

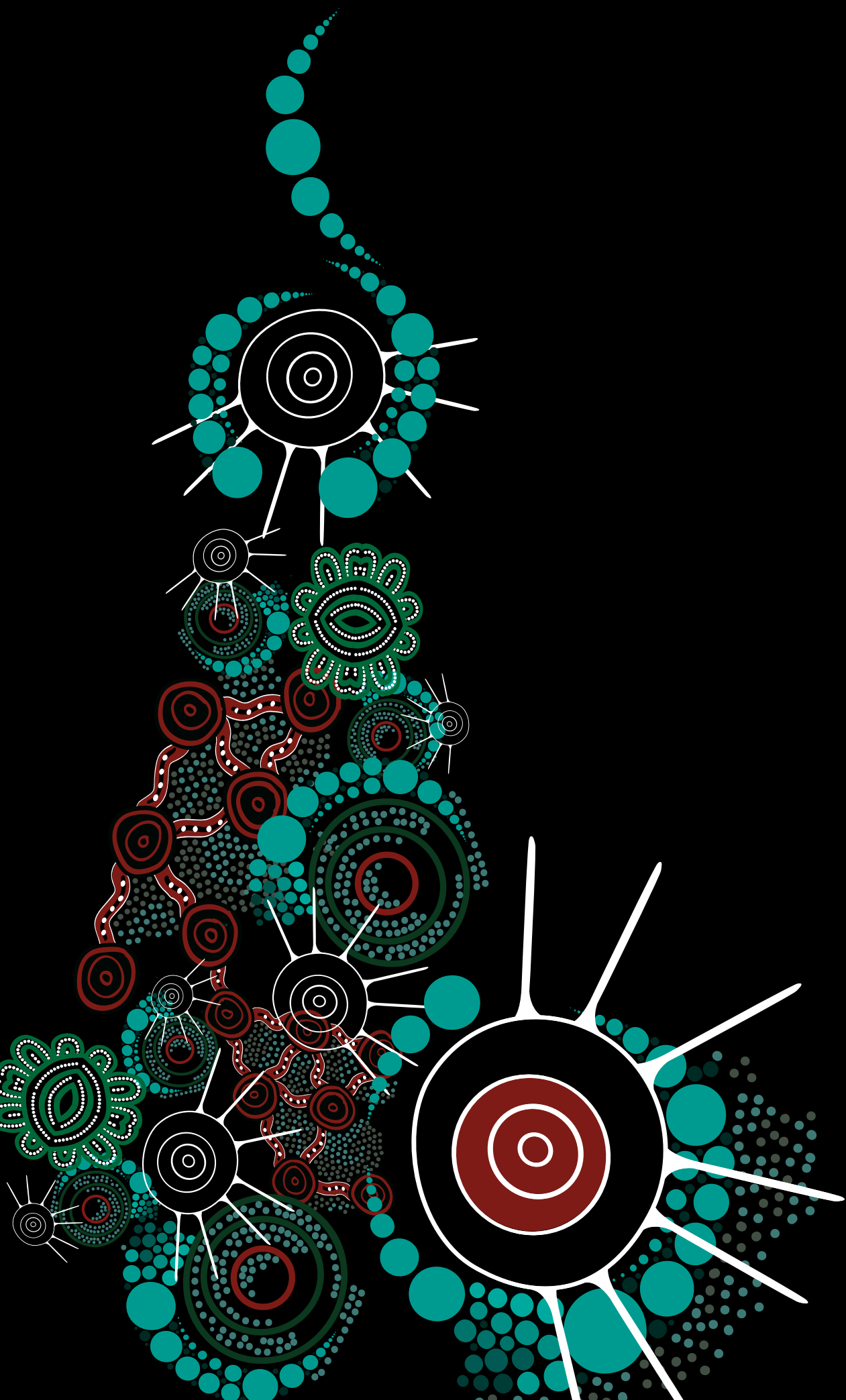


NAATSIHWP

National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners

**NATIONAL ASSOCIATION
OF ABORIGINAL
AND TORRES STRAIT
ISLANDER HEALTH
WORKERS AND
PRACTITIONERS
ANNUAL REPORT 2022**







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Disclaimer: Aboriginal and Torres Strait Islander persons are advised that this report may contain images of deceased persons.

Welcome

The National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) acknowledges Traditional Custodians across Australia. We value your wisdom, communities, cultures, and ongoing connections to the land and sea. In particular, we pay tribute to the Ngunnawal and Ngambri peoples on whose lands the NAATSIHWP office is situated. It is a privilege conducting our business on the lands you have occupied and cared for over thousands of years.

To those past and present Elders whose Countries we have visited this year: thank you for your generosity and wisdom, and for welcoming us onto your lands.

To our developing and future leaders, we are committed to a more truthful, just and equitable future – we hope you see us demonstrating this in the work we are undertaking. We will continue to support your aspirations and to promote more positive pathways for the years ahead.

About NAATSIHWP

The Legacy of our Leaders

NAATSIHWP acknowledges all our past and present leaders in the Aboriginal and Torres Strait Islander health sector who have provided us with the cultural and spiritual foundations and teachings that guided us on our path. They inspire us to become: *A strong, credible and viable national association that is widely recognised for its cultural and professional integrity, and commitment to supporting and gaining recognition for both current and future generations of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.*

Our Values


Our values are consistent with those passed down from our Ancestors:

- > cultural integrity
- > cultural respect
- > the importance of connection to community
- > strong leadership
- > resilience and determination
- > honesty and transparency
- > dedication and passion
- > commitment to quality workforce and service delivery
- > diplomacy and sensitivity.

Our logo

The NAATSIHWP logo represents Aboriginal and Torres Strait Islander people coming from all parts of the country to form the association, and uses colours that reinforce our cultural identity – who we are. The U shape represents all Aboriginal and Torres Strait Islander peoples of our country. The small boomerangs represent our people's toughness and resilience to handle all situations. The bigger boomerangs are windbreaks and shields that provide safety, stability, education, guidance and vision towards the future.





A strong, credible and viable national association that is widely recognised for its cultural and professional integrity, and commitment to supporting and gaining recognition for both current and future generations of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners.

What we do

The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) is the peak workforce organisation with responsibility for ensuring the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is embedded safely as a vital, valued and professional component of Australia's health care system.

We have been funded by the Australian Government since August 2009 to:

- > play a key role in the delivery of Aboriginal and Torres Strait Islander health, education and employment outcomes
- > support a large and growing national network of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, and
- > influence and strengthen the delivery of policies, programs and services that impact beyond health into social policy, education, culture and reconciliation.

We work in partnership with other Aboriginal and Torres Strait Islander Community Controlled Organisations, governments and a broad range of stakeholders to:

- > address the under-representation of Aboriginal and Torres Strait Islander people employed within Australia's health care system
- > expand and strengthen the professional capability of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce across all health services (Aboriginal community controlled, government and private practice)
- > promote the delivery of culturally safe and effective evidence-based models of care, and
- > impact the self-determined development of Aboriginal and Torres Strait Islander peoples and the transformation of policy and practice at the national level.

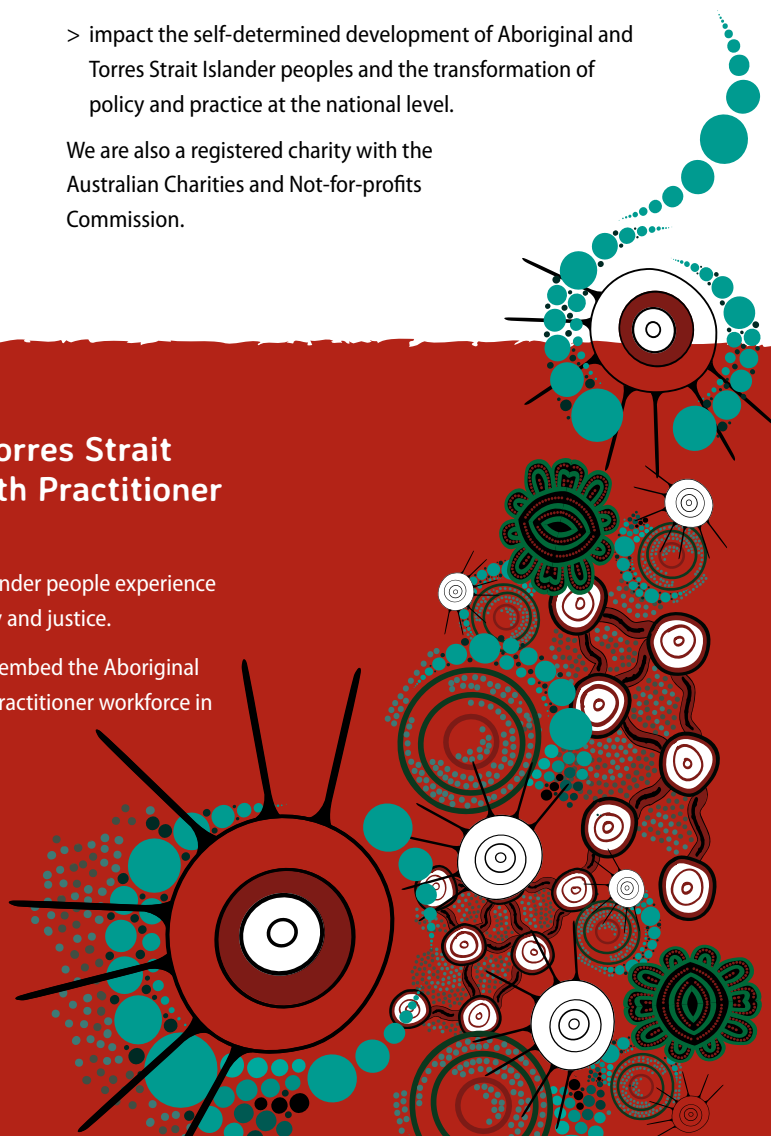
We are also a registered charity with the Australian Charities and Not-for-profits Commission.

Invest in the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce today!

Together, we can ensure Aboriginal and Torres Strait Islander people experience health and wellbeing through a prism of culture, dignity and justice.

If you would like to help us grow, strengthen and safely embed the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce in health services across Australia.

DONATE NOW





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

Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners are two distinct but related professions that together comprise the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner Workforce.

With no mainstream equivalents, the professions play a unique and critical role in ensuring Australia's health care system meets the needs of Aboriginal and Torres Strait Islander people. Evidence directly connects the workforce to improved health outcomes across the life course. They restore trust, act as health system navigators, deliver culturally-safe care, play a role in early intervention and prevention, improve access to health-care services and the patient experience.

The workforce was established **by** Aboriginal and Torres Strait Islander people **for** Aboriginal and Torres Strait Islander people in response to the need for geographically accessible and culturally-safe health care. Unofficial accounts and narratives indicate the workforce started to emerge close to a century ago, and since this time it has continued to grow and progress under the guidance, knowledge and leadership of Aboriginal and Torres Strait Islander people every step of the way.

Today Indigenous-led structures are in place, such as the Aboriginal and Torres Strait Islander Practice Board of Australia (A&TSIHPBA), guiding professional standards. An Industry Reference Committee ensures nationwide training is tailored to the needs of a growing Aboriginal and Torres Strait Islander population, with the workforce providing a significant demonstration of how inherent self-determination is to the health and wellbeing of Aboriginal and Torres Strait Islander people.

Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners receive practical, comprehensive primary health care training through the Vocational Education and Training (VET) system. Importantly, this is designed to provide Aboriginal and Torres Strait Islander people with vital and alternative entrance-level pathways for careers in the health sector. Across the health

care system there are many examples of Aboriginal and Torres Strait Islanders who have started careers in this Workforce and successfully transitioned to nursing, allied health, general practice, research, practice manager and health system administrator.

Who they are

Of the two professions, Health Practitioners in particular are trained to perform high-level clinical skills and work autonomously. They have been required to meet practice standards and register with the National Registration and Accreditation Scheme administered by the A&TSIHPBA within the Australian Health Practitioner Regulation Agency (AHPRA) since 2012. The registration of Health Practitioners is primarily designed to promote public safety, increase patient trust, promote professional development, and act as an accountability and oversight mechanism. There is no registration requirement for Aboriginal Health Workers.

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 under the National Aboriginal and Torres Strait Islander Health Worker training package

> 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 A&TSIHPBA of Australia through AHPRA.

To address the under-representation of Aboriginal and Torres Strait Islander people working in the health care system and ensure it meets the needs of Aboriginal and Torres Strait Islander people, there is a genuine occupational requirement to ensure this workforce comprises only Aboriginal and/or Torres Strait Islander people.

From the Chair

It is an honour and privilege playing a leadership role within NAATSIHWP and I'm proud to be launching this year's Annual Report.

Like the workforce we represent, NAATSIHWP is unique. Within the fray of all Indigenous and mainstream peak health bodies it is the only organisation tasked with promoting and protecting the professional interests of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. And, I'm pleased to report that 2021–22 has been another year of progress for both our organisation and workforce.

The critical professional role that Aboriginal and Torres Strait Islander Health Workers and Health Practitioners play in the health care system is increasingly being valued and the role of NAATSIHWP as this workforce's lead continues to strengthen and evolve.

Over the year, there have been many highlights. The inaugural National Day of Recognition for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners on 7 August 2021 was a source of great pride. It was really rewarding to see our members, and the workforce more broadly, acknowledged as central to the delivery of healthcare in services around the country.

The role the workforce continued to play in keeping our people safe in responding to the COVID-19 pandemic was also rewarding. The success of the COVID-19 vaccination program, in large, can be attributed to the dedication of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners. Our workforce drew on their community trust, cultural brokerage and clinical skills to empower the community to understand exactly what the vaccine does and why it is important. Often, our workforce walked from door-to-door to deliver vaccinations and support.

In addition, the launch of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 in March 2022 was a welcome development and the culmination of much hard work by a number of Aboriginal and Torres Strait Islander leaders. The corresponding announcement of further government funding for NAATSIHWP and the other workforce peaks to support the implementation of the plan over the next four years is another sign of confidence that reflects our growing reputation and significance as a national peak representative body. Combined with our registration as a charity and our growing ability to attract external



consultancies, this means we are now charting a pathway toward greater sustainability and self-reliance.

NAATSIHWP is continuing to engage in opportunities to share the value and knowledge of the workforce outside the traditional health silos, including in the areas of aged care, justice, cultural safety, anti-racism and climate. In doing so, we recognise that each of these sectors also contribute to the health and wellbeing of our mob and are critical to the reforms needed to close the gap in health and wellbeing outcomes.

In work directly related to the workforce, we continue to engage in a number of projects to create and promote innovative Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner led models of care and career pathways. While much of this work is long term and still in progress, we are looking forward to sharing the outcomes with our members as they come to fruition.

On behalf of the Board and members, I'd like to acknowledge the ongoing commitment of the Secretariat in supporting our strategic priorities and for taking the workforce forward.

