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18 June 2019

Dear Naomi

**Four yearly review of modern awards  
Aboriginal Community Controlled Health Services Award 2010 (Award)  
Fair Work Commission proceedings: AM2018/12 (Proceedings)**

I have been instructed by Kennedys (Australasia), solicitors for the **National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697)**, to prepare an expert's report on issues in this proceeding. The correspondence containing my instructions is attached to this report as Appendix A.

A copy of my current curriculum vitae is attached to this report as Appendix B.

Please find below my opinions to the eight (8) questions raised by you.

**1. The role and importance of Aboriginal and/or Torres Strait Islander health professionals in closing the gap in health outcomes for Indigenous and non-Indigenous Australians**

The work roles of Aboriginal and/or Torres Strait Islander health workers (AHWs, which includes both Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners) are vital within the context of improving Aboriginal and/or Torres Strait Islander health in Australia and to assist in achieving health equity (Closing the Gap). The role of an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) or Health Practitioner (ATSIHP) can be very varied, depending on their training, interests and the local community needs. However, there are important system issues that require addressing, in addition to having AHWs within primary health care, such as systematic service delivery issues.<sup>1</sup>

A primary role that is often played by AHWs is that of a cultural broker.<sup>2,3</sup> What this means in practice from my experience and as described by others working in these roles is that AHWs assist Aboriginal and/or Torres Strait Islander people in two ways. The first is to access and assist clients of a service through the care journey. In addition and importantly, AHWs assist non-indigenous health care providers (across the range of health care professions) with better communication to their clients concerning the care assessment, processes and procedures during the health provider/client interaction.



A further important role that AHWs play is that of liaison between Aboriginal community controlled and non-Indigenous community controlled services. AHWs are often called upon to navigate between these two systems to meet the care needs of their community and clients. Often the AHW can be the facilitator between the community care setting (primary health care), referrals and attendance at private specialist appointments.

Often the role of an AHW will be required to have a variety of skills.

**Extensive clinical skills** are required in many settings, with AHWs taking responsibility for clinical care such as immunisations, pap smears and health checks.<sup>4</sup> With the emergence of telehealth and other remote health care provision technologies, AHWs roles are assuming more responsibility within local and often remoter communities where no other clinical health care professional are available. There is evidence to suggest the scope of the AHW role will be further extended with the increase of digital health care options. With the emergence of these new technologies, local support required to support the use of these services (in my view through AHWs) will grow.<sup>5</sup>

Telehealth for Aboriginal and/or Torres Strait Islander patients enables a patient to use speciality services in familiar local environments and in the company of their family and trusted health care providers, resulting in greatly improved cultural and language communication and decision making.<sup>5</sup> Evidence indicates that telehealth is becoming a community expectation, the new paradigm of equitable access to health care in remote Australia. With its growth, care professionals will still be required to bridge the gap between community and health care providers – a vital role of the AHW.

This is evidenced by an increase in the range of professional development opportunities that extend an AHW's scope of practice in recent times.

**Client health education:** AHWs may have a prominent role in consulting and individual, including home visits, and management of chronic disease and skin problems.<sup>6</sup> There are also a number of additional skills and duties performed by AHWs. These include:

1. Community development
2. Administrative functions
3. Education
4. Research and data collection

Despite the importance of this role, there have been limited increases in the role across the country and in some areas where health care needs are greatest (remote NT and QLD), numbers of AHWs have been in considerable decline over recent periods.<sup>7</sup>

There are stagnant numbers of AHWs as seen in the data. My experience is that this is as a result of the lack of status of the profession and the lack of career progression opportunities. Given the dire need for local Indigenous staff to perform these roles, this needs to be remedied.

2. The need to strengthen the Aboriginal and/or Torres Strait Islander health professional workforce in order to achieve health improvement.

See answer from Q1.





