health Worker	X	X
	Aboriginal and Torres Strait Islander Health Practitioner	X	X
NSW	Aboriginal and Torres Strait Islander Health Worker	X	X
	Aboriginal and Torres Strait Islander Health Practitioner	X	X
VIC	Aboriginal and Torres Strait Islander Health Worker	X	X
	Aboriginal and Torres Strait Islander Health Practitioner	X	X
TAS	Aboriginal and Torres Strait Islander Health Worker	✓	X
	Aboriginal and Torres Strait Islander Health Practitioner	X	X
SA	Aboriginal and Torres Strait Islander Health Worker	X	X
	Aboriginal and Torres Strait Islander Health Practitioner	X	X
WA	Aboriginal and Torres Strait Islander Health Worker	✓	✓
	Aboriginal and Torres Strait Islander Health Practitioner	✓	✓
NT	Aboriginal and Torres Strait Islander Health Worker	X	X
	Aboriginal and Torres Strait Islander Health Practitioner	✓	✓
Qld	Aboriginal and Torres Strait Islander Health Worker in Isolated Practice Areas (Hospital and Health Services)	✓	✓
	Aboriginal and Torres Strait Islander Health Practitioner in Isolated Practice Areas (Hospital, Health Services and Aboriginal and Torres Strait Islander Community Controlled Health Organisations)	✓	✓

In 2018 the COAG Health Council recognised the importance of the workforce and that a national minimum scope of practice would help to clarify and strengthen the role that it could play and actions to achieve this have subsequently been included in the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 currently under development. Achieving national consistency in medicines authorities across the country will be key to this end.

About the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce

From our understanding Aboriginal and Torres Strait Islander Health Workers and Health Practitioners comprise the only culturally based health workforce with national training and registration in the world and as such should be regarded as a source of national pride.

Together these occupations form part of a standalone professional workforce that plays a critical role in connecting Aboriginal and Torres Strait Islander people to health care filling a gap in Australia's health care system. With a combination of clinical, cultural and community development skills Aboriginal and Torres Strait Islander Health Workers and Health Practitioners act as cultural brokers, health system navigators and provide a high standard of culturally safe care. Evidence directly connects their roles to improved health outcomes across the life course. Their lived experience and deep understanding of the communities they serve delivers an engagement capability and reach that sets them apart from other professionals in the health care system.

In comparison to Allied Health Professionals who are university trained in specific disciplines of practice, the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce receive comprehensive primary health care training through the vocational education and training system^{iv}. Importantly, this is designed to provide Aboriginal and Torres Strait Islander people with vital entrance level pathways for careers in the health sector, as well as, access to culturally safe care.

Of the two professions Aboriginal and Torres Strait Islander Health Practitioners, in particular, have a high level of clinical skills and are trained to work autonomously. To recognise this they have been required to meet practice standards and register under the Australian Health Practitioner Regulation Agency (AHPRA) national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board since 2012.

Their Qualifications

NAATSIHWP defines 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.

Course Number	Title
HLT20113	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT30113	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT40113	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT50113	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Care)
HLT60113	Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Care)

› **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 higher qualification as outlined below), 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).

Course Number	Title
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)

It is important to note that a number of the services the workforce provides are recognised under Australia’s Medicare Benefits Scheme (MBS), and if working for an eligible employer, Aboriginal and/or Torres Strait Islander Health Workers with a minimum Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and all Aboriginal and/or Torres Strait Islander Health Practitioners may be eligible to apply for a Medicare Provider Number.

Harmonising medicines authorities - impact

A comparison of the number of registered Aboriginal and Torres Strait Islander Health Practitioners against the proportion of Aboriginal and Torres Strait Islander peoples in each State or Territory, highlights that overall, a change to enable registered Aboriginal and Torres Strait Islander Health Practitioners to supply and administer medications, (under instruction from a GP or other relevant Medical Professional), would ensure a strengthened ability to provide culturally safe and responsive care to those states with the highest proportion of Aboriginal and Torres Strait Islander residents, with the exception of Tasmania. The change would impact around 831 people nationally.