Finally, I wish to acknowledge the retirement of ACT Board Director and powerhouse Matriarch Aunty Thelma Weston. The example she has set over many years on the Board of Directors has been invaluable. We know her contribution has not been limited to NAATSIHWP; Aunty Thelma has made significant contributions to many other organisations and forums over her long and accomplished career. We wish her all the best in her well-deserved rest and thank her deeply for her energy, support and commitment over many, many years.

David Follent
Chairperson
NAATSIHWP Board

From the CEO

It has been another satisfying year, as I reflect back over the past 12 months we have progressed a number of critical initiatives and really started consolidating NAATSIHWP's role as a leader in the Aboriginal and Torres Strait Islander health sector.

In 2021–22, the NAATSIHWP team has produced and contributed to a number of key projects at the national level and has been contracted to deliver projects specific to our workforce by state governments and other mainstream health peaks. In all this work we have sought to centre the voices, perspectives and aspirations of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners and continued to promote the need for a systemic, end-to-end approach to workforce development.

We recognise that to improve health and wellbeing outcomes our people must have access to culturally safe and responsive health care no matter where they go. As part of this work we continue to recommend the continued and safe expansion, development and professional recognition of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across community controlled health services, government hospitals and health services, and private practice.

Our critical and ongoing priorities include working to secure greater national consistency in workforce policies, regulations, scopes of practice and training curriculums; improving professional utilisation and the uptake of roles; establishing shared understandings in regards to qualifications, skill, and national training; and addressing racism and embedding cultural safety.

The release of the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#) in March was a clear highlight. Aboriginal and Torres Strait Islander leaders worked in partnership with governments to co-design the Plan and over the next few years we must now focus on working together in the same spirit to co-produce outcomes through the plan's implementation. The change of government in May 2022 provides everyone with new opportunities for partnership and negotiation. As part of this change it was certainly pleasing to see support for the Uluru Statement of the Heart and the expansion of our workforce at the front and centre of the new government's commitments.

The announcement of public funding for NAATSIHWP's operation over the next four years was a sign of confidence in the organisation's ability to deliver, and reflects the hard



work of both the Board and staff over recent years. The volume of work achieved in the 2021–22 year has shown that we continue to deliver well above our weight and provide a considerable return on government investment.

With borders open after the COVID-19 pandemic it has also been great to see the professional development team back out on the ground delivering forums and promoting the workforce at different events. While we successfully adapted to delivering these online, there is no substitute for being out on the ground talking to our members directly.

Lastly, I'd like to thank our members for continuing to stay flexible with how we engage, given the conditions of the past year. Your unwavering support for our team through your contributions of stories and expertise has been invaluable. Your role in helping to keep our people safe during the pandemic must also be acknowledged. We know the valuable role you play and how important your roles are. Thanks also must go to the NAATSIHWP Board and team who each work tirelessly to effect change and strive for greater equity and justice for our peoples.

I look forward to the year ahead.

Karl Briscoe
CEO

Join our membership network

Joining NAATSIHWP's national membership network helps to increase the profile of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce and to progress the health and wellbeing aspirations of Aboriginal and Torres Strait Islander people.

Together we can improve the understanding of what Aboriginal and Torres Strait Islander Health Workers and Health Practitioners do and help to ensure this workforce is embedded as a vital, valued and professional component of Australia's health care system. Evidence directly connects their roles to better health outcomes. All Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners – past and present – can become members. We also encourage professional bodies and/or non-Indigenous friends to help by becoming friends of NAATSIHWP.



Become a member today!

Our Membership Categories

FULL

A person who:

- > identifies as an Aboriginal/or Torres Strait Islander person
- > is qualified as an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner
- > has completed a minimum qualification of a Certificate II in Aboriginal and Torres Strait Islander Primary Health Care.

Full members have voting and speaking rights at the NAATSIHWP Annual General Meeting following six months of continuous membership, and access to the NAATSIHWP Members Portal which contains tools for Continuing Professional Development (CPD) records, training, advice, information and resources.

FULL (without qualifications)

We welcome you to join NAATSIHWP as a Full Member (without qualifications) if you:

- > identify as an Aboriginal/or Torres Strait Islander person
- > are currently or have previously worked in an Aboriginal Health Worker role
- > are able to satisfy evidentiary requirements required by NAATSIHWP Board.

ASSOCIATE

Our associate members:

- > identify as an Aboriginal and/or Torres Strait Islander person, and
- > work in the health field but are not Aboriginal and/or Torres Strait Islander Health Workers or Health Practitioners.

STUDENT

Our student members:

- > identify as an Aboriginal and/or Torres Strait Islander person, and
- > are currently undertaking study in an eligible Aboriginal and Torres Strait Islander Primary Health Care course (noting proof of enrolment is required).

CORPORATE FRIEND

A corporate friend member is:

- > organisations who are able to support NAATSIHWP achieve its vision and purpose.

FRIEND

A friend member is:

- > an individual who is able to support NAATSIHWP in achieving its vision and purpose.

Membership applications are approved by the NAATSIHWP Board.

More information about becoming a member can be found at

www.naatsihwp.org.au/membership



About this Report

As the only workforce peak in Australia with responsibility for advocating and safeguarding the professional growth and development of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce we undeniably have a broad remit.

This report continues to demonstrate the lead role we play and the value of both our workforce and organisation. In particular it highlights the broad scope of activities we undertake and showcases the significant gains we have made towards achieving the four critical priorities outlined in our 2020–2023 Strategic Plan, covering:

- > scopes of practice and professional utilisation
- > access to appropriate professional support and development
- > representation and promotion of workforce needs, and
- > the recruitment and retention of the workforce.

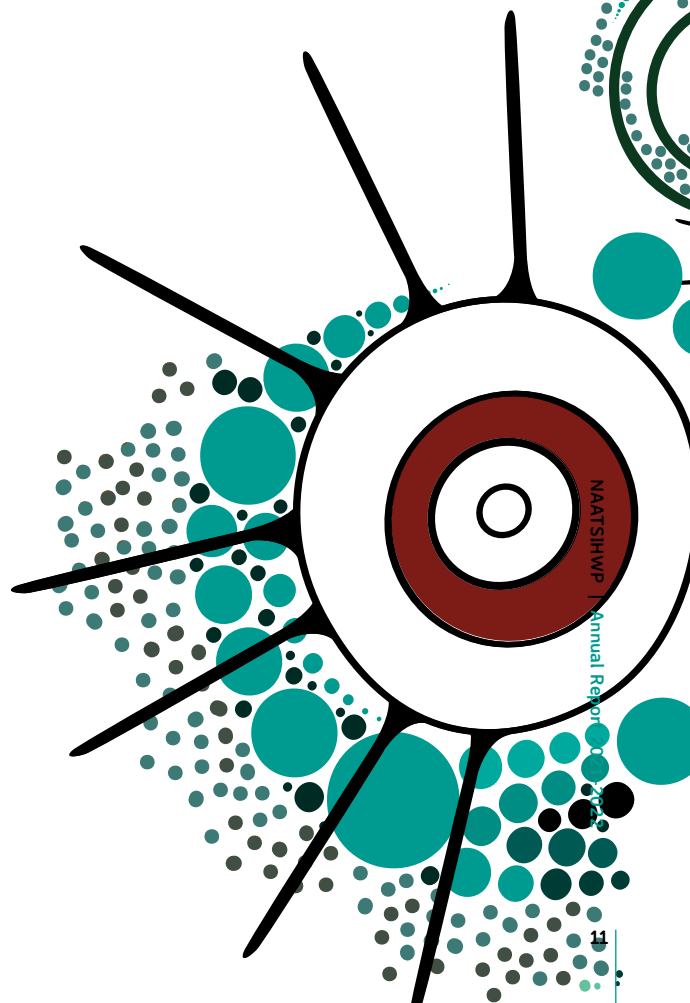
The report also highlights our commitment to the sound governance and management of our organisation and how we work to achieve equity and justice for Aboriginal and Torres Strait Islander people by:

- > role modelling the benefits of self determination
- > providing a voice and ensuring that the aspirations and perspectives of Aboriginal and Torres Strait Islander people are taken into consideration in the design and delivery of policies and programs
- > facilitating positive relationships, challenging stereotypes and acting against racism
- > promoting the centrality of culture and ensuring a focus on the cultural and determinants of health, and
- > delivering education, employment and health outcomes.

We have built a strong reputation as an organisation that can effectively advocate, lead initiatives and collaborate across the health care system: our national membership network continues to grow; our knowledge and expertise is increasingly being sought; our influence and reach spans all jurisdictions; and the main barriers facing the workforce have been formally identified for action.

To secure and safeguard the sustainable deployment and professional utilisation of the workforce across the health care system we are progressing a number of long-term strategic initiatives. However, we will be unable to achieve these alone – success will require a long-term whole of government investment in terms of both effort and dollars.

The launch of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 provides a mechanism for that commitment and we look forward to its full implementation over the coming years.



Our Year at a Glance



2,605

TOTAL MEMBERSHIP

FULL: 1,083
ASSOC: 902
STUDENT: 148
FRIEND: 472



96%

**MEMBERSHIP
INCREASE**

over last 5 years (FY2017–22)
> 2,410 members (FY2021)
> 1,326 members (FY2017)



8%

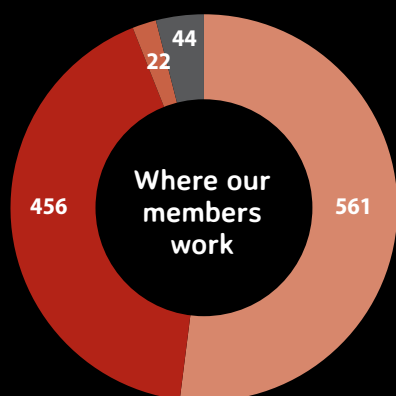
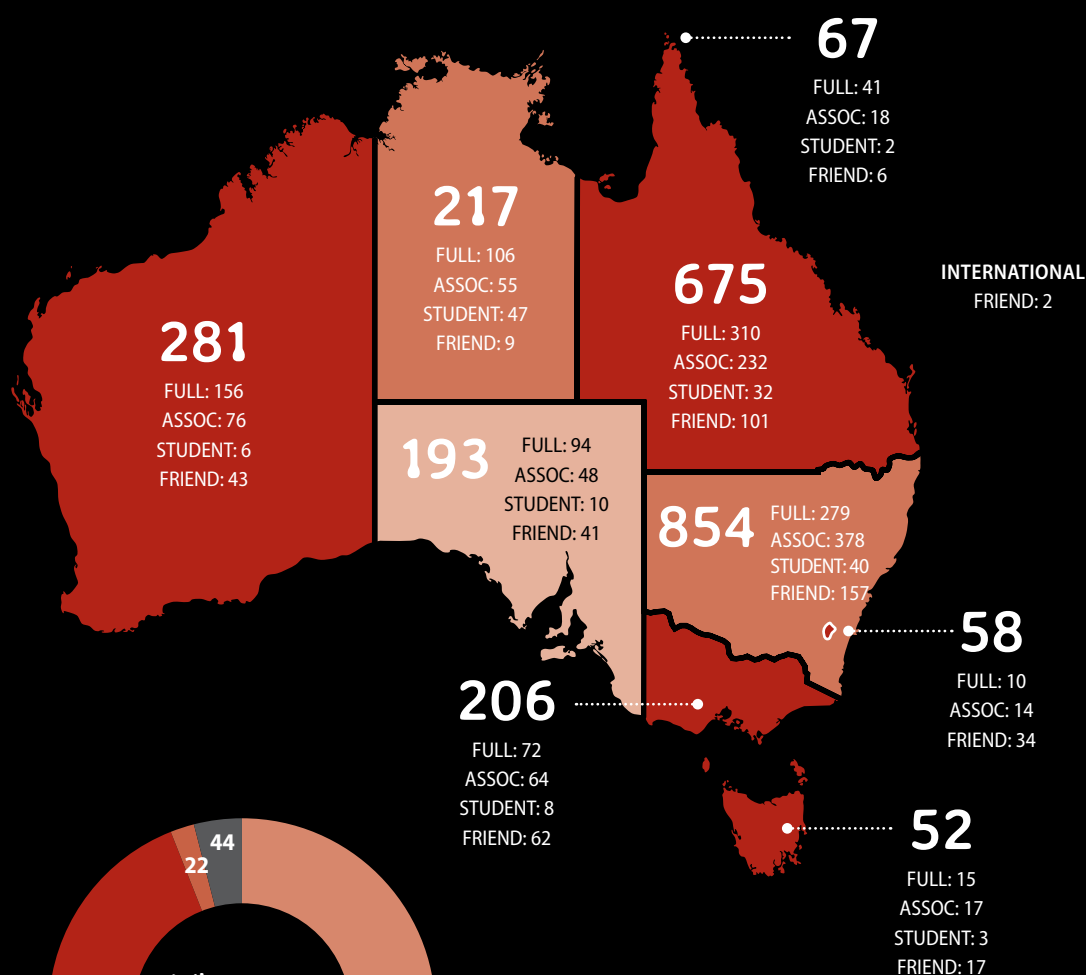
**MEMBERSHIP
INCREASE**

over last 12 months



82%

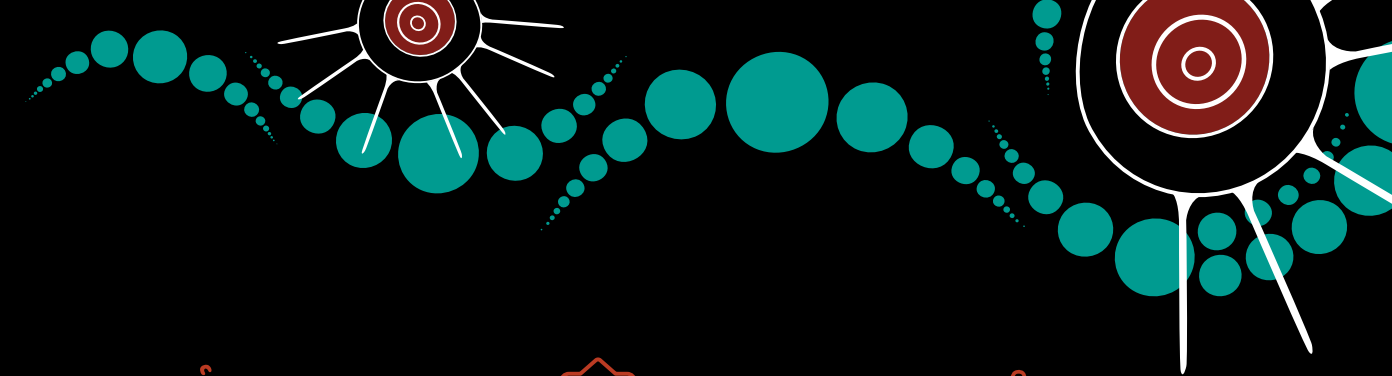
identify as
**ABORIGINAL AND/
OR TORRES STRAIT
ISLANDER**



- Aboriginal Community Control Health Service or Aboriginal Medical Service
- State/Territory Government Hospital or Health Service
- Private Practice
- Other

Total membership

Category	2020–21	2021–22	Up by
Full Members	1,018	1,083	6%
Associate Members	832	902	8%
Students	131	148	13%
Friends Membership	429	472	10%
Total	2,410	2,605	8%



↑ 55%

INCREASE IN REPRESENTATION

- > **635** Engagements (FY2022)
- > **410** Engagements (FY2021)



4,951

SOCIAL MEDIA FOLLOWERS

- (Facebook, Twitter, LinkedIn, Instagram)
- ↑ up **32%** from FY2021 (3,756)



231

SOCIAL MEDIA POSTS

- > **2,228** likes (FY2022)
- > **1,912** likes (FY2021)



10

PROFESSIONAL DEVELOPMENT FORUMS



19

TRAINING PROGRAMS ENDORSED AS SUITABLE FOR CPD



140

PROFESSIONAL SUPPORT & DEVELOPMENT OPPORTUNITIES

- > Job vacancies
- > Scholarships
- > CPD courses
- > Webinars
- > Forums
- > Symposiums
- > Yarning sessions



50

NEWSLETTERS CIRCULATED



16

NATIONAL POLICY ALLIANCES



31

STEERING COMMITTEES WORKING GROUPS



11

POLICY SUBMISSIONS



3

PAID CONSULTANCIES



66

KEYNOTE SPEECHES, PRESENTATIONS & INTERVIEWS DELIVERED



14

TRAINING PROGRAMS

- Delivered National Professional Development Symposium
- Held inaugural National Day of Recognition
- Working to achieve internationally recognised ISO9001 quality management standards

SECTION 1

Scope of Practice for the Workforce

Objective: 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.