**3. Expanding the coverage of the Award to Aboriginal and/or Torres Strait Islander health professionals working in private practice.**

From my work and personal experience in a role as a researcher and as an AHW, extending the coverage of the Award to cover private practice would enable the growth of the profession and allow the cultural brokerage model to be expanded arguably into a sector that might provide service to some 53 percent of the Aboriginal and/or Torres Strait Islander population.<sup>8</sup>

In some areas of Australia there are communities that would only have access to private primary health care. In addition to the cultural brokerage being available, the ATSIHW role could have the added benefit of improving cultural awareness of these services.

Discriminatory practices in non-Indigenous primary health care settings have been identified as contributing to poor outcomes or a lack of wanting to access those services because of this treatment of Aboriginal and/or Torres Strait Islander people.<sup>9</sup> Evidence indicates that one of the best ways to reduce negative stereotypes and racism within the health care system is to have Aboriginal and/or Torres Strait Islander people involved at numerous levels in these systems.<sup>10</sup>

Important evidence also highlights that much of the disparity in outcomes between Indigenous and non-Indigenous people can be reduced with appropriate investment in primary care (where many AHWs work). This would include expanding the coverage of where AHWs could work.<sup>11</sup>

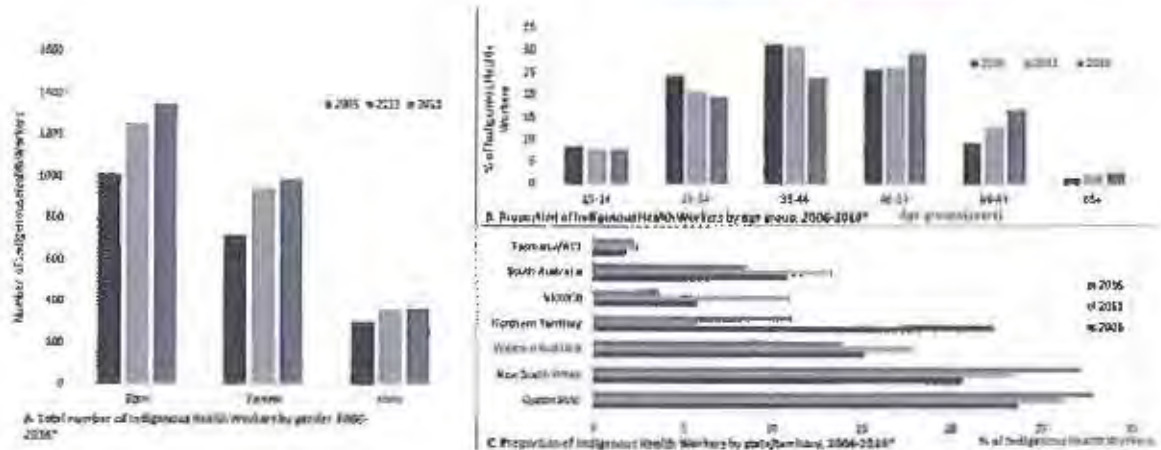
For example, through reducing the prevalence and severity of comorbidities which is a function of primary care, it is suggested that specialist and tertiary (hospital) care can be avoided or severely reduced. It is in tertiary care where most disparities are highlighted e.g. difference in outcomes by cardiovascular disease (heart attacks) which are responsible for up to 1/3<sup>rd</sup> of the gap in health outcomes.<sup>12</sup> If the role of AHWs were to cover the private sector, then increased cover in this sector would have the opportunity to contribute to decreasing current disparities.

AHWs employed outside of Aboriginal Community Controlled Health Services (excluding the public sector) have no industrial recognition or distinct career path underscored by a relevant modern award. They are outside the industrial relations system. There is a need to ensure a fair and relevant minimum safety net of terms and conditions for AHWs.