Number of Aboriginal and Torres Strait Islander Health Practitioners in comparison to the proportion of Aboriginal and Torres Strait Islander people in each State and Territory

State/Territory	Number of practicing and registered Aboriginal and Torres Strait Islander Health Practitioners*	Aboriginal and/or Torres Strait Islanders as proportion of population*
ACT	2	1.9%
NSW	186	3.4%
Vic	31	0.9%
Tas	4	5.5%
SA	72	2.5%
WA	166	3.9%
NT	219	30.3%
Qld	151	4.6%
Nationally	831	3.3%

*Data in this table was sourced from:

- the [Australian Health Practitioner Regulation Agency \(AHPRA\) Annual report supplementary tables](#) and
- the [ABS](#) estimated resident population, Indigenous status, 30 June 2016

Both reports were extracted on 10 Feb 2021.

Qualification Comparison

The following comparison of units within the current national training packages for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners demonstrates that only Aboriginal and/or Torres Strait Islander Health Practitioners receive training to administer medication.

Given the differences in skills and qualifications and that Aboriginal and Torres Strait Islander Health Practitioners are required to register with the Aboriginal and Torres Strait Islander Health Practice Board of Australia through the Australian Health Practitioner Regulation Agency (AHPRA). NAATSIHWP considers that medicines authorities should be harmonised to enable Health Practitioners to administer medication only. In this regard additional safeguards should also be put in place to ensure this only happens under instruction from a GP or other relevant Medical Professional. (Noting this is already a consideration within some State/Territory legislation.)

In other respects registration with the Aboriginal and Torres Strait Islander Health Practice Board of Australia should be recognised as appropriate protections for the public.

Qualification Comparison

Aboriginal and Torres Strait Islander Health Worker HLT40113 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care	Aboriginal and Torres Strait Islander Health Practitioner HLT40213 - Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
CHCLEG001 - Work legally and ethically	CHCLEG001 - Work legally and ethically
HLTAHW005 - Work in an Aboriginal and/or Torres Strait Islander primary health care context	HLTAHW005 - Work in an Aboriginal and/or Torres Strait Islander primary health care context
HLTAHW006 - Facilitate and advocate for the rights and needs of clients and community members	HLTAHW006 - Facilitate and advocate for the rights and needs of clients and community members
HLTAHW007 - Undertake basic health assessments	HLTAHW016 - Assess client's physical wellbeing
HLTAHW017 - Assess and support clients social and emotional wellbeing	HLTAHW017 - Assess and support clients social and emotional wellbeing
HLTAHW018 - Plan, implement and monitor health care in a primary health care context	HLTAHW018 - Plan, implement and monitor health care in a primary health care context
HLTAHW019 - Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities	HLTAHW019 - Deliver primary health care programs for Aboriginal and/or Torres Strait Islander communities
HLTAHW021 - Provide nutrition guidance for specific health care	HLTAHW021 - Provide nutrition guidance for specific health care
HLTAHW022 - Address social determinants of Aboriginal and/or Torres Strait Islander health	HLTAHW022 - Address social determinants of Aboriginal and/or Torres Strait Islander health
HLTAHW023 - Plan, develop and evaluate health promotion and community development programs	HLTAHW037 - Support the safe use of medications
HLTAHW037 - Support the safe use of medications	HLTAHW020 - Administer medications
HLTAID003 - Provide first aid	HLTAID003 - Provide first aid
HLTINF001 - Comply with infection prevention and control policies and procedures	HLTINF001 - Comply with infection prevention and control policies and procedures
HLTWHS001 - Participate in workplace health and safety	HLTWHS001 - Participate in workplace health and safety

References

ⁱ A. Wright, K. Briscoe, R. Lovett, (2019), A national profile of Aboriginal and Torres Strait Islander Health Workers 2006–2016, Australian and New Zealand Journal of Public Health, 43 (1) available at <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864>

ⁱⁱ Stajic J (2020) '... But what about the Aboriginal and/or Torres Strait Islander Health Worker academic? Transcending the role of 'unknowing assistant' in health care and research through higher education: a personal journey.' The Australian Journal of Indigenous Education 1–8. <https://doi.org/10.1017/jie.2020.21>

ⁱⁱⁱ A. Wright, K. Briscoe, R. Lovett, (2019), A national profile of Aboriginal and Torres Strait Islander Health Workers 2006–2016, Australian and New Zealand Journal of Public Health, 43 (1) available at <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12864>

^{iv} It is important to note that whilst Allied Health Assistants are also VET trained their courses are focused on specific disciplines of practice.