From the workforce...

In our 2021 Annual Survey, most respondents indicated that they work as part of multi-disciplinary health teams, and performed an extraordinary range of specialist skills. Over two-thirds of respondents provided the first point of contact for Aboriginal and Torres Strait Islander patients, and over half completed all screening and tests prior to the doctor. Nearly three-quarters of respondents did not handle medicines or vaccines, and nearly 60% do not have their own Medicare provider number.

Several respondents mentioned that the clinical training required to complete their Certificate IV was not utilised in their role, and they had lost their skills as a result; others felt their scope of practice is more restrictive than their training.

A strong Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce is a cost effective and positive driver of change. It delivers positive and sustainable health, education and employment outcomes for Aboriginal and Torres Strait Islander people, even though government support for, and investment in, the growth and development of the workforce continues to be limited. Too little is being done to address the structural barriers that are negatively impacting on the workforce's growth and development.

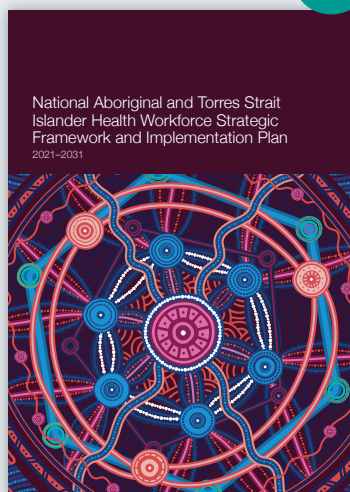
Health system bias, an overall lack of understanding about the role and value of the workforce, and ad-hoc inconsistent workforce policies continue to hinder the expansion and development of the workforce nationally. In every state and territory across Australia, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners continue to be under-supported, under-recognised and under-utilised. A coordinated and cohesive approach to realising the potential of the workforce is required.

Progress towards National Minimum Scopes of Practice and Harmonisation of Medicines Authorities

Both the development of nationally consistent scopes of practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, and the harmonisation of medicines authorities for Aboriginal and/or Torres Strait Islander Health Practitioners, will be key areas of focus for NAATSIHWP over the coming years. Both issues have been earmarked for action in the National Aboriginal and Torres Strait Islander Health Workforce Plan and Strategic Implementation Plan 2021–31 (National Workforce Plan) released in March 2022.

While NAATSIHWP is identified as either a project lead or lead project partner in this work, achieving these actions won't be easy. It will require cooperation and collaboration across all jurisdictions and from a variety of stakeholders. Unfortunately, the need for greater national consistency in terms of scopes of practice and medicines authorities for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce are not new and were first raised over a decade ago.

After meeting with Aboriginal and Torres Strait Islander Health Leaders in August 2018 the former Council of Australian Governments (COAG) Health Council acknowledged the inconsistency, and supported action through the development of a National Workforce Plan. Despite NAATSIHWP's attempts to garner government support, there has been limited coordinated and cohesive action taken since this time.



The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031

March saw the release of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 (the Plan). The Plan was codesigned with the National Health Leadership Forum which includes Aboriginal and Torres Strait Islander Health Workforce Professional Organisations (NAATSIHWP), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), Indigenous Allied Health Australia (IAHA) and Australian Indigenous Doctors' Association (AIDA) and all Australian governments. The National Workforce Plan sets an ambitious yet achievable target of 3.43% of Aboriginal and Torres Strait Islander people working within the health sector by 2031.

The Plan sets out our hopes for the future of the Aboriginal and Torres Strait Islander Health Workforce. In particular, the Plan focuses on developing the capacity of the health system to ensure that Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.

NAATSIHWP is identified as a lead partner with shared responsibility for the implementation of the following strategies:

- > **Implementation Strategy 1.1** – Revise, expand and nationally standardise the professional scopes of practice for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.
- > **Implementation Strategy 1.2** – Harmonise medicines authorities across all jurisdictions for Aboriginal and/or Torres Strait Islander Health Practitioners, aligned to the defined professional scopes of practice.

Increased recognition and temporary reform as part of response to COVID-19

The COVID-19 pandemic helped to raise the profile and professional standing of the workforce and provided an opportunity for reform. Successfully rolling out vaccinations to Aboriginal and Torres Strait Islander people didn't only required a focus on logistics and infrastructure but it also demanded 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 care and research in the past.

Aboriginal and/or Torres Strait Islander Health Workers were well positioned to play a role in engaging, informing and educating with regard to the importance of vaccine uptake, and Aboriginal and/or Torres Strait Islander Health Practitioners are trained with the skills and capabilities required to support the delivery of vaccines. However, at the time – in some States and Territories – they did not have the legal authority to do so.

NAATSIHWP successfully advocated for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to play a role, and for their skills and training to be fully utilised. As a consequence, most States and Territories implemented emergency orders that temporarily enabled Aboriginal and/or Torres Strait Islander Health Practitioners to be able to administer COVID-19 vaccinations as part of 'Operation COVID shield'.

The success of the vaccination program in Aboriginal and Torres Strait Islander communities can in large be attributed to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. Often, they walked from door-to-door to deliver vaccinations and support. At March 2022, over 91% of Aboriginal and Torres Strait Islander children under the age of 5 are immunised.

Working towards a coordinated, cohesive and permanent solution

While the success of the COVID-19 vaccination program highlighted the strength and value of the Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, regrettably it also served to highlight the uncoordinated and inconsistent nature of governments.

While under Operation COVID shield most States and Territories implemented emergency orders to enable Aboriginal and/or Torres Strait Islander Health Practitioners to vaccinate, the arrangements enabling this in each State and Territory were only temporary and ended up being slightly different. In one region, for example, Aboriginal and/or Torres Strait Islander Health Practitioners were able to administer under indirect supervision, while in another they were able to administer only if they participated in additional training and under direct supervision.

Ongoing variations in both scopes of practice and medicines authorities limit the capacity and effectiveness of the workforce, impact mobility, and diminish the critical and professional role it plays in the delivery of culturally safe and responsive care.

For Aboriginal and/or Torres Strait Islander Health Practitioners in particular, the ability to medicate validates and recognises their training and ensures their skills are being fully utilised. It enables them to treat diagnosed issues or to support public health programs in an opportunistic manner during a single consultation or home visit. Unfortunately, anecdotal evidence suggests that there are individuals qualified to work as Health Practitioners who do not take out registration with the National Board but choose to remain working as Health Workers because they are unable to apply their higher level of competency and skill within the scope of their roles.

The COVID-19 response highlighted how effective collaborative and coordinated ways of working can be and just how quickly change can be actioned. Improving Aboriginal and Torres Strait Islander health and wellbeing is a national priority and now that these issues are identified for action through the National Workforce Plan a sense of ambition and urgency must be brought to the implementation stage.

NAATSIHWP positioned to play a lead role

NAATSIHWP is identified as either a project lead or lead project partner in this work and we are well positioned to take it forward. Over the past year we have undertaken a number of tasks that contribute to the achievement of these actions.

Early in the new financial year, we participated in the Australian National University (ANU) Australian National Internship Program. As part of work we partnered with an ANU law student on a research paper to explore the challenges and opportunities around the harmonisation of medicines authorities. The research paper provides a sound basis for further research and could be used to inform consultation and working groups. The partnership strengthened relationships between NAATSIHWP and the ANU, with the student now employed in the NAATSIHWP Policy, Projects and Research Team on a permanent part-time basis.

Over the year, NAATSIHWP also worked in close partnership with many States and Territories to update or develop workforce plans, review the status of the professions, and assist with the development of career structures, scopes of practice and models of care. As part of this work we prepared a comprehensive discussion paper that provides a comparative analysis of the treatment of the workforce across several jurisdictions. Again, this work provides a sound basis for further research, could be used to inform consultation and working groups, and places NAATSIHWP in a sound position to lead and coordinate the implementation of these critical reforms. Going forward, the work will help to secure the best outcome for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners nationally.

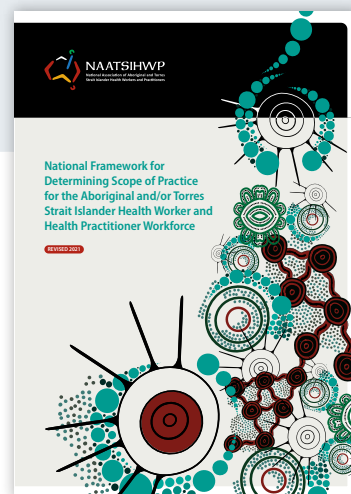
The review of the National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce

While work towards more nationally consistent policies and practices for the workforce has continued, we focused our effort on ensuring our members can access support to negotiate and develop their own individual scope of practice.

We know that in many areas across Australia there is a lack of understanding about the role, skills and training of both the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner professions, and people are not being supported to work to the full scope of their skills and training. On an individual level, having a negotiated scope of practice in place can help change this situation.

To assist our members, we reviewed, updated and promoted our 'National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce'. The revised Framework recognises that the tasks assigned to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners can vary depending on the role they are in and where they work. It provides a clear and step-by-step guide to assist Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners utilise the full range of their skill and knowledge in the workplace, and seeks to ensure that each individual is working to a scope that they are educated, competent and authorised to perform.

If you are interested in using the Framework to help improve your role you can access it here



The need to safely embed Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across the entire health care system

To improve health and wellbeing outcomes, Aboriginal and Torres Strait Islander people must have access to culturally safe and responsive health care wherever they go. This is why NAATSIHWP continues to advocate for the continued and safe expansion, development and professional utilisation of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across community controlled health services, government-run hospitals and health services, and private practice.

We know that our workforce is capable of providing culturally-safe clinical care through a range of specialities, and has considerable potential to help respond to workforce shortages across health, aged care, disability services, and justice health. Again, investment in the development of consistent training packages to upskill the workforce and the establishment of incentivised career pathways to promote the growth of specialities is needed.

Some specialisations are already starting to emerge in line with the burden of disease and the health needs of the Aboriginal and Torres Strait Islander community, with the workforce being used increasingly to support renal care, cancer care, cardiac care, maternal and infant health care, and palliative care.

Ten years of National registration

Renee Owen on the development of the Health Practitioner workforce and her role as Chair of the National Aboriginal and Torres Strait Islander Health Practice Board of Australia.

Renee is a proud Yorta Yorta and Taungurung woman born, raised and educated on Wadawurrung country in Geelong, Victoria. In her capacities as an Aboriginal Health Practitioner, Maternity Health Worker and manager at Wathaurong Aboriginal Co-operative, Aboriginal Health Unit Program Coordinator at Barwon Hospital, and Victorian member and Chair of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (A&TSIHPBA) with AHPRA, Renee has made significant contributions to the development of the professions.

National registration was always a dream of the trailblazers of our profession. I never thought I would be part of that until I was encouraged by my colleagues and managers to apply to be the Victorian Practitioner member of the inaugural term of the A&TSIHPBA in 2011. This was daunting but exciting.

Soon after formation, we met as a Board to develop the standards for national registration of the Aboriginal and/or Torres Strait Islander Health Practitioner profession. We had very robust debates around things like the qualification level and the registration fees. Our decisions were guided by the Health Practitioner Regulation National Law Act which was introduced in 2009 and adopted by all States and Territories in the years following. I learned a lot sitting around the table with trailblazers like Jenny Poelina, Associate Professor Clair Andersen and Peter Pangquee.

I was encouraged to apply to be Chair at the conclusion of Peter Pangquee's term. They were big shoes to fill. I was appointed, completed three terms, and special dispensation has been made for me to complete a fourth term. It was exciting to travel around the country and promote registration to potential practitioners and meet some amazing workforce members. We started slowly, but we now have over 900 registered Aboriginal and/or Torres Strait Islander Health Practitioners nationally.

The pandemic has highlighted some great work being done by our workforce in keeping the community safe. The introduction of the vaccination sub-register allowed Health Practitioners to assist with the workforce shortage. Aboriginal and/or Torres Strait Islander Health Workers and Practitioners are cultural brokers, they are the conduit between the community and mainstream health professionals. No matter what services our communities need, having an Aboriginal and/or Torres Strait Islander advocate who understands clinical work and one who can guide them on the journey to better health is crucial.

Despite its importance, our workforce faces some significant challenges. We are always suffering workforce shortages. Working in the community is very valuable but can be exhausting – many staff experience burnout which leads to a high turnover rate across the country. Aboriginal people who are passionate about health and wellbeing are often encouraged to study nursing or medicine instead of for an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner qualification. Whilst having Aboriginal representation in these professions is wonderful, having Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners is still very important for the community.

There are ongoing issues that exist for registered Aboriginal and/or Torres Strait Islander Health Practitioners, including a lack of claimable Medicare provider numbers, and most importantly the Drugs and Poisons Act, which prevents Practitioners from working to their full scope of practice in some States. This means Practitioners find it difficult to move about the country, reducing workforce flexibility. However, things are starting to change. Various jurisdictions are starting to have conversations about changing this, particularly coming out of the pandemic. I am excited to see where those conversations might lead.