**4. Has there been an increase in the number of AHWs working in the private sector?**

**ATSIHWs (unregulated AHWs)**

There are currently only two national data sources to determine numbers of ATSIHWs as this is an unregulated category of worker not requiring professional registration. Data on ATSIHWs is almost impossible to determine unless they list their current position title in the Census. I was part of a team to analyse aggregate data on ATSIHWs using descriptive analysis, including calculating the number and proportion of ATSIHWs by gender, age (in 10-year age groups) and state/territory (denominator was total number of Indigenous Health Workers). We also calculated the number of ATSIHWs for the total Aboriginal and/or Torres Strait Islander population at the year of the census.<sup>7</sup>

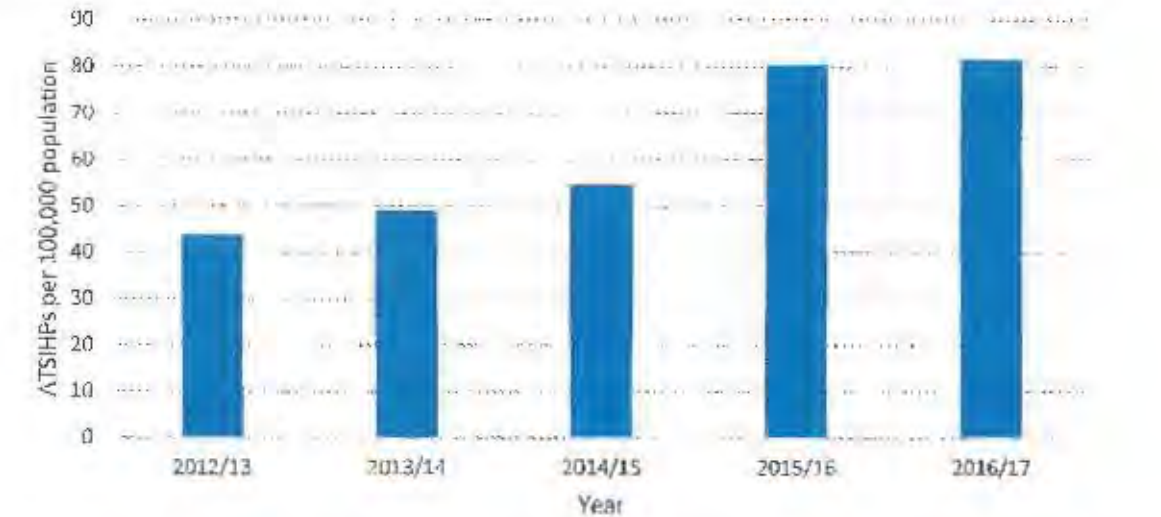


AVES  
 \*Data from Australian Bureau of Statistics census 2006, 2011, 2016

The total number of Indigenous Health Workers was not commensurate with population growth; there were 221 Indigenous Health Workers per 100,000 Indigenous people in 2006 and 207 Indigenous Health Workers per 100,000 Indigenous people in 2016.<sup>7</sup>

**ATSIHPs (regulated AHWs)**

I have calculated an estimate of the number of ATSIHPs since professional registration commenced in 2012 from the annual summary report of ATSIHPs registered since 2012, as calculated from the estimated resident population of Aboriginal and/or Torres Strait Islander people for the corresponding period.



This shows a near doubling of registrations on a population basis since 2012, compared to 2016/17. We are not able to determine if they are employed within the private sector or the community sector according to their registration status.<sup>13</sup>





5. Will amending the Award to include a set career structure and means for career progression increase the Aboriginal and/or Torres Strait Islander health professional workforce?

Career structure and career progression have been identified across many industries as the fundamental factor involved in staff turnover and staff leaving their professions. A systematic review of factors affecting the retention of Indigenous Australians in the health workforce identified a number of factors such as poorly documented and poorly understood roles and responsibilities, low salary, and a perception of salary disparity as barriers to the Indigenous health workforce.

This review also identified that that retention of Indigenous health professionals will be improved through building supportive and culturally safe workplaces; clearly documenting and communicating roles, scope of practice and responsibilities; and ensuring that employees are appropriately supported and remunerated.<sup>24</sup>

The strong suggestion here is that amending the award to set a career structure and provide a means for career progression will lead to an increase in this workforce.