NAATSIHWP - Analysis Jurisdictional differences in drugs and poisons for the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce

State or Territory	Definition of Aboriginal and Torres Strait Islander Health Worker or Health Practitioner Yes/No	Ability to administer Yes/No	Ability to supply medicines Yes/No	Relevant legislation, regulations and policies
Australian Capital Territory	No Aboriginal and Torres Strait Islander Health Workers or Practitioners are not specifically defined in relevant legislation, regulations or policies.	No Analysis Medicines, Poisons and Therapeutic Goods Act, Regulations and Canberra Health Services Clinical Policy on Medication Handling do not specifically authorise Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to administer any medications.	No Analysis Medicines, Poisons and Therapeutic Goods Act, Regulations and Canberra Health Services Clinical Policy on Medication Handling do not specifically authorise Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to supply or prescribe any medications.	<ul style="list-style-type: none"> Medicines, Poisons and Therapeutic Goods Act 2008. Accessed 3 Feb 2021. Medicines, Poisons and Therapeutic Goods Regulation 2008. Republication No 41 Effective: 10 September 2020. Accessed 3 Feb 2021. Canberra Health Services Clinical Policy on Medication Handling (Doc number CHS17/172 V1. Issued 31/07/2017. Accessed on 03/02/2021
New South Wales	No Aboriginal and Torres Strait Islander Health Workers or Practitioners are not specifically defined in relevant legislation, regulations or policies.	No Analysis Poisons and Therapeutic Goods Act 1966 and Regulations do not specifically authorise Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to administer any medications. Issue The Medication Handling in NSW Public Health Facilities Policy Directive includes a list of the professions where competency to administer medications is included within the qualifications but fails to recognise the training or registration requirements of Aboriginal and Torres Strait Islander Health Practitioners (Page 71 of 84) HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) provides training in the administration of medications.	No Analysis Poisons and Therapeutic Goods Act, Regulations and Medication Handling Policy do not specifically authorise Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to supply or prescribe any medications.	<ul style="list-style-type: none"> Poisons and Therapeutic Goods Act 1966 No 31 Current version for 30 May 2018 to date. Accessed 4 February 2021. Poisons and Therapeutic Goods Regulation 2008 [2008-392] Accessed 3 Feb 2021 Medication Handling in NSW Public Health Facilities Policy Directive. Document number PD2013_043. Accessed on 4 February 2021 at: NSW Policy Directive
Victoria	No Aboriginal and Torres Strait Islander Health Workers or Practitioners are not specifically defined in relevant legislation, regulations or policies.	No Analysis Drugs, Poisons and Controlled Substances Act and Regulations do not specifically authorise Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to administer any medications.	No Analysis Drugs, Poisons and Controlled Substances Act and Regulations do not specifically authorise the Aboriginal and Torres Strait Islander Health Workers or Health Practitioners to supply or prescribe any medications.	<ul style="list-style-type: none"> Drugs, Poisons and Controlled Substances Act 1981 Authorised Version No. 129. Accessed 4 February 2021 Drugs, Poisons and Controlled Substances Regulations 2017. Statutory rule number 29/2017 version 007. Accessed 4 February 2021