“National registration and recognition was always a dream of the trailblazers of our profession”



Professional support and development for members

Objective: To improve the accessibility and quality of professional support and professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

From the workforce...

In our 2021 Annual Survey, respondents indicated a high level of satisfaction with the way that NAATSIHWP represents and promotes Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners. Similarly, respondents largely expressed satisfaction with the professional support and development opportunities provided by NAATSIHWP.

Most respondents heard about or engaged with NAATSIHWP's professional support and development opportunities via the website, weekly newsletters and forums/symposiums. They were satisfied with the development opportunities and up-to-date information offered through those forums. Some respondents reported being aware of opportunities but not engaging with them. Additionally, others requested that NAATSIHWP offer more opportunities in their local area.

NAATSIHWP remains focused on increasing the range of professional support and development opportunities available to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners across Australia. As part of this work we continued to:

- > promote the benefits of membership and access to our members portal
- > participate on the review of the national Aboriginal and Torres Strait Islander Health Worker training package
- > deliver tailored professional development forums, and a national symposium
- > work with Registered Training Organisations (RTOs) and other stakeholders to improve the quality and accessibility of training.

Membership continues to increase

During the course of the year we continued to invest significant effort into growing our national membership network and as a consequence we have seen increases in each of our membership categories and an overall membership increase of 8%. As part of this work we delivered two successful membership drives. The first involved partnering with registered training organisations to target Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner students, which resulted in a 13%, and the second coincided with changes to the full membership criteria in our constitution. These changes were implemented to enable those people effectively working in Aboriginal and/or Torres Strait Islander Health Worker roles without qualifications to join as full members.

Over the last five years our total membership base has risen by a staggering **96%**. At 30 June 2017 we had a total of 1326 members and at 30 June 2022 this has grown to 2650. This demonstrates that our investment and effort in this area has paid off significantly. Over this time our national network of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners has continued to grow and now with a base of 1083 full members we have perhaps the largest professional network of all the Aboriginal and Torres Strait Islander Peak Health Workforce Organisations.

Forums

In 2021–22 the NAATSIHWP Professional Development team was proud to deliver 10 forums. These forums, including six regular professional development forums and four special edition vaccine hesitancy forums, were delivered both online and in person.

The vaccine hesitancy forums were designed to educate the workforce about vaccines and empower them to help their communities overcome stigmas associated with vaccination. They were created in recognition of the role of Aboriginal and/or Torres Strait Islander Health Workers and Practitioners on the front line of the COVID-19 pandemic. While the forum was useful for all participants working in community education and primary health, the clinical elements of the sessions were particularly helpful for Practitioners who were temporarily allowed to vaccinate under the Emergency Orders.

The forums delivered material about:

- > the history of vaccines
- > the history of vaccine hesitancy
- > misinformation and fake news
- > the importance of vaccines in public health
- > culturally appropriate resources and messaging
- > behavioural psychology tools to help overcome vaccine hesitancy, with a focus on resistance to change
- > all types of vaccines, including childhood vaccination programs, the flu vaccine, clinical information about vaccines and the elements of a vaccine.

The forums supplemented the COVID-19 resource toolkit for Aboriginal and Torres Strait Islander Health Professionals which NAATSIHWP developed in partnership with AIDA, CATSINaM and IAHA at the beginning of the pandemic.

NAATSIHWP received very positive feedback from participants, who found the forums highly useful for their day-to-day work. The focus on a broad range of vaccinations was well-received. The forums were delivered in a highly collaborative manner, acknowledging that participants were likely to have already had experience with vaccinations or vaccine hesitancy in their communities. Attendees were invited to share their experiences and strategies with the group. We hope participants were empowered to help their mob get vaccinated by sharing information, busting myths and ensuring they can make informed decisions about their health.

Forum Dates and Locations

2 November 2021

Virtual Forum – Far North Queensland

4 November 2021

Virtual Forum – Mid/South Queensland

16 November 2021

Virtual Forum – Northern Territory

18 November 2021

Virtual Forum – Western NSW

25 November 2021

Virtual Forum – Regional NSW

3 May 2022

Face to Face Forum – Townsville

10 May 2022

Virtual Forum – Australia Wide

25 May 2022

Virtual Forum – Australia Wide

21 June 2022

2-day Face to Face Forum – Coffs Harbour



Smoking Ceremony, Coffs Harbour



Virtual Forum 10 May



Smoking Ceremony, Coffs Harbour



Townsville



Coffs Harbour



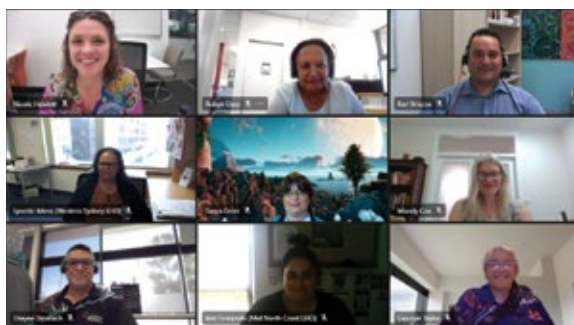
Virtual Forum 25 May

NAATSIHWP Symposium, 9–11 November 2021

With COVID-19 travel restrictions still in place, NAATSIHWP transitioned its symposium to an online format. The virtual symposium provided Aboriginal and /or Torres Strait Islander Health Workers and Health Practitioners from across Australia an opportunity to learn about leading-edge clinical and primary health-care practices. During the symposium, sessions were delivered on:

- > latest treatments in asthma care, by Narelle Williams, a respiratory educator from the National Asthma Council
- > delivery of culturally-safe palliative care, by Nicole Hewlett, a Palawa woman from Lutruwita (Tasmania), and
- > social and emotional wellbeing, by Dr Clinton Schultz, a Gamilaraay man and registered psychologist.

Traditional Cultural Healing Sessions were delivered each day of the Symposium and entertainment was provided by Gumbaynggirr singer Emma Donovan. The online symposium was well attended and participants gained valuable skills and knowledge to use in their roles and workplaces.



Improving training and support

NAATSIHWP strives to ensure that, culturally safe, relevant training programs are accessible to Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners no matter where they work. Over the year we continued to circulate professional development opportunities directly to our members, through our weekly newsletter and across our social media channels. We have worked with other stakeholders to grow and promote the training and professional development opportunities available.

Continuing Professional Development Endorsement Program

As part of this work we continued to promote and grow our CPD Endorsement Program. Aboriginal and/or Torres Strait Islander Health Practitioners are required to complete at least 20 hours of CPD each year to maintain their registration, so it is important that they are able to access up-to-date, high quality training, whether it is accessed remotely or in person.

Our CPD Endorsement Program ensures quick access to appropriate training and the program continues to gain traction in 2021–22, with a total of 19 professional development modules being endorsed as suitable for our members. Topics of some of the modules approved include:

- > Diabetes
- > Medicines Use
- > Mental Health and Wellbeing
- > Eye Health
- > Family Violence
- > Palliative Care
- > Sexual Health
- > Smoking

In addition, an automated register is available through our members portal to assist Aboriginal and/or Torres Strait Islander Health Practitioners manage and report on their CPD activities as part of their registration requirements. During the year we commenced a review of the CPD Endorsement Program and have identified better ways to evaluate prospective programs against a matrix more closely aligned with NAATSIHWP's values. The updated program will be launched next financial year.

Progress on the 5-yearly review of the National Aboriginal and Torres Strait Islander Health Worker Training Package

Throughout the year NAATSIHWP maintained a role on the Aboriginal and Torres Strait Islander Health Worker Industry Reference Committee (IRC) tasked with undertaking the 5-yearly review of the qualifications that comprise the national Aboriginal and Torres Strait Islander Health Worker Training package (the Training Package).

This review commenced in 2017 with industry-wide consultations, finding that:

- > there was considerable duplication and overlap in subjects
- > the requirement of 500 hours of work placement for Aboriginal and Torres Strait Islander Health Practitioner students was inconsistent with the Diploma in Nursing that requires only 400 hours
- > the content of the current Certificate IV in Practice is being taught closer to Australian Qualifications Framework (AQF) Level 5 rather than AQF 4 standards, and
- > with relatively minor strengthening to some units and a tighter focus on health-based electives, there was significant potential to deliver the Certificate IV in Practice at a Diploma level.

The Australian Industry Skill Commission (AISC), the body responsible for national training package product development in the VET sector, subsequently requested that the IRC revise the qualifications under the national Aboriginal and/or Torres Strait Islander Health Worker Training package to only include one Practice qualification.

The IRC developed the case for change based on the Australian Industry Skill Commission's instructions, and between 2018 and 2020 all of the 7 qualifications were reviewed. Considerable duplication was found, 78 units of study were compressed into 55, and the Certificate IV in Practice was reshaped into a Diploma-level qualification in order to incorporate an entry level into the core units and specialities listed in the electives. The successful completion of a Certificate IV in Care was proposed as a prerequisite to undertaking the new qualification.

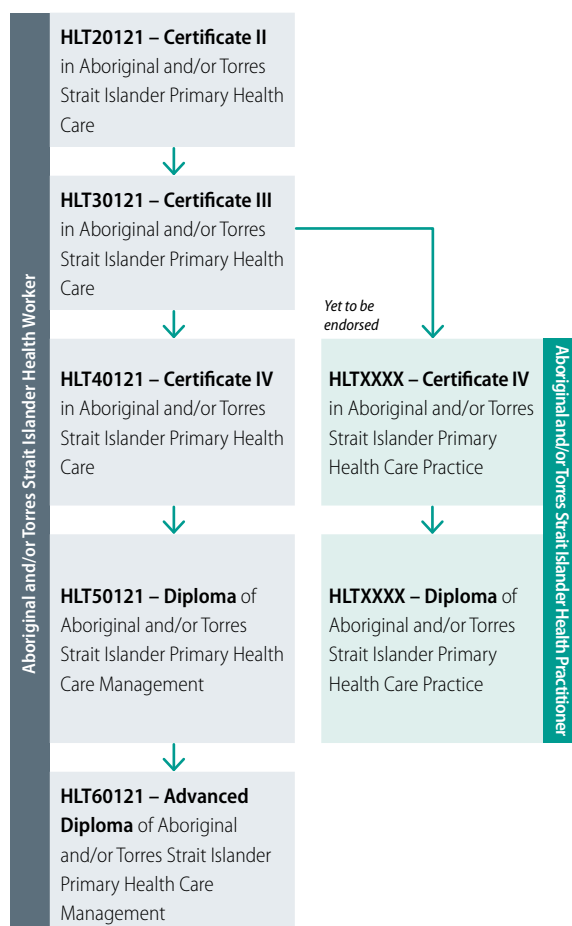
This first draft of the Training Package was released for consultation in late 2020. Even though the pre-requisite course provided a credit of 9 units towards the 14 required for the successful completion of the Diploma, feedback demonstrated little support.

The IRC subsequently revised the package and removed the prerequisite requirement. The second draft of the training package was released for consultation in May 2021. During this round, industry stakeholders raised major concerns regarding having only one Practice qualification and its upgrading to a Diploma.

A third round of consultations took place and findings were presented to AISC in November 2021. While all the qualifications in 'Care' were endorsed, the Diploma in Practice was not, despite sound levels of support. The IRC was tasked with redeveloping the training package to include two Practice qualifications.

A third draft of the revised training package, including both a Certificate IV and Diploma in Practice, was released for consultation in May 2022. Under this proposal the Certificate IV was designed to support the development of clinical skills required for a 'generalist' Aboriginal and/or Torres Strait Islander Health Practitioner qualification, while the Diploma enables the development of specialisations in a range of areas consistent with the burden of disease and health needs of the Aboriginal and Torres Strait Islander community. In June 2022 the first round of consultation feedback on this draft was considered by the IRC and it is anticipated that the second round of consultations will take place in July; after these, findings will be progressed to the AISC for consideration and potential endorsement.

Proposed Aboriginal and Torres Strait Islander Health Worker Training Package as at 30 June 2022



Tailoring training

Over 2021–22 we partnered with a variety of stakeholders to tailor training and development programs to meet the distinct needs of the workforce. Overall, we supported the development of 14 training programs covering a wide range of areas including cancer care, asthma, lung health, palliative care, family violence and burns care.

The broad range of topics demonstrates the adaptability, utility and value of our workforce and how they are increasing being engaged to improve health and wellbeing outcomes across the health care system.

Developing workforce specific resources

In recognition of the growing role the professions play in cancer care, we were commissioned by Breast Cancer Australia to support the review of their Breast Cancer Handbook. The handbook was developed specifically for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners supporting people with breast cancer in both community and clinical settings.

We would like to take this opportunity to thank the members of our workforce with direct experience in breast cancer care who were consulted as part of the revision. The success of this project demonstrates the benefits of working in partnership and the importance of embedding the perspectives and voices of the workforce in resources developed to meet their needs.

Mentoring program

We know that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners face a number of barriers and carry additional cultural loads. NAATSIHWP's mentoring program was developed to enable them to access peer-to-peer support and to learn from each other. In particular, it provides a platform for two-way learning, knowledge sharing between full and student members, and fosters the growth of both the mentee and the mentor.

Our Members consistently express a strong preference for face-to-face professional development opportunities, and the mentoring program was consequently designed to be delivered face-to-face. Unfortunately, due to COVID-19 travel restrictions, the piloting of the mentoring training was cancelled on several occasions. We have subsequently been working closely with all stakeholders involved and it is anticipated that the program will be delivered in Darwin at the end of July 2022. We look forward to documenting the success of the program in next year's Annual Report.



IN THE SPOTLIGHT

A clear vision

Shaun Tatipata on his specialisation in eye care and the Deadly Vision centre.

Shaun Tatipata is a descendant of the Wuthathi people in Cape York and Ngarrindjeri people in South Australia. He grew up on Larrakia Country. He is an Aboriginal Health Practitioner with a specialisation in eye care, and the owner of the Deadly Vision Centre, a clinic in Darwin which aims to deliver culturally-safe vision care services to his community.

The importance of helping mob was instilled in me from a very young age. My mother was always looking out for others and would always ensure that others didn't go without. She was the driving force for me finding Aboriginal and Torres Strait Islander health. Growing up I always had a longing for connection, community and culture which had been affected by policies of the past such as the Stolen Generation. Becoming a Health Worker really helped me to find my community. We were accepted, embraced and celebrated.

I worked in the Danila Dilba Health Service clinic from the start of my training. There was a policy that patients would see an Aboriginal Health Worker first. We were encouraged and supported to screen, diagnose and recommend treatment before working alongside the GP to address the issues that people presented with. After a few years working at the health centre, I was approached to apply for a role working in eye health. I coordinated clinics at Danila Dilba and provided outreach right across the Top End of the Northern Territory. At that time, you could count on one hand how many of our remote communities would receive a visiting optometry service. My role was to travel out with some equipment and screen a whole heap of people to find those that were at risk or had vision loss as a result of diabetic eye disease.