6. Has there been an increase in the demand for ATSIHWs and or ATSIHPs since 2009?

Although the data are not necessarily robust, the data indicate that demand for ATSIHWs has stagnated and even declined in some parts of Australia.<sup>7</sup> However, it appears that the demand for ATSIHPs has increased since 2012 (see above graph on ATSIHPs professional registrations). Potentially this is because of professional registration in combination with these positions being eligible for Medicare rebates, meaning they have the potential to generate income for employers.

7. If a variation is made to the award structure to grade 5 will increase the recruitment and retention of the Aboriginal and/or Torres Strait Islander health workforce?

See response to 5 and 6 above. The data and my own experience would indicate yes.

8. Would a grade 6 classification in the award (senior health practitioner and care coordinator) increase recruitment and retention of Aboriginal and/or Torres Strait Islander health professionals?

See response to 5 and 6 above. The data and my own experience would indicate yes. Professionalisation of a career with the requisite grading and salary will contribute a large part to increased recruitment and retention.

Further, creating a grade 6 classification is likely to result in development of senior managerial roles for AIHWs, incentivising those professionals to make a long-term career out of their occupation. This will create greater opportunity for Aboriginal and/or Torres Strait Islander people to manage the health outcomes for their communities.



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Regards,



Associate Professor Ray Lovett



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## APPENDIX A



Your ref: Dr Raymond Lovett

Our ref: AUSN117-869617 (JZLB)

# Kennedys

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6 May 2019

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Dear Dr Lovett

**FOUR YEARLY REVIEW OF MODERN AWARDS  
ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES AWARD 2010  
FAIR WORK COMMISSION PROCEEDINGS: AM2018/12 (PROCEEDINGS)**

We confirm that we act for the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA) in the Proceedings.

The purpose of this letter is to provide you with instructions in relation to the preparation of an expert report in the Proceedings (Expert Report). We advise that NATSIHWA is due to file the Expert Report by **Monday, 10 June 2019**.

## INSTRUCTIONS

You are instructed to provide an expert report, which contains your opinion as to the following:

- 1 the role and importance of ATSI Health Professionals in closing the gap between medical outcomes for indigenous and non-indigenous Australians;
- 2 the need to strengthen the ATSI Health Professional workforce in order to achieve (1) above;
- 3 whether expanding the coverage of the Award to cover ATSI Health Professionals working in private practice will strengthen the ATSI Health Professional workforce;

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*Kennedys offices, associations and cooperations: Argentina, Australia, Belgium, Bermuda, Brazil, Chile, China, Colombia, Denmark, Dominican Republic, England and Wales, France, Guatemala, Hong Kong, India, Ireland, Israel, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Panama, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.*

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- 4 If discernible based on the information available, whether there has been an increase in the number of ATSI Health Professionals working in private practice since 2009;
- 5 whether amending the Award to include a set career structure and means for career progression will increase participation in the ATSI Health Professional workforce;
- 6 if discernible based on the information available, whether there has been an increase in the demand for ATSIHWs and/or ATSIHPs since 2009;
- 7 whether varying the classification structure in the Award to uplift the classifications of Advanced Health Worker - Practice and Health Practitioner to Grade 5 will increase the recruitment and/or retention of workers in the ATSI Health Professional workforce; and
- 8 whether varying the classification structure in the Award to insert a Grade 6 (being the classifications of Senior Health Practitioner and Coordinator Care) will increase the recruitment and/or retention of workers in the ATSI Health Professional workforce.

## DEFINITIONS

For the purposes of these instructions, the following definitions apply:

- 1 '*Advanced Health Worker - Practice*' has the meaning specified in the Amended Draft Determination dated 1 June 2017.
- 2 '*ATSIHW*' means Aboriginal and/or Torres Strait Islander Health Worker.
- 3 '*ATSIHP*' means Aboriginal and/or Torres Strait Islander Health Practitioner.
- 4 '*ATSI Health Professional*' is a collective reference to ATSIHWs and ATSIHPs.
- 5 '*Award*' means the *Aboriginal Community Controlled Health Services Award 2010*.
- 6 '*Coordinator Care*' has the meaning specified in the Amended Draft Determination dated 1 June 2017.
- 7 '*Health Practitioner*' has the meaning specified in the Amended Draft Determination dated 1 June 2017.
- 8 '*Senior Health Practitioner*' has the meaning specified in the Amended Draft Determination dated 1 June 2017.