State or Territory	Definition of Aboriginal and Torres Strait Islander Health Worker or Health Practitioner Yes/No	Ability to administer Yes/No	Ability to supply medicines Yes/No	Relevant legislation, regulations and policies
Tasmania	<p>Yes</p> <p>The Poisons Regulations 2018 provides that:</p> <p>Aboriginal Health Worker means a person who holds a Certificate III, or equivalent, in Aboriginal Primary Health Care from a registered training organisation. [Reference: Part 1, Section 3.1]</p>	<p>Yes – Aboriginal Health Workers only</p> <p>Analysis The Poisons Regulations 2018) provides that an Aboriginal Health Worker may administer Schedule 2, 3, 4 or 8 Poisons in accordance with written authority and under supervision. [Reference: Division 9, Section 81]</p> <p>Issues Only those who hold a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) HLT40213 are trained to administer medications. Aboriginal Health Workers are not trained or qualified to administer.</p> <p>Practicing Aboriginal and Torres Strait Islander Health Workers are also not required to register with AHPRA.</p>	<p>No</p> <p>Analysis Poisons Act, Regulation or Tasmanian Government’s Ready Reference Guide do not specifically refer to Aboriginal and Torres Strait Islander Health Workers or Health Practitioners when describing who can supply or prescribe medications.</p>	<ul style="list-style-type: none"> • Poisons Act 1971. Accessed 4 February 2021 • Poisons Regulations 2018 Accessed 4 February 2021 • Tasmanian Government Department of Health, Pharmacists ‘Ready Reference’ for Prescriptions October 2019. Accessed on 4 February 2021 at: Ready Reference
South Australia	<p>No</p> <p>Aboriginal and Torres Strait Islander Health Workers or Practitioners are not specifically defined in relevant legislation, regulations or policies.</p>	<p>No</p> <p>Analysis The Controlled Substances Act provides that a Registered Health Practitioner can administer drugs if:</p> <ul style="list-style-type: none"> • the practitioner is a dentist, medical practitioner, nurse or midwife; or • the practitioner's registration is endorsed under section 94 of the Health Practitioner Regulation National Law as being qualified to administer a scheduled medicine or class of scheduled medicines and the drug is a scheduled medicine or of a class of scheduled medicines specified in the endorsement; or • the practitioner is authorised to administer the drug by the regulations. <p>The corresponding regulations provide a registered health practitioner of a class determined by the Minister may administer a prescription drug to a person if:</p> <ul style="list-style-type: none"> • the registered health practitioner has successfully completed a training program approved by the Minister • the drug is listed in the Vaccine Administration Code or is a drug approved by the Minister and • the drug is administered as part of: <ul style="list-style-type: none"> - an immunisation program delivered by an incorporated hospital, SAAS, or a council or council subsidiary; or - an immunisation program delivered by an organisation approved by the minister or 	<p>No</p> <p>Analysis The Controlled Substances Act provides that only medical practitioners, nurses and midwives, dentists, pharmacists and veterinarians are able to prescribe and supply medications. The Act is supported by the regulations and material available on the SA Health Website. [References: Controlled Substances Act 1984 Part 4 Section 18 (1), (1a), (1b) & (1c)]</p>	<ul style="list-style-type: none"> • Controlled Substances Act 1984 Version: 17.9.2020 Accessed 4 February • Controlled Substances (Poisons) Regulations 2011 Version 27.1.2021. Accessed 3 February 2021 • Health Practitioner Regulation National Law (South Australia) Act 2010 • Department of Health Vaccine Code Accessed 11/02/2021 at: Vaccine Administration Code • Legal Requirements For The Prescription And Supply Of Drugs Of Dependence. Accessed 11 February 2021