When the Northern Territory Intervention was imposed I moved back into a broader role. We lobbied for funding to design our own approach, and I assumed a leadership role in consulting community and understanding their aspirations. This helped us to develop a response that was culturally safe and led by Aboriginal and/or Torres Strait Islander Health Workers and Practitioners to meet the Australian Government requirements and, importantly, seek to achieve community aspirations. After a few years, I built on that experience through the work with the Fred Hollows Foundation. I had the opportunity to work with health-care providers across the nation on building sustainable, affordable and culturally-safe models of eye care for mob.



“I travelled everywhere, from Maningrida right across to Wadeye. It was a region close to the size of Spain. It was just me, with some pieces of equipment in an old four-wheel drive screening all these mob, doing what I could to make sure they had access to eyewear.”

I worked with local mob to understand their challenges, and come up with local solutions for those challenges, then mobilise resources to create the change.

I spent the best part of 10 years trying to reform the system for our mob across the country. But after growing frustrated with the lack of progress I realised that we needed to redesign it if we wanted it to work for our communities. The only way to do that was to develop our own services that respond to community aspirations and our eye-care needs in a culturally safe way. So, I established the Deadly Vision Centre in Darwin. To help raise awareness and funds, I put together the Deadly Cup Rugby League Carnival as part of NAIDOC Week in 2020. The whole community came together to volunteer and to celebrate together. We got the clinic off the ground two weeks later with donated equipment and all of these amazing partners who have been willing to support. We now have an annual carnival, a regular eye clinic, and our own range of deadly and affordable eyewear. We're even making our own prescription glasses and we call them 'nek minute' glasses because mob come in, have their eyes checked, and next minute they're leaving with a deadly new pair of glasses.

My goal is to continue to shape this Aboriginal Eye Health Worker role, which I can see has huge potential. Aboriginal Health Practitioner trainees have the opportunity to complete a placement at the Deadly Vision Centre. They learn all about eye health, and have the opportunity to assist with clinics, help make our 'Nek Minute' glasses, attend surgeries and learn about providing post-operative care. Investing in our mob is the only way we're going to create lasting change. We need to find the champions in our workforce and support them to succeed in the specialisation they are interested in. That's what's going to make a real difference.

Representation and promotion of workforce needs

Objective: To increase our influence in the development and implementation of Aboriginal and Torres Strait Islander health policies and programs relevant to the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

From the workforce...

In our 2021 annual survey, respondents were asked about their level of satisfaction with the way that NAATSIHWP represents and promotes the workforce. Over 90% of respondents indicated they were satisfied or highly satisfied with the work NAATSIHWP does in this space. Additionally, the vast majority of respondents agreed that promotional activities that NAATSIHWP delivers (such as the National Day of Recognition) are helping to draw attention to valuable role the workforce plays.

Some respondents requested NAATSIHWP undertake more advocacy work, particularly with health services, RTOs and employers. Others requested that we continue with events such as the National Day of Recognition.

Working to strengthen and embed the workforce

NAATSIHWP is committed to ensuring Australia's health-care system meets the needs of Aboriginal and Torres Strait Islander people – and implementing measures to increase and facilitate the professional deployment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners is key to this end. They are integral to the delivery of culturally-safe health care, and need to be embedded as a valued and professional component of multi-disciplinary health-care teams across the entire health-care system. Aboriginal and Torres Strait Islander people must have access to culturally-safe care no matter where they go, or what health services they are accessing.

We recognise that improving and sustaining health and wellbeing outcomes requires a focus both on the social and cultural determinants, and on collaborative inter-sectoral solutions. During 2021–22 we continued working with a variety of stakeholders to ensure the voices and professional interests of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are embedded in the development and implementation of policies and programs that impact beyond health.

Over the year we worked in partnership with representatives from across States and Territories to update or develop workforce plans, review the status of the professions, and assist with the development of career structures, scopes of practice and models of care. While much of this work is long term and still in progress, it is critical to long-term sustainable change and to expanding and supporting the workforce.



Increasing representation

While we continue to support the joint aspirations of other Aboriginal and Torres Strait Islander organisations, we are increasingly being asked to contribute to the development of policies, programs or services of mainstream organisations. One of the challenges Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners face is gaining recognition for the critical role they play in improving the health and wellbeing outcomes of our people. Mainstream health services in particular do not have a clear understanding of the role the professions play and how they could be more effectively utilised.

To address this situation, we have increased our representations from just over 400 in 2020–21 to over 630 in 2021–22, representing more than 50% improvement in our performance. Of more than 630 engagements, 56% were undertaken with mainstream organisations. Of these, 54% were with workforce, skills and/or regulatory bodies including Commonwealth and State government agencies, and the VET and tertiary education sectors – demonstrating the broad remit we have and the role we play in representing and securing the professional interests of the workforce.

As part of this work we:

- > provided ongoing representation on 31 steering committees/working groups
- > delivered 66 keynote speeches, presentations or interviews, and
- > played an active role in 19 policy alliances including the Close the Gap Campaign, the Coalition of the Peaks, the National Health Leadership Forum, the Skills IQ IRC, the AHPRA Aboriginal and Torres Strait Islander Health Strategy and Professions Reference Groups, and the National Rural Health Alliance.

We also continued to advocate for the effective utilisation, expansion and professional development of the workforce through the development of policy submissions. In this respect we contributed to both open public inquiries and processes that are confidential and closed in nature. Some of the open processes we contributed to include:

- > the Senate Standing Committee on Community Affairs – Inquiry into the provision of GPs and related primary health services to rural Australians
- > the Senate Inquiry on the Application of the United Nations Declaration on the Rights of Indigenous Peoples in Australia, and
- > the Australian Human Rights Commission's revision of the National Anti-racism Framework.



Increasing promotion of workforce

Embedding Aboriginal and/or Torres Strait Islander Health Workers and Practitioners as part of multidisciplinary health-care teams helps to restore trust, ensures the delivery of culturally-safe care, improves health-care access and the patient experience, and has the potential to help respond to workforce shortages across health, aged care, disability services and justice health.

The expansion of the workforce across the health-care system is critical to closing the gap in health and wellbeing outcomes. Throughout the year we increased our focus on promoting the unique and valuable role the workforce plays.

As part of our promotional work we added an Instagram profile as part of our social media accounts and increased our activity on the Linked In professional network. Overall, our increased effort in this area resulted in a 32% increase in our total social media followers.

Ambassadors program

To help amplify our messaging and draw attention to the role the workforce plays, over the year we prioritised the implementation of the Ambassadors Program and sought to enlist prominent Aboriginal and Torres Strait Islander leaders with nationally recognised media profiles and professional understandings of the workforce to undertake roles as our National and Professional Ambassadors.

We approached media personalities, sports stars, actors, musicians and people who commenced their careers as Aboriginal and/or Torres Strait Islander Health Workers or Health Practitioners and have gone on to have highly successful careers in the health sector. As a consequence, the NAATSIHWP Board have now recruited four National Ambassadors and four Professional Ambassadors and the program is on track to be formally launched early in the new financial year.

Inaugural National Day of Recognition for Aboriginal and/or Torres Strait Islander Health Workers and Practitioners

On 7 August 2021, we held the inaugural National Day of Recognition to honour and celebrate the crucial role Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners play in the provision of culturally-safe clinical and non-clinical care.

The day provided a significant opportunity to acknowledge the front-line role the professions played in protecting mob from COVID-19 and to recognise those workforce pioneers and leaders who may not have received the recognition they deserved from their health colleagues or Australia at large. These people have worked day-in day-out, with incredible skill to care for community and to carve out a permanent space in health for the next generation of Aboriginal and/or Torres Strait Islander Health Workers and Practitioners.

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners were celebrated by their colleagues, clients, employers and communities across the country. The day attracted considerable attention, with analytics showing a massive increase in the reach of our social media posts over the period.

Activity against the #NAATSIHWP heroes was measured across Twitter, Linked In and Face book. In total, the hashtag received 220 mentions, 2100 interactions, 1.1 million views, 1500 shares and 652 likes. Over the same period our Linked In site had a total of 89 page-views.



“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 should be regarded as a source of national pride.”



Karl Briscoe

CEO, NAATSIHWP, Inaugural National Day of Recognition



Success of National Day of Recognition – NAATSIHWP Social Media Analytics



2,246

**FACEBOOK VIEWS PER
DAY 2021**
(average)

> 130 views (FY2020)

191

**FACEBOOK
LIKES**
(average posts August 2021)

> 2 likes (FY2020)



31

TWEETS
(August 2021)

> 9 tweets (FY2020)

89

**NEW
FOLLOWERS**
(August 2021)

> 21 new followers (FY2020)

Supporting community through sponsorships

The COVID-19 travel restrictions also impacted on our ability to attend community events and promote the workforce. To ensure we could still support communities during this time, we chose to sponsor events including the Yabun festival in January and the Battle of the Countries Rugby Carnival in February.

As soon as it was safe to travel, we headed back out on the road and set up our exhibition booth at the Remote Health Experience interprofessional forum in Katherine in March, and at the NSW Aboriginal Mental Health and Wellbeing Workforce Forum in Narooma in May.



Yabun Festival



NSW Aboriginal Mental Health and Wellbeing Workforce Forum, Narooma



NSW Aboriginal Mental Health and Wellbeing Workforce Forum, Narooma

IN THE SPOTLIGHT

Pandemic Frontline Worker

Jecinta Tatipata, Aboriginal and/or Torres Strait Islander Health Practitioner Trainee.

Jecinta Tatipata is an Aboriginal and/or Torres Strait Islander Health Practitioner Trainee in the last few months of her studies at Palmerston Community Care Centre in the Northern Territory. She is a descendant of the Wuthathi people of far North Queensland, the Ngarrindjeri people from South Australia, and the people of Thursday Island. Jecinta was a recipient of the 2021 Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Student Awards for Emerging Health Practitioners.

My deep passion for Aboriginal and Torres Strait Islander health care stems from my family. After losing one too many family members to chronic diseases that are preventable, I became heavily motivated to improve the quality of health care delivered to my people. To be that cultural broker who delivers support, advocacy and culturally-appropriate health care. My role models are my mum, aunties and uncles who work across the health sector.

I graduated Year 12 at Pembroke School in Adelaide, through being granted an Indigenous Youth Leadership Project Scholarship with The Smith Family. Upon graduating in 2018, I was accepted to Flinders University in Adelaide for a Bachelor of Archaeology. At the time, I decided to defer to come back home to be with my family, and I wanted to pursue my deep passion for health care within the Northern Territory. I worked within the disability sector before it was suggested to me by a mentor that I should consider working as a Health Practitioner.

During the COVID-19 pandemic I went to Milikapiti on the Tiwi Islands, to help the community with testing, isolation management and support. In addition to working in the clinic, we provided door-to-door support. It was an amazing experience; as I didn't grow up on community, it was great for me to be on the ground there. That experience set me up for work at the Howard Springs Centre for National Resilience Quarantine Facility, where people on community who could not effectively quarantine at home were able to isolate. This was challenging work for me; I saw the barriers our people had, and the massive task it would be for our team to help



"Us AHPs are the fundamental link between the community and other health professionals"



them overcome those barriers in a way that was safe, holistic and culturally appropriate. We supported our clients through the entire isolation and travel process. In addition to all the testing and clinical work, we were in constant communication with the clients to provide mental health and cultural support, made sure they had everything they needed and were able to get in contact with family, and heavily supported them through discharge and return to community. As an Aboriginal and/or Torres Strait Islander Health Practitioner, this was an intense learning experience in how best to support vulnerable clients. I came out of this experience with far more confidence, and awareness of the way I can best use my role to support others.

I am now based at Palmerston Community Care Centre. I think Health Workers and Health Practitioners hold the comfort and trust of the community. We have come from the same background and we understand each other. That link helps our mob trust other allied health professionals as well. We are able to promote the holistic health of the person and look after the physical, mental, spiritual, cultural, social and emotional wellbeing.

In the next few years, I am hoping to study either Paramedicine, or a Diploma of Aboriginal and/or Torres Strait Islander Health. I want to continue to expand my skills so that I can provide the highest quality of care for our people. In the meantime, I hope to make an impact on wound care here at Palmerston, particularly for people with chronic conditions. This is a role full of opportunities and I am looking forward to seeing what comes next.

Recruitment and retention of the workforce

Objective: To increase our influence in the development and implementation of recruitment and retention strategies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

From the workforce...

Our 2021 Annual Survey results show that the success of an Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner student is highly dependent on situational factors which vary highly across workplaces and RTOs. A student completing their studies in a highly supportive environment with adequate financial support and time off work is much more likely to feel satisfied with their studies, and by extension, is much more likely to achieve their qualification.

In general, Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner students felt supported when:

- > they had time off their work to complete their studies
- > classes were scheduled flexibly
- > they had small classes or one-on-one time with teachers
- > their lecturers were culturally literate, supportive and caring
- > they were trained by teachers with real-life clinical experience
- > their RTO was an Aboriginal and Torres Strait Islander-run organisation
- > they received financial support through their studies.

In general, these students felt unsupported when:

- > they had to leave their community to carry out long periods of study
- > their studies were disrupted by constant change in teaching staff
- > their teachers or lecturers were difficult to contact or often unavailable
- > they had to balance work, family obligations, travel, and COVID-19 restrictions
- > their RTO was unable to provide adequate facilities.

Actions to address racism

NAATSIHWP remains committed to long-term sustainable action to eliminate racism and embed culturally-safe practice across the health and social services sectors. In 2021–22 we continued to collaborate with like-minded organisations to progress work specifically aimed at eliminating racism and embedding cultural safety through sustainable and systemic change. Through our collaborations we worked to support the:

- > Partnership for Justice in Health (P4JH), which is working to launch an ongoing national campaign to eliminate racism and influence systemic change across the health and justice systems – NAATSIHWP is a founding member of this partnership, the co-chair, and provides secretariat support.
- > Implementation of the AHPRA Cultural Safety Framework, which has the potential to impact across the over 800,000 health professionals and 193,000 students registered with AHPRA.
- > College of Intensive Care Medicine's redesign of the Indigenous Health Curriculum, and
- > Australian Medical Council's review and redesign of the training framework and accreditation standards for Doctors.

Review of NAATSIHWP Cultural Safety Framework

During 2021–22 NAATSIHWP commenced a project to review and contemporise its Cultural Safety Framework. While this is another long-term strategic initiative for the organisation, it recognises the need to shift away from the current piecemeal approach to Cultural Safety, which is largely based on the delivery of one-off cultural training programs, towards a more comprehensive sustainable approach that seeks to address both the structural and behavioural impediments to change. The project is being delivered in three stages and once finalised will result in the development of a training package to assist organisations embed cultural safety as part of their routine operations.