In preparing the Export Report, please:

- 1 review the documents listed in Annexure A;
- 2 request provision of any other relevant documents;
- 3 consider the background information detailed in Annexure B;
- 4 annex a curriculum vitae setting out your experience, expertise and qualifications;
- 5 identify the facts and any other material upon which you base your opinion (that is, set out all the particular facts that support your opinion);
- 6 after making the relevant enquiries, include a statement to the effect that you have made all enquiries which you believe are desirable and appropriate, and that no matters of significance which you regard as being relevant have, to your knowledge, been withheld.

## COMMUNICATIONS

Please direct all enquiries to Persephone Forster, Senior Associate, on +61 2 8215 5908, or Naomi Cooper, Associate, on +61 2 8215 5992.

Yours sincerely



Justin Le Blond  
Partner  
for Kennedys



## Annexure A - Documents provided

- 1 Amended Draft Determination dated 1 June 2017;
- 2 Outline of submissions filed by NATSIHWA in the Proceedings on 14 October 2016;
- 3 Freedom of Information request from Kennedys (Australasia) (Kennedys) to the Department for Health and Wellbeing in South Australia dated 20 July 2018 (South Australia FOI Request);
- 4 Response to the South Australia FOI Request dated 5 September 2018;
- 5 Freedom of Information request from Kennedys to the Department of Health and Human Services in Tasmania dated 20 July 2018 (Tasmania FOI Request);
- 6 Response to the Tasmania FOI Request dated 24 September 2018;
- 7 Freedom of Information request from Kennedys to the Australian Bureau of Statistics dated 24 July 2018 (Australian Bureau of Statistics FOI Request);
- 8 Email from Jarrod Synnott, FOI Contact Officer of the Australian Bureau of Statistics, dated 2 August 2018;
- 9 Response to the Australian Bureau of Statistics FOI Request dated 24 August 2018;
- 10 Freedom of Information request from Kennedys to the Australian Government Department of Health dated 25 July 2018 (Australian Government Department of Health FOI Request);
- 11 Response to the Australian Government Department of Health FOI Request dated 17 August 2018;
- 12 Freedom of Information request from Kennedys to the Department of Health, Strategy & Governance Division in Western Australia dated 8 August 2018 (Western Australia FOI Request);
- 13 Response to the Western Australia FOI Request dated 3 September 2018;
- 14 Freedom of Information request from Kennedys to the Australian Health Practitioner Regulation Agency dated 26 August 2018 (AHPRA FOI Request);
- 15 Response to the AHPRA FOI Request dated 31 August 2018;
- 16 Freedom of Information request from Kennodys to the New South Wales Ministry of Health stated 26 September 2018 (New South Wales FOI Request); and

17      Response to the New South Wales FOI Request dated 3 December 2018.

## Annexure B - Background to the Proceedings

- 1 In 2014, the Fair Work Commission commenced the 4 Yearly Review of the *Aboriginal Community Controlled Health Services Award 2010 (Award) (4 Yearly Review)*.
- 2 In the course of the 4 Yearly Review, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA) has made an application for certain substantive variations to the Award.
- 3 The substantive variations sought by NATSIHWA in the Proceedings are most recently articulated in the Amended Draft Determination dated 1 June 2017.
- 4 The Proceedings are listed for final hearing before a Full Bench of the Fair Work Commission, in Melbourne, on 25 July 2019 and on 26 July 2019.



ANNEXURE A

DOCUMENT 1

MA000115 PRxxxxxx

**Amended Draft Determination**

~~4 December 2016~~ 1 June 2017

*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards**

(AM2014/250)

**ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES AWARD 2010**

[MA000115]

xxxxx

xxxxx

xxxxx

2017

SYDNEY, XX XXXX

Further to the Full Bench decision issued by the Fair Work Commission on XX XXXX 2017, the above award is varied as follows:

1 by deleting the definition of "Aboriginal Health Worker" in clause 3.1 and inserting the following definitions:

- (a) **Aboriginal and/or Torres Strait Islander Health Worker** is a person who:
- (i) identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such;
  - (ii) is engaged in the delivery of Aboriginal and Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care;
  - (iii) has a culturally safe and holistic approach to health care.