State or Territory	Definition of Aboriginal and Torres Strait Islander Health Worker or Health Practitioner Yes/No	Ability to administer Yes/No	Ability to supply medicines Yes/No	Relevant legislation, regulations and policies
South Australia cont..		<ul style="list-style-type: none"> - the drug is administered in accordance with the Vaccine Administration Code; and as part of the National Immunisation Program—the National Immunisation Program Schedule and the Australian Immunisation Handbook; or in any other case specified by the Minister. <p>Ministerial classes are then further clarified in the SA Health, Vaccine Administration Code which only applies to registered nurses, midwives and pharmacists who have successfully completed an Approved immunisation training program.</p> <p>Issue Although the Act recognises Registered Health Practitioners Ministerial authority fails to recognise the skills, qualifications and registration requirements of Aboriginal and Torres Strait Islander Health Practitioners. [References: Controlled Substances Act 1984 Part 4 Section 18 (1d) (a) Controlled Substances (Poisons) Regulations 2011 Part 3 Section 18.3 (a), (b), (c) & (d)]</p>		
Western Australia	<p>Yes</p> <p>The Medicines and Poisons Regulations 2016 provides that:</p> <p>Aboriginal and Torres Strait Islander Health Practitioner: means a person registered under the Health Practitioner Regulation National Law (Western Australia) whose name is entered on the Register of Aboriginal and Torres Strait Islander Health Practitioners kept under that Law</p> <p>Aboriginal and Torres Strait Islander Health Worker: means a person employed: (a) by an Aboriginal Health Service to provide health care to Aboriginal or Torres Strait Islander people; or (b) to provide a public health service to Aboriginal or Torres Strait Islander people. [Reference: Part 7, Division 1, Section 37]</p>	<p>Yes – Both Aboriginal and Torres Strait Islander Health Workers and Health Practitioners</p> <p>Analysis Medicines and Poisons Regulations 2016 provides that Aboriginal and Torres Strait Islander Health Practitioners can administer Schedule 4 medicines under authorisation or, if administration is consistent with the circumstances set out in Structured Administration and Supply Arrangements (SASA). [Reference: Part 7, Division 2 Sections 41 (4)]</p> <p>Medicines and Poisons Regulations 2016 provides that Aboriginal and Torres Strait Islander Health Workers can administer Schedule 4 medicines under authorisation or, if administration is consistent with the circumstances set out in a SASA. [Reference: Part 7, Division 2 Sections 42 (4)]</p> <p>Issues Only those who hold a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) HLT40213 are trained to administer medications. Aboriginal Health Workers are not trained or qualified to administer.</p> <p>Practicing Aboriginal and Torres Strait Islander Health Workers are also not required to register with AHPRA.</p>	<p>Yes – Both Aboriginal and Torres Strait Islander Health Workers and Health Practitioners</p> <p>Analysis Medicines and Poisons Regulations 2016 provides that registered Aboriginal and Torres Strait Islander Health Practitioners can supply Schedule 2,3 and 4 medicines if:</p> <ul style="list-style-type: none"> - the supply is consistent with the circumstances set out in a SASA, or - the medicine is a PBS medicine - the place of supply is a remote clinic - there is no pharmacy within 25 km of the place of supply - the supply is not for the purposes of acute care or treatment relating to the implementation of a public health programme - the person to whom the medicine is supplied has consulted with a medical practitioner 6 months before the date of supply - the supply is under a direction and - they have completed an approved training course. [Reference: Part 7, Division 2 Sections 41 (1), (2), (3) & (3A)] <p>Medicines and Poisons Regulations 2016 provides that Aboriginal and Torres Strait Islander Health Workers can supply Schedule 2,3 and 4 medicines if:</p> <ul style="list-style-type: none"> - the supply is consistent with the circumstances set out in a SASA, or - the medicine is a PBS medicine - the place of supply is a remote clinic 	<ul style="list-style-type: none"> • Medicines and Poisons Act 2014. Accessed on 10 February 2021 • Medicines and Poisons Regulations 2016. Accessed on 10 February 2021