The initial stages of the project have resulted in the development of a concept paper that we will now be seeking to turn into a comprehensive training package.

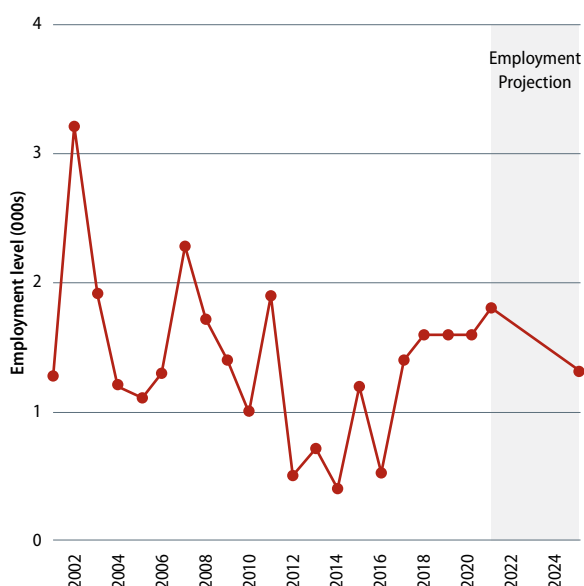
Workforce projection

Analysis from the Australian Industry and Skills Committee indicates that the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce is set to decline over the coming years.¹ Given the national imperative to improve health and wellbeing outcomes for our people and the under-representation of Aboriginal and Torres Strait Islander people working across the health-care system, this trend is unacceptable.

The data highlights low levels of course completions in comparison to course enrolments, and we know that nationally there is a need to encourage young people and particularly males into the professions. There is a clear need for tailored support, intersectoral partnerships and a sustained commitment to addressing the issue. NAATSIHWP is working in close partnership with a number of key stakeholders to help address this trend. The Australian Government's commitment to fund a traineeship program aimed at delivering 500 trainee Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners was a welcome development, however there is still much to be done. Further effort must be directed to recruitment and retention, including securing pipelines of new recruits, incentivised career pathways, and ensuring racism is addressed and culturally-safe workplaces are established.

Employment level and projection

2000–2021 employment level and 2025 employment projection for Indigenous Health Workers



1. <https://nationalindustryinsights.aisc.net.au/industries/health/aboriginal-and-torres-strait-islander-health-workers>

Overarching Strategic Directions of the National Workforce Plan

The issues outlined above are identified for action as part of a comprehensive program of work included in the National Workforce Plan. NAATSIHWP worked in solidarity with AIDA, CATSINaM, IAHA and other key stakeholders including the National Aboriginal Community Controlled Health Organisation to codesign the plan endorsed by all Australian Governments.

In addition to the actions outlined elsewhere in this report, the plan focuses national effort towards the following six key strategic directions that seek to address the structural, systemic, organisational and personal barriers to recruiting and retraining Aboriginal and Torres Strait Islander people across the health landscape. The six key strategic directions are:

1. Aboriginal and Torres Strait Islander people are represented and supported across all health disciplines, roles and functions.
2. The Aboriginal and Torres Strait Islander health workforce has the necessary skills, capacity and leadership across all health disciplines, roles and functions.
3. Aboriginal and Torres Strait Islander people are employed in culturally safe and responsive workplace environments that are free of racism across health and all related sectors.
4. There are sufficient numbers of Aboriginal and Torres Strait Islander students studying and completing health qualifications to meet the future health care needs of Aboriginal and Torres Strait Islander peoples.
5. Aboriginal and Torres Strait Islander health students have successful transitions into the workforce and access clear career pathway options.
6. Information and data are provided and shared across systems to assist health workforce planning, policy development, monitoring and evaluation, and continuous quality improvement.

The strategic directions and implementation strategies included in the Workforce Plan are key to taking the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce forward. Since the launch of the Plan in March we have continued to work in partnership with our sister organisations to secure the investment and commitment required for the Plan's effective implementation.

Improving training standards

The low levels of course completion identified by the Australian Industry and Skills Committee demonstrates that access to and the quality of training matters, and indicates nation-wide inconsistency in the quality of training provided to our workforce.

To help address this issue we have commenced work on another long-term project that will result in the introduction of consistent, comprehensive, high-quality training resources and packages for RTOs delivering Aboriginal and/or Torres Strait Islander Health Worker qualifications. Under the initiative we intend to create high quality culturally-appropriate teaching resources so that the workforce is taught to the same standard across the nation. The resources will enable most RTOs to offer our qualifications without having to develop their own curriculum. Once completed the initiative has the potential to ensure that:

- > all students receive the same high standard of education, no matter where they study;
- > more RTOs will be able to offer the training package, meaning less students will need to move away from home for classes
- > teachers will spend less time developing their own resources, meaning increased efficiency for organisations and allowing more resources to be allocated toward supporting students and
- > more opportunities can be provided for prospective students to enrol.

The RTO Network have welcomed the project and we look forward to progressing this work in the year to come.

Supporting students

In 2020–21 we successfully partnered with RTOs to deliver two successful campaigns to raise awareness about our free student memberships. As part of this work students were alerted to a range of opportunities provided by NAATSIHWP, including our mentorship program, sponsorship of the Northern Territory Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Student Excellence Awards, bursary options for attending our National Symposiums and Conferences, advice to skills and industry bodies on course programmes, and broader workforce support and development, which all contribute to making Health Worker and Health Practitioner a viable career.



Annual Survey

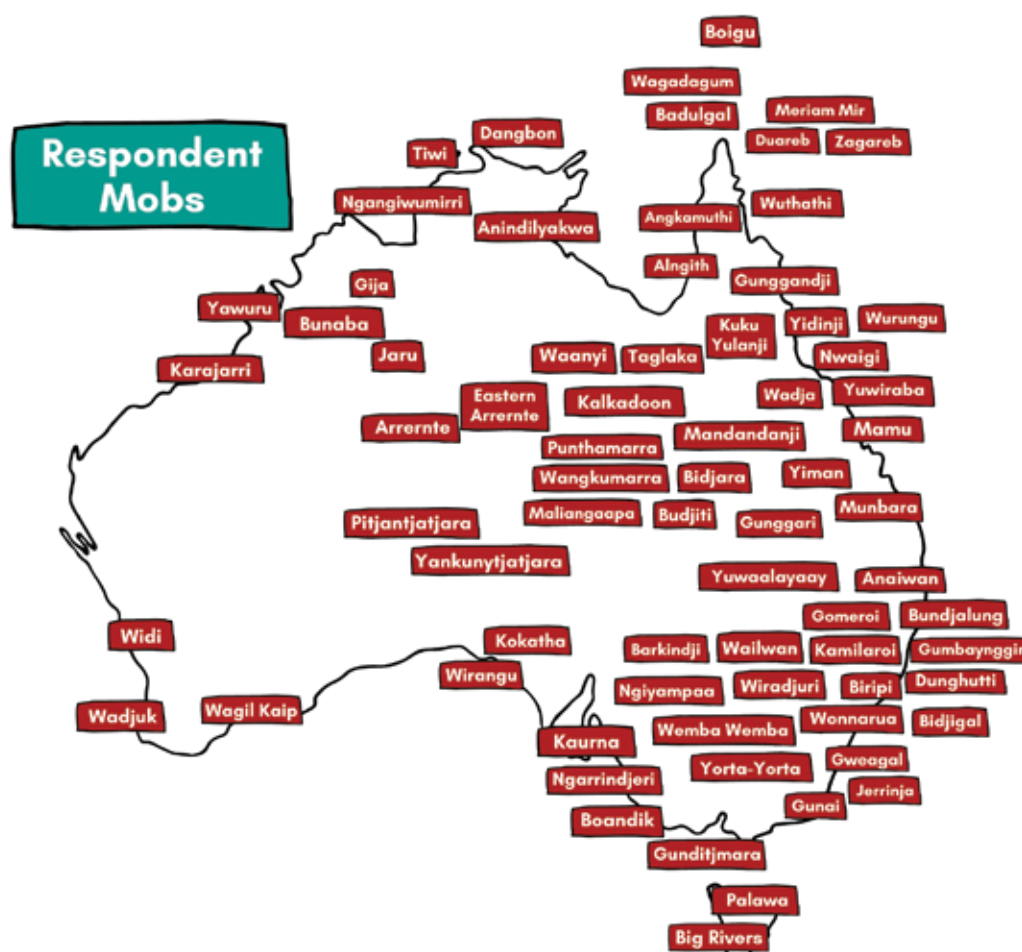
This report shows the importance of the observations and responses from Aboriginal and/or Torres Strait Islander Health Workers and Practitioners about their experiences with training, work and NAATSIHWP. This year, we worked to re-design our annual survey in order to better understand workforce needs so that we can improve retention, and the growth of the workforce.

We work hard to ensure our priorities are directed by the workforce. Our Board is comprised of a practicing Aboriginal and/or Torres Strait Islander Health Worker or Practitioner from each State and Territory and the Torres Strait, and our CEO began his career as an Aboriginal and/or Torres Strait Islander Health Worker before progressing through the health sector in both government and non-government spaces for over 20 years. Our Secretariat teams collect feedback from members they interact with. However, it is important that our full members are constantly provided with the opportunities to anonymously share their frank thoughts, and the annual survey is a way for us to do this.

This year in particular, we asked members about their satisfaction with their training, scopes of practice, workplaces and NAATSIHWP's work, representation, training opportunities and more.

There were a record 121 respondents with a range of qualifications from across the continent. Overall, the results of the survey showed that NAATSIHWP is responding to the needs of the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce, and our current projects align with issues that arose in the responses. However, there is scope for improvement in service delivery, advocacy and accessibility for the workforce.

Going forward, our goal is to increase the number of members who complete the survey each year. The more feedback we have, the better we can represent and promote workforce needs. Thank you to each member who completed the survey last year. We are grateful for the time you took out of your busy days to give us an insight into your life and thoughts. The feedback you provided is invaluable and directly inform NAATSIHWP's goals and strategic priorities.



This map was created for representative purposes only and does not display accurate mob, language, tribe or nation locations. NAATSIHWP pays respect to members of the Stolen Generations who carry their mob with them but do not know their name.

IN THE SPOTLIGHT

Supporting mob across seven correctional centres

Allan Brown, Aboriginal Health Worker

Allan is a Wiradjuri man from Wellington. He is an Aboriginal and/or Torres Strait Islander Health Worker with over 14 years of experience working in NSW Justice Health & Forensic Mental Health Network.

I am a father of four, and a grandfather of three. I have had a lot of different jobs over the years, and have only been out of work one week since leaving school at the age of 17. In the early 2000s I applied for an Aboriginal and/or Torres Strait Islander Health Worker job at the Wellington Aboriginal Corporation Health Services. After advancing through tenancy and health advocate roles for a few years, I began as an Aboriginal and/or Torres Strait Islander Health Worker with Justice Health & Forensic Mental Health Network NSW. I have now been in that role for close to 15 years. For the past 3–4 years of this time working with patients across seven different Correctional Centres.

I offer cultural support to the patient, I encourage them to get their health checks. I encourage them to come to the clinic for their medical appointments when they complain of discomfort or symptoms. When they're coming up for release, I check on them to see if they have support once released. I also keep an eye on patients and explain the importance of taking their medications.

I believe that I connect more easily with patients than the nurses can. The patients seem to open up a little more with me. I know some of their families through some of my previous jobs where I've travelled around New South Wales, which makes it a bit easier. It can also make it harder though.



"I see patients come in at their worst, with no respect for anyone, no respect for themselves, and very poor health. I take the time to work with them, understand their story, and help them improve their confidence, mental and physical health. They leave here with a smile on their face; that's where the reward is."



A lot of people say I'm easy to talk to. It's because I understand where some of our patients have come from, I can relate to why they're feeling the way they do. I'm not there to judge; I'm there to support. I tell them if you want to yell at anyone, come and yell at me. If you need to shed a few tears, you can do that with me. If they don't feel comfortable to talk then, they can give me a call whenever they are ready.

When I think of the importance of my role, I think of the story of a young girl who came in suffering from depression and trauma. She was shut down and didn't want to speak to anyone. Over time, I discovered that she loved to draw, and I encouraged her to enter a state-wide art competition in the Correctional system. She ended up winning the competition, and her confidence increased dramatically. She makes art and sells it to the women in her sector; paints their shoes and their caps. That young girl told my line manager I was the first male she trusted in 10 years. She gave me that winning artwork, and it hangs outside my office to this day.

SECTION 5

Governance and Operations

NAATSIHWP is an Aboriginal and Torres Strait Islander led and managed organisation. The Association is privileged to be led by a Board of experienced Aboriginal and/or Torres Strait Islander Health Workers or Practitioners representing each State and Territory, and the Torres Strait.

Each Board Member brings a unique perspective on the workforce in their jurisdiction, and is able to make decisions based on years of personal experience in the workforce. Their leadership is fundamental to the existence of NAATSIHWP and ensures that the work of our Association is guided by the needs of our workforce and our people.

NAATSIHWP Board



David Follent
Chairperson
New South Wales



Judith Parnham
Deputy Chair
Queensland



Christine Ingram
Treasurer
Victoria



Natalie Pangquee
Secretary (until 6 December 2021)
Northern Territory



Suzanne Smith
Secretary (commenced 6 December 2021)
Tasmania



Thelma Weston
Director (retired April 2022)
Australian Capital Territory



Yancy Laifoo
Director
Torres Strait



Raeylene McKenna
Director
Western Australia



Antoinette Liddell
Director (commenced 6 December 2021)
South Australia



Board Update

The NAATSIWP Board is committed to ensuring sound organisational governance and the ongoing professional development of its members, and undertook Finance and Governance Training in April 2022. As part of this Board members were provided with guidance on how to fulfil their obligations as directors of a registered charitable organisation.

During the year the Board farewelled beloved Board Member and Australian Capital Territory representative, Aunty Thelma Weston. Aunty Thelma is a descendant of the Meriam people of the Torres Strait. She trained as a nurse during World War 2 and later as an Aboriginal Health Worker at Marr Mooditj in Perth, and has worked since in Aboriginal and Torres Strait Islander health. She currently works at the ACT's community-controlled health organisation, Winnunga Nimmityjah, managing the needle exchange program. In 2019 she won the NAIDOC Week Award for Female Elder of the Year. Aunty Thelma joined NAATSIHWP's Board in October 2013. In her eight years, she has been able to take NAATSIHWP forward through uncertain times. She is a fundamental part of NAATSIHWP; we thank her for her leadership and wish her the very best.