**Advanced Health Worker - Care** means an employee classified at Grade 4 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Advanced Health Worker - Practice** means an employee who is employed in the role of Advanced Health Worker - Practice and classified at Grade 5 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Community Controlled Health Services Employees** means employees employed by a Aboriginal community controlled health services who are not employed as ATSIHW's, ATSIHWs or ATSIHPs.

**Coordinator Care** means an employee who is employed in the role of Coordinator Care and classified at Grade 6 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Generalist Health Worker** means an employee classified at Grade 3 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Health Practitioner** means an employee who is employed in the role of Health Practitioner and classified at Grade 5 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Health Worker Trainee** means an employee classified at Grade 1 or Grade 2 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Senior Health Care Worker - Care** means an employee who is employed in the role of Senior Health Care Worker - Care and classified at Grade 5 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

**Senior Health Practitioner** means an employee who is employed in the role of Senior Health Practitioner and classified at Grade 6 of Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers.

2 by deleting clause 4.1 and inserting the following:

This industry and occupation award covers:

- (a) employers throughout Australia in the Aboriginal community controlled health services industry and their employees in the classifications listed in clause 14 - Minimum Wages to the exclusion of any other modern award; and
- (b) employers throughout Australia with respect to their employees engaged as an Aboriginal and/or Torres Strait Islander Health Worker.

3 by deleting clause 4.2 and inserting the following:

The award does not cover:

- (a) an employee excluded from award coverage by the Act;
- (b) employers covered by the following awards with respect to employees covered by the awards:
  - (i) Nurses Award 2010; or



- (ii) Medical Practitioners Award 2010.

4 by deleting clause 13.1 and inserting the following:

Classification definitions are set out in Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers and Schedule C - Classification Definitions - Community Controlled Health Services Employees.

5 by inserting the following new clause:

### 13.3 Progression

(a) At the end of each 12 months' continuous employment, an employee will be eligible for progression from one pay point level to the next within a level grade if the employee has demonstrated competency and satisfactory performance over a minimum period of 12 months at each level within the level and:

- (i) the employee has acquired and satisfactorily used new or enhanced skills within the ambit of the classification, if required by the employer; or
- (ii) where an employer has adopted a staff development and performance appraisal scheme and has determined that the employee has demonstrated satisfactory performance for the prior 12 months' employment.

(b) Movement to a higher classification will occur by way of promotion or re-classification.

6 by inserting the following new clause:

### 13.4 Recognition of previous service

(a) On appointment, an employee will be classified and placed on the appropriate level on the salary scale in clause 14 - Minimum Salary, according to their qualifications and experience as an Aboriginal and/or Torres Strait Islander Health Worker.

(b) Service as a part-time Aboriginal and/or Torres Strait Islander Health Worker will normally accrue on a pro rata basis according to the percentage of a full-time Aboriginal and/or Torres Strait Islander Health Worker load undertaken in any year; provided that where the hours are more than 90% of a full-time load, service will count as a full-time year.

(c) In the case of a casual employee, the equivalent of a full-time year of service is 200 full casual days.

7 by inserting the following new clause:

**13.5 Evidence of qualifications**

- (a) On engagement, the employer may require that the employee provide documentary evidence of qualifications and experience. If an employer considers that the employee has not provided satisfactory evidence, and advises the employee in writing to this effect, then the employer may decline to recognise the relevant qualification or experience until such evidence is provided. Provided that the employer will not unreasonably refuse to recognise the qualifications or experience of an employee.