State or Territory	Definition of Aboriginal and Torres Strait Islander Health Worker or Health Practitioner Yes/No	Ability to administer Yes/No	Ability to supply medicines Yes/No	Relevant legislation, regulations and policies
Western Australia cont..		Although from our understanding the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) HLT40213 is the only course offered in WA. These provisions could still apply to health workers without the appropriate qualifications or registration travelling to WA from other states.	<ul style="list-style-type: none"> - there is no pharmacy within 25 km of the place of supply - the supply is not for the purposes of acute care or treatment relating to the implementation of a public health programme - the person to whom the medicine is supplied has consulted with a medical practitioner 6 months before the date of supply - the supply is under a direction and - they have completed an approved training course. <p>[Reference: Part 7, Division 2 Sections 42 (1), (2), (3) & (3A)]</p>	
Northern Territory	<p>Yes</p> <p>The Medicines, Poisons and Therapeutic Goods Act 2012 provides that:</p> <p>(1) An Aboriginal and Torres Strait Islander health practitioner is a person registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession (other than as a student).</p> <p>(2) An approved ATSI health practitioner is an Aboriginal and Torres Strait Islander health practitioner declared under section 250(1)(b) to be an approved ATSI health practitioner.</p> <p>[Reference: Part 1.2, Subdivision 4, Section 28 (1) & (2)]</p>	<p>Yes – Aboriginal and Torres Strait Islander health practitioners only</p> <p>Analysis The Medicines, Poisons and Therapeutic Goods Act 2012 provides that an Aboriginal and Torres Strait Islander Health Practitioner can administer Schedule 4 and 8 medicines and vaccines in accordance with Scheduled Substance Treatment Protocols approved by the Chief Health Officer.</p> <p>[Reference: Part 2.3 Division 1, Subdivision 3 Section 63]</p>	<p>Yes – Aboriginal and Torres Strait Islander Health Practitioners only</p> <p>Analysis The Medicines, Poisons and Therapeutic Goods Act 2012 provides that an Aboriginal and Torres Strait Islander Health Practitioner can supply Schedule 4 and 8 medicines and vaccines in accordance with Scheduled Substance Treatment Protocols approved by the Chief Health Officer.</p> <p>[Reference: Part 2.3 Division 1, Subdivision 3 Section 63]</p>	<ul style="list-style-type: none"> • Medicines, Poisons and Therapeutic Goods Act 2012 (As in force at 20 November 2020) Accessed 10 Feb 2021
Queensland	<p>Yes</p> <p>The Health (Drugs and Poisons) Regulation 1996 provides that:</p> <p>Aboriginal and Torres Strait Islander Health Practitioner means a person registered under the Health Practitioner Regulation National Law to practise in the Aboriginal and Torres Strait Islander health practice profession, other than as a student.</p> <p>Indigenous Health Worker means a person who:</p> <p>(a) holds a Diploma of Health Science ATSI Primary Health Care (Generalist) ASF 5 from a college of technical and further education or a certified equivalent qualification; and</p> <p>(b) has successfully completed the North Queensland Rural Health Training Unit Isolated Practice Health (Drugs and Poisons)</p>	<p>Yes – both Aboriginal and Torres Strait Islander Health Workers and Health Practitioners but only in certain areas and circumstances</p> <p>Analysis The Health (Drugs and Poisons) Regulation 1996 provides that Indigenous Health Workers, while practising in an Isolated Practice Area* in a specified <i>Hospital and Health Service</i> are able to administer:</p> <ul style="list-style-type: none"> • controlled drugs under the Indigenous Health Worker isolated practice area Drug Therapy Protocol (DTP) on the oral or written instruction of a doctor, nurse practitioner or physician's assistant. • restricted drugs: <ul style="list-style-type: none"> - under the Indigenous Health Worker isolated practice area DTP on the oral or written instruction of a doctor, nurse practitioner or physician's assistant, or - during a declared public health emergency relating to an infectious medical condition under the 	<p>Yes – both Aboriginal and Torres Strait Islander Health Workers and Health Practitioners but only in certain areas and circumstances</p> <p>Analysis The Health (Drugs and Poisons) Regulation 1996 provides that Indigenous Health Workers, while practising in an Isolated Practice Area* in a specified <i>Hospital and Health Service</i> are able to obtain and possess:</p> <ul style="list-style-type: none"> • controlled drugs under the Indigenous Health Worker isolated practice area DTP on the oral or written instruction of a doctor, nurse practitioner or physician's assistant. • restricted drugs: <ul style="list-style-type: none"> - under the Indigenous Health Worker isolated practice area DTP on the oral or written instruction of a doctor, nurse practitioner or physician's assistant, or - during a declared public health emergency relating to an infectious medical condition under the 	<ul style="list-style-type: none"> • Health (Drugs and Poisons) Regulation 1996 (Current as at 29 January 2021). Accessed 10 Feb 2021 • Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guideline – Queensland Health. Accessed 10 Feb 2021 • Drug Therapy Protocol – Indigenous Health Worker. Accessed 12 Feb 2021 • Drug Therapy Protocol – Aboriginal and Torres Strait Islander