We are fortunate to welcome Antoinette Liddell as the Board Member representative for South Australia. Antoinette is a proud Wajarri woman of the mid-west region of Western Australia, born and raised on Barngarla country, Port Lincoln, South Australia. She is a mother of three and a registered Aboriginal Health Practitioner with over 12 years of experience in Aboriginal Primary Health Care. Antoinette is currently at the University of Adelaide with the Adelaide Rural Clinical School in an Aboriginal health research role to further her skills and knowledge. She is passionate about improving the health of Aboriginal peoples and believes that through her clinical knowledge, experience and leadership skills as an Aboriginal and/or Torres Strait Islander Health Practitioner – combined with her research capacity – she will be able to support, educate and re-empower communities, individuals and families to make a difference.

Our Board members dedicate significant hours of service for our workforce. We acknowledge their commitment to NAATSIHWP, and thank them all for their time and commitment.

ISO9001 certification

To provide additional assurance with regard to the sound management of our organisation, we have been working to achieve internationally recognised standards by participating in a process to gain ISO9001 quality management certification. This has resulted in the review and revision of many of our internal policies, processes and procedures together with a focus on ongoing quality improvement. Our first audit toward certification is scheduled for early July and we look forward to reporting on the outcome of this process in next year's report.

Funding announcement for next four years

To coincide with the release of the National Workforce Plan in March 2022, the Australian Government announced a commitment of \$9.3 million dollars, funding NAATSIHWP's ongoing operation for the next four years. We welcomed this significant commitment. The ongoing funding allows NAATSIHWP to focus on crucial long-term strategic goals which are necessary to support the development and expansion of the workforce. The commitment is a recognition of the significance of the Aboriginal and Torres Strait Islander Health Worker and Health Practitioner workforce and is an indication of the level of confidence in our organisation.

Alongside NAATSIHWP, it is very encouraging that the Australian government announced funding for the Australian Indigenous Doctors' Association, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Indigenous Allied Health Australia, and the National Health Leadership Forum.

10 Years of Registration

2022 marks 10 years of National Registration of Aboriginal and/or Torres Strait Islander Health Practitioners. In 2012, Health Practitioners were added to the AHPRA National Registration and Accreditation Scheme. NAATSIHWP's establishment in August 2009 was strongly tied to the need to take the professional interests of the workforce forward. Over the decade, registration has contributed to building greater professional standing and health system confidence in the skills and capabilities of Aboriginal and/or Torres Strait Islander Health Practitioners.

The introduction of registration standards continues to have a positive impact on Aboriginal and Torres Strait Islander people participating in the workforce and on providing safeguards for those accessing health care services. Nearly a decade after registration was introduced:

- > the number of registered Aboriginal and/or Torres Strait Islander Health Practitioner continues to grow from – from an initial 280 in September 2012 to 886 in June 2022 (practicing and non-practicing), representing a massive 227% increase since the introduction of a regulatory framework), and
- > notifications or complaints have remained low and stable despite the significant growth of registrants, reflecting safe levels of practice, and sound accreditation standards.

To achieve registration and accreditation today, Aboriginal and/or Torres Strait Islander Health Practitioners must:

- > be an Aboriginal and/or Torres Strait Islander person as defined by the following requirements:
- > is an Aboriginal and/or Torres Strait Islander person, and
- > is identified as an Aboriginal and/or Torres Strait Islander person, and
- > is accepted as an Aboriginal and/or Torres Strait Islander person in the community in which they live or did live
- > undergo a criminal history check conducted by the AHPRA Board, and
- > demonstrate English language competency through completion of the Certificate IV Practice Qualification or an approved program of study.

To maintain their registration, practicing Health Practitioners must:

- > complete at least 20 hours of ongoing CPD each year (noting 5 of the 20 hours must be completed in an interactive setting with other health professionals)
- > hold Professional Indemnity Insurance which covers all aspects, locations and types of their practice, and
- > complete at least 450 hours of practice within a three-year period, or 150 hours of practice in the previous 12 months.

Finally, Aboriginal and/or Torres Strait Islander Health Practitioners may only be registered upon successful completion of the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. This education program must correspond to the professional capabilities approved by A&TSIHBPBA. This includes a minimum of 500 hours of clinical work. By comparison, people undertaking a HLT54121 Diploma of Nursing to become an enrolled nurse must complete 400 hours of clinical work

The 'Health Practitioner' title was made a prescribed protected title. In accordance with the Health Practitioner Regulation National Law enacted in each state and territory, only those people who are trained in a minimum Certificate IV of Aboriginal and Torres Strait Islander Primary Health Care (Practice) and registered with AHPRA through the A&TSIHBPBA may use the titles of:

- > Aboriginal and Torres Strait Islander Health Practitioner
- > Aboriginal Health Practitioner
- > Torres Strait Islander Health Practitioner.

Oversight by AHPRA's National Registration and Accreditation Scheme guarantees that Aboriginal and/or Torres Strait Islander Health Practitioners are highly qualified health professionals committed to ongoing professional development. They are trained and accredited to perform a wide variety of clinical and non-clinical tasks in a range of healthcare settings.



The Future

NAATSIHWP works towards a better future for Aboriginal and Torres Strait Islander peoples. We know that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are health experts. We know that they are vital to Aboriginal and Torres Strait Islander people receiving the care they need. We know that this workforce is a deep source of pride.

As an organisation, NAATSIHWP works to support and enable these professions to do what they are good at – making a difference to community, one patient and one family at a time. We strive for a future where every Aboriginal and Torres Strait Islander patient will have the opportunity to be seen by a trusted Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner as their first point of contact in the health system, where families can know that they will always receive the culturally-safe support they need when they turn up to the Emergency Room or to a specialist appointment, where Aboriginal and Torres Strait Islander babies and their families receive holistic, lifelong care.

In 2022, we are now operating in an environment of hope and optimism, with the new Commonwealth Government's \$52 million commitment to the workforce and tangible developments around a Voice to Parliament that demonstrate government commitment towards Aboriginal and Torres Strait Islander leadership and health. There are more Aboriginal and Torres Strait Islander representatives in Parliament than ever before. 2021 ABS census data indicates that in 2021 the Aboriginal and Torres Strait Islander population increased by more than 25%, reflecting an increase in the number of mob who feel comfortable identifying themselves by their cultural heritage and the return of people during the COVID-19 pandemic. These numbers demonstrate an ever-increasing impetus to ensure the health system meets the needs of a growing population.

Pleasingly, governments continue to recognise that the health sector must meet those needs. In March 2022, the Commonwealth Government released the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031, which recognised the crucial role of our workforce and outlined a systemic, end-to-end approach to workforce development. The South Australian and Queensland governments are taking significant steps to review and reform their workforce structures. The AISC are reviewing and updating the training packages offered to the workforce. NAATSIHWP has been involved with the development of each one of these strategies, policies and plans.

There is always more work to be done. Unlike our fellow workforce peaks, NAATSIHWP carries the sole role of supporting and advocating for our workforce in all arenas. While Aboriginal and Torres Strait Islander doctors, nurses and allied health professionals are also supported by mainstream organisations that manage elements such as national education, reform, scopes of practice and registration, Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners have no mainstream workforce equivalent. NAATSIHWP is the **only** organisation tasked with taking the professional needs and aspirations of the workforce forward. We not only organise advocacy and education, but play a lead role in developing of registration standards, updating of training packages, expansion of scopes of practice, reform of national law, investment in the growth of professional development opportunities, renewed career structures and advice to governments, specialist health-care bodies, Health Districts, corporations, training organisations and more.

NAATSIHWP is well-placed to handle this responsibility, and has been instrumental in the development of the workforce since its establishment in 2009. It is a privilege to have such a role. However, the Association must continue to be supported to advocate for our workforce and fulfil its commitment to improving health outcomes for Aboriginal and Torres Strait Islander peoples.

In the year to come, we look forward to reforming the training package for the benefit of our members; reviewing and updating professional development opportunities; using our NAATSIHWP Ambassadors Program to educate the public about our deadly workforce; working to establish a national minimum scope of practice; and embedding the workforce in the public and private spheres. We will continue to guarantee the longevity of the profession through the introduction of long-term sustainable projects which are of direct benefit to the workforce and will eventually provide ongoing funding for the Association. With our charitable status in place and consultancy arm now established, we will continue to progress towards greater autonomy and self-reliance.

There is much to look forward to.





National Association of Aboriginal and Torres Strait
Islander Health Workers and Practitioners

ABN 61 138 748 697

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**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2022.

DIRECTORS

The names of the directors in office at any time during or since the end of the financial year are:

David Follent (Chair)

Judith Parnham (Deputy Chair)

Christine Ingram (Treasurer)

Natalie Pangquee (Secretary-until 6 December 2021)

Suzanne Smith (Secretary-commenced 6 December 2021)

Thelma Weston

retired 22 April 2022

Yancy Laifoo

Raeylene McKenna

Antoinette Liddell

commenced 6 December 2021

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

OBJECTIVES

Objective 1: 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

Objective 2: To improve the accessibility and quality of professional support and professional development opportunities for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners

Objective 3: To increase our influence in the development and implementation of Aboriginal and Torres Strait Islander health policies and programs relevant to the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce.

Objective 4: To increase our influence in the development and implementation of recruitment and retention strategies for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

IMPACT INDICATORS FOR THE OBJECTIVES

Objective 1:

Stakeholders from all sectors of the health system report high interest in and improved ability to develop a scope of practice for best utilisation of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.

Stakeholders from all sectors of the health system report both knowledge and use of the good practice models on the effective utilisation of and expanded career pathways for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.



**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

DIRECTORS' REPORT (CONTINUED)

Objective 2:

Members report that National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited ('NAATSIHWP')s professional information and support, including the online portal, professional networking forums, conferences and symposiums:

- are relevant to their professional needs and expectations
- are of high quality
- are offered in accessible formats and/or locations.

Members report that NAATSIHWP's information about professional development opportunities:

- is relevant to their professional needs and expectations
- offers them valuable options for skill development and new career pathways.

Objective 3:

Members report that NAATSIHWP's professional information and support, including the online Portal, NAATSIHWP advice and position statements are reflected in national and jurisdictional policy development and decision-making processes that impact on the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner workforce and Aboriginal and Torres Strait Islander health services.

Objective 4:

Stakeholders from the vocational education and training (VET) sector and all sectors of the health system identify NAATSIHWP as a respected source of information and expertise on recruiting and retaining A&TSHWs and A&TSHIPs.

Stakeholders from the VET sector and all sectors of the health system report they have acted on NAATSIHWP's advice and/ or implemented the learning gained from their participation in NAATSIHWP initiatives on recruitment and retention.

Principal Activity

The principal activity of the company during the financial year was to improve recruitment and retention of the workforce, scope and effective deployment of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, as a vital and valued component of a strong professional Aboriginal and Torres Strait Islander health workforce needed to close the gap in health outcomes for Aboriginal and Torres Strait Islander Australians.

No significant change in the nature of these activities occurred during the year apart from the impact of the Covid 19 Pandemic. Although there has been no impact on revenue, the company refocused some of its program delivery activities from a physical to a virtual delivery approach.

Effective 1 July 2020 the company was endorsed as a Health Promotion Charity with the following tax concessions: GST Concession, Income Tax Exemption and FBT Exemption. The Company has Deductible Gift (DGR) Recipient Status. As a consequence, the financial statements now must be prepared as required by the ACNC Act and ACNC Regulations and in accordance with the Australian Accounting Standards set by the Australian Accounting Standards Board (AASB)

On 22 October 2020, The Company changed its name from "National Aboriginal and Torres Strait Islander Health Workers Association" to National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Ltd".

NAATSIHWP is a party to a four year funding agreement with the Department of Health for the period 1 July 2018 to 30 June 2022. Under this agreement, NAATSIHWP has received funding of \$7,682,713 (excl GST) to 30 June 2022. Grant expenditure was \$7,722,402 to 30 June 2022.

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

DIRECTORS' REPORT (CONTINUED)

MEETINGS OF DIRECTORS

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
David Follent (Chair)	4	4
Judith Parnham (Deputy Chair)	4	4
Christine Ingram (Treasurer)	4	4
Natalie Pangquee (Secretary until 6 December 2021)	4	3
Suzanne Smith (Secretary commenced 6 December 2021)	4	3
Thelma Weston	4	0
Yancy Laifoo	4	3
Raeylene McKenna	4	3
Antoinette Liddell	3	3

CONTRIBUTIONS ON WIND UP

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2022, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10,830 (2021 :\$10,180) .

The maximum amount that members of the company are liable to contribute if the company is wound up is now calculated for Full Members only.



NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697

DIRECTORS' REPORT (CONTINUED)

A copy of the auditor's independence declaration as required under the *Australian Charities and Not-for-profits Commission Act 2012* is set out on page 8.

David Follent

Chair

Dated this.....2nd.....day of.....August.....2022

Christine Ingram

Treasurer

Dated this.....2nd.....day of.....August.....2022



RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

T +61(0) 2 6217 0300

F +61(0) 2 6217 0401

www.rsm.com.au

INDEPENDENT AUDITOR'S REPORT

To the Members of National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited

Opinion

We have audited the financial report of National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited (the Company), which comprises the statement of financial position as at 30 June 2022, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2022 and of its financial performance and cash flows for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2022, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

THE POWER OF BEING UNDERSTOOD

AUDIT | TAX | CONSULTING

RSM Australia Partners is a member of the RSM network and trades as RSM. RSM is the trading name used by the members of the RSM network. Each member of the RSM network is an independent accounting and consulting firm which practices in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Australia Partners ABN 36 965 185 036

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If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

RSM

RSM AUSTRALIA PARTNERS

G Stenhouse

GED STENHOUSE

Partner

Canberra, Australian Capital Territory

Dated: 5 August 2022



RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

T +61(0) 2 6217 0300

F +61(0) 2 6217 0401

www.rsm.com.au

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited for the year ended 30 June 2022, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

RSM AUSTRALIA PARTNERS

GED STENHOUSE
Partner

Canberra, Australian Capital Territory
Dated: 5 August 2022

THE POWER OF BEING UNDERSTOOD
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NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697

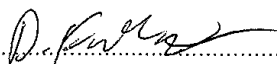
DIRECTORS DECLARATION

In the director's opinion:

1. the attached financial statements and notes comply with the Australian Accounting Standards - Simplified Disclosures and Interpretations issued by the Australian Accounting Standard Board ('AASB') and the *Australian Charities and Not for Profits Commission Act 2012*;
2. the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2022 and of its performance for the financial year ended on that date; and
3. there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

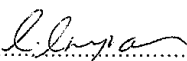
On behalf of the directors

This declaration is made in accordance with a resolution of the Directors.