8 by deleting clause 14.1 and inserting the following:

**14.1 Classifications - Aboriginal and/or Torres Strait Islander Health Workers**

The following are the minimum weekly rates:

|  | Per week<br>\$ |
|--|----------------|
| <b>Grade 1</b><br>Health Worker Trainee<br>Level 1                         | 747.00         |
| <b>Grade 2</b><br>Health Worker Trainee<br>Level 1                         | 800.60         |
| Level 2  | 827.60         |
| <b>Grade 3</b><br>Generalist Health Worker<br>Level 1                      | 871.20         |
| Level 2  | 916.70         |
| Level 3  | 961.30         |
| <b>Grade 4</b><br>Advanced Health Worker - Care<br>Level 1                 | 989.10         |
| Level 2  | 1014.70        |
| Level 3  | 1038.00        |
| <b>Grade 5</b><br>Advanced Health Worker - Practice<br>Health Practitioner |                |

|  |         |
|--|---------|
| <b>Senior Health Care Worker - CareLevel 1</b> |         |
| 1032.80  |         |
| Level 2  | 1087.80 |
| Level 3  | 1114.10 |

**Grade 6  
Senior Health Practitioner  
Coordinator Care**

|         |                |                |
|---------|----------------|----------------|
| Level 1 | <u>4258.10</u> | <u>1210.50</u> |
| Level 2 | <u>4280.70</u> | <u>1243.20</u> |
| Level 3 | <u>4304.50</u> | <u>1255.90</u> |
| Level 4 | <u>1288.10</u> |                |
| Level 5 | <u>1331.40</u> |                |
| Level 6 | <u>1362.80</u> |                |

9 insert new clause 14.2 as follows:

**14.2 Classifications - Community Controlled Health Services Employees**

The following are the minimum weekly rates:

(a) **Administrative**

|                | Per week<br>\$ |
|----------------|----------------|
| <b>Grade 1</b> |                |
| Level 1        | 741.50         |
| Level 2        | 744.20         |
| Level 3        | 759.90         |
| Level 4        | 770.70         |
| Level 5        | 793.00         |
| <b>Grade 2</b> |                |
| Level 1        | 805.30         |
| Level 2        | 819.80         |
| Level 3        | 833.70         |
| Level 4        | 845.80         |
| Level 5        | 860.20         |
| <b>Grade 3</b> |                |
| Level 1        | 875.80         |
| Level 2        | 891.30         |
| Level 3        | 901.00         |
| Level 4        | 917.00         |
| <b>Grade 4</b> |                |

|         |        |
|---------|--------|
| Level 1 | 931.40 |
| Level 2 | 953.80 |
| Level 3 | 971.00 |
| Level 4 | 988.90 |

**Grade 5**

|         |         |
|---------|---------|
| Level 1 | 1008.50 |
| Level 2 | 1028.50 |
| Level 3 | 1051.00 |

**Grade 6**

|         |         |
|---------|---------|
| Level 1 | 1063.20 |
| Level 2 | 1083.20 |
| Level 3 | 1105.60 |
| Level 4 | 1148.10 |
| Level 5 | 1182.40 |

**Grade 7**

|         |         |
|---------|---------|
| Level 1 | 1210.50 |
| Level 2 | 1243.20 |

**Grade 8**

|         |         |
|---------|---------|
| Level 1 | 1255.90 |
| Level 2 | 1288.10 |
| Level 3 | 1331.40 |
| Level 4 | 1362.80 |

(b) **Dental**

**Per Week  
\$**

**Dental Assistant**

|         |        |
|---------|--------|
| Grade 1 | 707.00 |
| Grade 2 | 721.60 |
| Grade 3 | 736.50 |
| Grade 4 | 783.30 |
| Grade 5 | 809.70 |

**Dental Therapist Grade 1**

|         |         |
|---------|---------|
| Level 1 | 847.20  |
| Level 2 | 869.40  |
| Level 3 | 897.40  |
| Level 4 | 931.90  |
| Level 5 | 977.80  |
| Level 6 | 1023.00 |
| Level 7 | 1057.80 |

**Dental Therapist Grade 2**



|         |         |
|---------|---------|
| Level 1 | 1072.70 |
| Level 2 | 1098.90 |
| Level 3 | 1120.30 |
| Level 4 | 1140.40 |
| Level 5 | 1166.00 |