	<p>Regulation 1996 Course or a certified equivalent course of training for the accreditation of registered nurses for practice. in an isolated practice area [Reference: Appendix 9 Dictionary Section 3]</p> <p>Issue Diploma of Health Science ATSI Primary Health Care (Generalist) ASF 5 and the Isolated Practice Health (Drugs and Poisons) Regulation 1996 Course is no longer offered.</p>	<ul style="list-style-type: none"> - communicable diseases DTP or - while an influenza epidemic proclamation is in force under the pandemic influenza program DTP - box jellyfish antivenom, S4 ipratopium and S4 salbutamol without oral or written instruction . <p>[References: Chapter 2, Controlled Drugs S59A Chapter 3 Restricted Drugs S164A Chapter 4 Poisons S252B]</p> <p>The Health (Drugs and Poisons) Regulation 1996 provides that Aboriginal and Torres Strait Islander Health Practitioners, while practising in an Isolated Practice Area* in a specified <i>Hospital and Health Service or Aboriginal and Torres Strait Islander Community Controlled Health Service</i> are able to administer:</p> <ul style="list-style-type: none"> • <u>controlled drugs</u> under the Aboriginal and Torres Strait Islander Health Practitioner DTP and the practice plan for the Practitioner on the oral or written instruction of a doctor, nurse practitioner or physician’s assistant. • <u>restricted drugs</u>: <ul style="list-style-type: none"> - under the Aboriginal and Torres Strait Islander Health Practitioner DTP and the practice plan for the Practitioner on the oral or written instruction of a doctor, nurse practitioner or physician’s assistant - during a declared public health emergency relating to an infectious medical condition under the communicable diseases DTP or - while an influenza epidemic proclamation is in force under the pandemic influenza program DTP - fluoride varnish, box jellyfish antivenom, S4 ipratopium and S4 salbutamol without oral or written instruction. <p>[References: Chapter 2, Controlled Drugs S59B Chapter 3 Restricted Drugs S164B Chapter 4 Poisons S252B]</p> <p>*The Health (Drugs and Poisons) Regulation 1996 defines an isolated practice area as:</p> <ul style="list-style-type: none"> - Cow Bay, Mapoon or Weipa; or - is remote from pharmaceutical services; or - a clinic conducted by the Royal Flying Doctor Service (Qld section) in an area isolated from medical, pharmaceutical and hospital services; or - a plane operated by the Royal Flying Doctor Service (Qld section) or - in Aurukun, Balonne, Banana, Barcaldine, Barcoo, Blackall Tambo, Boulia, Bulloo, Burke, Carpentaria, Central Highlands, Charters Towers, Cloncurry, Cook, Croydon, Diamantina, Doomadgee, Etheridge, Flinders, Hope Vale, Isaac, Kowanyama, Lockhart River, Longreach, Maranoa, McKinlay, Mornington, Mount Isa, Murweh, Napranum, North Burnett, Northern Peninsula Area, Palm Island, Paroo, Pormpuraaw, Quilpie, Richmond, Tablelands, Torres, Western Downs, Winton, Woorabinda, Wujal Wujal, Yarrabah. <p>[References: Appendix 5 Appendix 9]</p>	<ul style="list-style-type: none"> - communicable diseases DTP or - while an influenza epidemic proclamation is in force under the pandemic influenza program DTP. - box jellyfish antivenom, S4 ipratopium and S4 salbutamol without oral or written instruction <p>[References: Chapter 2, Controlled Drugs S59A Chapter 3 Restricted Drugs S164A Chapter 4 Poisons S252B]</p> <p>The Health (Drugs and Poisons) Regulation 1996 provides that Aboriginal and Torres Strait Islander Health Practitioners, while practising in an Isolated Practice Area* in a specified <i>Hospital and Health Service or Aboriginal and Torres Strait Islander Community Controlled Health Service</i> are able to obtain and possess:</p> <ul style="list-style-type: none"> • <u>controlled drugs</u> under the Aboriginal and Torres Strait Islander Health Practitioner DTP and the practice plan for the Practitioner on the oral or written instruction of a doctor, nurse practitioner or physician’s assistant. • <u>restricted drugs</u>: <ul style="list-style-type: none"> - under the Aboriginal and Torres Strait Islander Health Practitioner DTP and the practice plan for the Practitioner on the oral or written instruction of a doctor, nurse practitioner or physician’s assistant - during a declared public health emergency relating to an infectious medical condition under the communicable diseases DTP or - while an influenza epidemic proclamation is in force under the pandemic influenza program DTP - fluoride varnish, box jellyfish antivenom, S4 ipratopium and S4 salbutamol without oral or written instruction. <p>[References: Chapter 2, Controlled Drugs S59B Chapter 3 Restricted Drugs S164B Chapter 4 Poisons S252B]</p>	
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