Chair: 

David Follent

Dated this.....2nd.....day of.....August..... 2022

Treasurer: 

Christine Ingram

Dated this.....2nd.....day of.....August..... 2022

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2022**

	Note	2022 \$	2021 \$
Revenue			
Grant funding	2	1,940,204	1,940,204
<i>Other Income</i>			
Interest	2	836	1,282
Contract income	2	-	179,688
Sundry income	2	156,785	63,400
Merchandise	2	2,909	4,114
Total Revenue		2,100,734	2,188,688
Expenses			
Administration	3	(337,652)	(356,783)
Employee expenses	3	(1,401,811)	(987,388)
Governance	3	(113,227)	(85,026)
Members Support	3	(228,956)	(371,411)
Total Expenses		(2,081,646)	(1,800,608)
CURRENT YEAR SURPLUS		19,088	388,080
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME		19,088	388,080

The accompanying notes form part of this financial report.



**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED**
ABN 61 138 748 697

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2022**

	Note	2022 \$	2021 \$
CURRENT ASSETS			
Cash and cash equivalents	12a	883,943	622,433
Trade and other receivables	4	46,466	83,540
Prepayments		155,928	77,392
Inventories	5	31,491	15,890
TOTAL CURRENT ASSETS		1,117,828	799,255
NON-CURRENT ASSETS			
Property, plant and equipment	6	66,643	130,009
Right of use assets	7	22,912	99,063
TOTAL NON-CURRENT ASSETS		89,555	229,072
TOTAL ASSETS		1,207,383	1,028,327
CURRENT LIABILITIES			
Trade and other payables	8	102,108	97,760
Lease liabilities	9	5,520	102,038
Deferred revenue	11	222,144	39,545
Provisions	10	161,320	124,811
TOTAL CURRENT LIABILITIES		491,092	364,154
NON-CURRENT LIABILITIES			
Lease liabilities	9	10,844	-
Provisions	10	45,956	23,770
TOTAL NON-CURRENT LIABILITIES		56,800	23,770
TOTAL LIABILITIES		547,892	387,924
NET ASSETS		659,491	640,403
EQUITY			
Retained earnings		640,403	252,323
Current year earnings		19,088	388,080
TOTAL EQUITY		659,491	640,403

The accompanying notes form part of this financial report.

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED**
ABN 61 138 748 697

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2022**

	Retained Earnings	Total
	\$	\$
Balance at 1 July 2020	252,323	252,323
Surplus from operations	388,080	388,080
Balance at 30 June 2021	640,403	640,403
Surplus from operations	19,088	19,088
Balance at 30 June 2022	659,491	659,491

The accompanying notes form part of this financial report.

NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2022

	Note	2022 \$	2021 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Government grants received		2,353,897	2,134,224
National conference receipts		-	43,500
Sale of merchandise		3,200	4,525
Sundry receipts		172,464	219,686
Interest received		836	1,282
Payments to suppliers and employees		(2,201,408)	(1,823,133)
Interest paid		(3,020)	(7,936)
Net cash provided by operating activities	12b	<u>325,969</u>	<u>572,148</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed asset purchases		-	(110,205)
Net cash used in investing activities		<u>-</u>	<u>(110,205)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease repayments		(64,459)	(64,228)
Net cash used in financing activities		<u>(64,459)</u>	<u>(64,228)</u>
Net increase in cash held		261,510	397,715
Cash at beginning of year		622,433	224,718
Cash at end of year	12a	<u>883,943</u>	<u>622,433</u>

The accompanying notes form part of this financial report.

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or amended Accounting Standards and Interpretations adopted

National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Limited ('NAATSIHWP' or 'the company') has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

The company has adopted AASB 1060 from 1 July 2021. The standard provides a new Tier 2 reporting framework with simplified disclosures that are based on the requirements of IFRS for SMEs. As a result, there is increased disclosure in these financial statements for key management personnel and related parties.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the *Australian Charities and Not-for-profits Commission Act 2012* and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Revenue Recognition

Grant revenue

Grant funding that contains specific conditions and enforceable obligations on the use of those funds are recognised per AASB 15, such that income is recognised as and when the Company satisfies its performance obligations stated within the funding agreements. For such grants it is the policy of the Company to treat grant monies as contract liabilities in the statement of financial position where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed. General grants that do not impose specific performance obligations on the Company are recognised as per AASB 1058 where income is recognised when the Company obtains control of those funds, which is usually on receipt.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income Tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.



**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment losses.

Plant and Equipment

Plant and equipment is measured on the cost basis and is therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. All other repairs and maintenance are recognised in profit or loss during the financial period in which they are incurred.

Depreciation

Depreciation of computer equipment assets is calculated on a diminishing value basis over the asset's useful life. Depreciation of other fixed assets is calculated on a straight-line basis to write off the net cost of each asset. The depreciation rates used for each class of depreciable asset are:

<i>Class of plant and equipment</i>	<i>Depreciation Rate</i>
Fixtures & Fittings	10-25%
Office Equipment	10-25%
Computer Equipment	33-50%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Impairment of Assets

At the end of each reporting period, the company assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is immediately recognised in profit or loss.

Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Trade and other receivables are recognised at amortised cost, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

The company has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Inventories

Inventory is stated at the lower of cost and net realisable value.

Stock in transit is stated at the lower of cost and net realisable value. Cost comprises of purchase and delivery costs, net of rebates and discounts received or receivable.

Net realisable value is the estimated selling price in the ordinary course of business the estimated costs necessary to make the sale.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Employee Benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on corporate bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Goods and Services Tax (GST)

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Where the company has retrospectively applied an accounting policy, made a retrospective restatement or reclassified items in its financial statements, an additional statement of financial position as at the beginning of the earliest comparative period will be disclosed.

	2022 \$	2021 \$
NOTE 2: REVENUE		
Operating activities		
DoH funding	1,940,204	1,940,204
National Conference income	-	-
Total operating activities	1,940,204	1,940,204
Interest received	836	1,282
Contract income	-	179,688
Sundry income	156,785	63,400
Merchandise income	2,909	4,114
Total revenue	2,100,734	2,188,688

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

	2022 \$	2021 \$
NOTE 3: PROFIT FROM OPERATIONS		
Profit from ordinary activities before income tax expenses has been determined after:		
Expenses:		
Administration and related		
- Merchandise related	43,951	46,853
- Depreciation and amortisation of property, plant and equipment	128,985	125,350
- Accommodation and office (including IT and Training)	169,719	156,887
- Disposal of assets	-	20,273
- Leasing related expenses	(5,003)	7,420
	<u>337,652</u>	<u>356,783</u>
Employee benefits		
- Administration	207,778	130,517
- Program	1,194,033	856,871
	<u>1,401,811</u>	<u>987,388</u>
Governance and related		
- Training	8,103	7,970
- Board meeting travel	51,048	23,428
- Insurance	14,011	12,629
- Legal	9,968	4,081
- Consultant	-	7,877
- Audit	14,836	10,825
- Others	15,261	18,216
	<u>113,227</u>	<u>85,026</u>
Member support and related (including cost of forums representation and support of members)		
- General program	80,827	77,214
- Marketing	53,292	56,446
- Research and Development	-	163,770
- Consulting	28,981	3,435
- Legal	-	-
- Travel related	65,856	70,546
	<u>228,956</u>	<u>371,411</u>
Total expenses	<u><u>2,081,646</u></u>	<u><u>1,800,608</u></u>

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

	2022 \$	2021 \$
NOTE 4: TRADE AND OTHER RECEIVABLES		
Trade debtors	26,976	55,181
GST receivable	3,686	12,790
Cab charge bond	200	200
Rental bond	15,604	15,369
	<u>46,466</u>	<u>83,540</u>

NOTE 5: INVENTORIES

Merchandises	31,491	15,890
	<u>31,491</u>	<u>15,890</u>

NOTE 6: PROPERTY, PLANT AND EQUIPMENT

Fixtures and fittings – at cost	65,734	73,774
Less accumulated depreciation	(56,250)	(48,179)
	<u>9,484</u>	<u>25,595</u>
Computer equipment – at cost	119,292	119,292
Less accumulated depreciation	(69,924)	(29,000)
	<u>49,368</u>	<u>90,292</u>
Office equipment – at cost	26,890	42,295
Less accumulated depreciation	(19,099)	(28,173)
	<u>7,791</u>	<u>14,122</u>
	<u>66,643</u>	<u>130,009</u>

Movements in carrying amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.

	Fixtures and Fittings \$	Office Equipment \$	Computer Equipment \$	Total \$
Balance at 1 July 2020	39,003	14,699	43,106	96,808
Additions	2,516	6,280	101,409	110,205
Disposal	-	-	(20,272)	(20,272)
Depreciation expense	(15,924)	(6,857)	(33,951)	(56,732)
Balance at 30 June 2021	25,595	14,122	90,292	130,009
Depreciation expense	(16,111)	(6,331)	(40,924)	(63,366)
Balance at 30 June 2022	9,484	7,791	49,368	66,643

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED
ABN 61 138 748 697**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

	2022 \$	2021 \$
NOTE 7: RIGHT OF USE ASSETS		
Right of use assets – at cost	48,520	287,930
Less accumulated amortisation	<u>(25,608)</u>	<u>(188,867)</u>
	<u>22,912</u>	<u>99,063</u>
		\$
Balance at 1 July 2021		99,063
Amortisation expense		(65,618)
Lease modification		<u>(10,533)</u>
Balance at 30 June 2022		<u>22,912</u>
NOTE 8: TRADE AND OTHER PAYABLES		
Trade creditors	22,681	60,500
Accruals	8,688	12,584
Other payables	<u>70,739</u>	<u>24,676</u>
	<u>102,108</u>	<u>97,760</u>
NOTE 9: LEASE LIABILITIES		
Current	5,520	102,038
Non-current	<u>10,844</u>	<u>-</u>
	<u>16,364</u>	<u>102,038</u>
Lease liabilities relate to the lease of office space, office equipment and a motor vehicle		
NOTE 10: PROVISIONS		
<i>Employee benefits</i>		
Annual Leave (current)	141,320	105,054
Long Service Leave (non-current)	<u>45,956</u>	<u>23,770</u>
	<u>187,276</u>	<u>128,824</u>
<i>Lease</i>		
Make-good	<u>20,000</u>	<u>19,757</u>
Total provisions	<u>207,276</u>	<u>148,581</u>
NOTE 11: DEFERRED REVENUE		
National Conference	48,181	39,545
Grants received in advance	<u>173,963</u>	<u>-</u>
	<u>222,144</u>	<u>39,545</u>

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
HEALTH WORKERS AND PRACTITIONERS LIMITED**
ABN 61 138 748 697

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

	2022 \$	2021 \$
NOTE 12: CASH FLOW INFORMATION		
a. Reconciliation of cash		
Cash on hand	600	1,251
Cash at bank	883,343	621,182
	<u>883,943</u>	<u>622,433</u>
b. Reconciliation of cash flow from operating activities		
Surplus:	19,088	388,080
Non-cash movements from ordinary activities:		
Depreciation and amortisation	128,985	125,350
Disposal of assets	-	20,273
Reclassification	-	14,913
Lease modification	(10,683)	-
Changes in assets and liabilities:		
(Increase)/decrease in receivables and prepayments	(41,462)	(115,886)
(Increase)/decrease in inventories	(15,601)	45,381
Increase/(decrease) in creditors	4,348	15,518
Increase/(decrease) in provisions	58,695	38,974
Increase/(decrease) in deferred revenue	182,599	39,545
Net cash provided by operating activities	<u>325,969</u>	<u>572,148</u>

NOTE 13: RELATED PARTIES TRANSACTIONS AND KEY MANAGEMENT PERSONNEL DISCLOSURES

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties unless otherwise stated.

The aggregate compensation made to directors and other members of key management personnel of the company is set out below:

	Salary & Fees \$	Superannuation contributions \$	Total \$
Key Management Personnel Summary			
2022	604,309	57,386	661,695
Total compensation	<u>604,309</u>	<u>57,386</u>	<u>661,695</u>
2021	378,310	34,831	413,141
Total compensation	<u>378,310</u>	<u>34,831</u>	<u>413,141</u>

**NATIONAL ASSOCIATION OF ABORIGINAL AND TORRES STRAIT ISLANDER
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**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2022**

**NOTE 14: DEPARTMENT OF HEALTH GRANT
SPENDING**

	Cumulative 2018-2022	Cumulative 2018-2021	Cumulative 2018-2020	Cumulative 2018-2019
	\$	\$	\$	\$
Department of Health grant received	7,682,713	5,742,509	3,802,305	1,887,000
Grant expenditure	7,722,402	5,747,255	4,133,982	2,014,917
(Overspent)	<u>(39,689)</u>	<u>(4,746)</u>	<u>(331,677)</u>	<u>(127,917)</u>

NAATSIHWP is a party to a four year funding agreement with the Department of Health for the period 1 July 2018 to 30 June 2022. Under this agreement, NAATSIHWP has received funding of \$7,682,713 (excl GST) to 30 June 2022. Grant expenditure was \$7,722,402 to 30 June 2022.

Included in Grant expenditure are amounts relating to purchased IT equipment in previous financial years but yet to be fully depreciated in this current financial year.

NOTE 15: CONTINGENT LIABILITIES

The company had no contingent liabilities as at 30 June 2022 and 30 June 2021.

NOTE 16: ECONOMIC DEPENDENCE

Economic dependence exists where the normal trading activities depends upon a significant volume of business. NAATSIHWP is dependent on grants from the Department of Health to carry out its normal activities. It is noted that NAATSIHWP has grant funding up to 30 June 2023 with an agreement executed on 14 May 2022.

NOTE 17: COMPANY DETAILS

The principal place of business of the Company is:
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
Ground Floor, 31-37 Townshend Street
PHILLIP ACT 2606

NOTE 18: EVENTS OCCURRING AFTER THE REPORTING DATE

No matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

NOTE 19: CONTRIBUTION ON WINDING UP

The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of \$10.00 towards meeting any outstanding obligations. At 30 June 2022, the total maximum amount that members of the company are liable to contribute if the Company is wound up is \$10,830 (2021: \$10,180). Due to a change in membership definitions (Categories) the maximum amount that members of the company are liable to contribute if the company is wound up is now calculated for Full Members only.



Abbreviations

AHPRA	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
AISC	Australian Industry Skill Commission
ANU	Australian National University
ATSIHP	Aboriginal and Torres Strait Islander Health Practitioners
A&TSIHPBA	Aboriginal and Torres Strait Islander Health Practice Board of Australia
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
COAG	Council of Australian Governments
CPD	Continuing Professional Development
IAHA	Indigenous Allied Health Australia
IRC	Industry Reference Committee
NAATSIHWP	National Association for Aboriginal and Torres Strait Islander Health Workers and Practitioners
P4JH	Partnership for Justice in Health
RTO	Registered Training Organisations
VET	Vocational Education and Training



NAATSIHWP
National Association of Aboriginal and Torres
Strait Islander Health Workers and Practitioners

**National Association of Aboriginal and Torres Strait
Islander Health Workers and Practitioners Limited**

Suite 3, Ground Floor
31-37 Townshend Street
PHILLIP ACT 2606
ABN 61 138 748 697

1800 200 800
www.natsihwa.org.au