(c) **Ancillary**

|                  | Per week<br>\$ |
|------------------|----------------|
| Cleaner          | 735.90         |
| Driver - Grade 1 | 786.50         |
| Driver - Grade 2 | 786.60         |
| Caretaker        | 786.60         |

10 by inserting new clause 15.2 as follows:

**15.2 Occasional interpreting allowance**

(a) An employee not employed as a full-time interpreter and who:

- (i) performs interpreting duties in the course of their work duties; and
- (ii) is not entitled to receive the Bilingual qualification allowance under clause 15.1; and

~~who is required to perform interpreting duties will receive an additional 0.11% of the standard rate on each occasion with a maximum additional payment of 1.27% of the standard rate per week.~~

(a)(b) For the purpose of clause 15.2(a) interpreting is not limited to interpreting one language from or to the English language.

11 by inserting new clause 15.5 as follows:

**15.5 Damaged Clothing Allowance**

Where an employee, in the course of their employment suffers any damage to or soiling of clothing or other personal effects, the employer will be liable for the replacement, repair or cleaning of such clothing or personal effects provided, where practicable, verbal immediate notification is given to the employer of such damage or soiling as soon as possible.

This clause will not apply where the damage or soiling is caused by the negligence of the employee.

- 12 Inserting new clause 15.6 as follows:

**15.6 Blood check allowance**

Any employee exposed to radiation hazards in the course of their work will be entitled to a blood count as often as is considered necessary and will be reimbursed for any out of pocket expenses arising from such test.

- 13 by inserting new clause 15.8 as follows:

**15.8 Telephone Allowance**

Where the employer requires an employee to install and/or maintain a telephone for the purpose of being on call, the employer will refund the installation costs and the subsequent rental charges on production of receipted accounts.

This clause will not apply where the employer provides the employee with a mobile telephone for the purposes of being on call.

- 14 by inserting new clause 15.9 as follows:

**15.9 Nauseous Work Allowance**

An allowance of 0.05% of the standard rate per hour or part thereof will be paid to an employee in any classification if they are engaged in handling linen of a nauseous nature other than linen sealed in airtight containers and/or for work which is of an unusually dirty or offensive nature having regard to the duty normally performed by such employee in such classification. Any employee who is entitled to be paid this allowance will be paid a minimum sum of 0.27% of the standard rate for work performed in any week.

- 15 by inserting new clause 15.10 as follows:

**15.10 Heat Allowance**

An employee who works in a place where the temperature rises to between 46° and 54° Celsius must be paid an additional 3.2% of the hourly standard rate per hour or part thereof for work performed in the hot period; with an additional 4% of the hourly standard rate per hour or part thereof, where the temperature exceeds 54° Celsius.

- 16 by inserting new clause 15.11 as follows:

**15.11 Isolation Allowance**

Employees engaged to work in rural and remote areas will in addition to all other payments be paid an allowance for the exigencies of working in such areas of 4.28% of the standard rate.

- 17 by inserting new clause 15.12 as follows:

**15.12 Medication Administration Allowance**

Employees who are qualified and permitted under law to administer medications and who administer medication in the performance of their duties are entitled to an allowance of X% of the standard rate week.

- 18 by deleting clause 30 and inserting the following:

**30. Ceremonial Leave**

An employee who is legitimately required by Indigenous tradition to be absent from work for Aboriginal or Torres Strait Islander ceremonial purposes, including for bereavement related ceremonies and obligations, will be entitled to up to 10 working days unpaid leave in any one year, with the approval of the employer.

- 19 by deleting Schedule B and inserting:

**Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers**

- B.1.1 Aboriginal and/or Torres Strait Islander Health Worker Trainee (Entry) - Grade 1 (Health Worker Trainee)** means an employee in their first year of service who will generally have no direct experience in the provision of Aboriginal and/or Torres Strait Islander health services.

They will provide primary health services education and liaison duties under the direct supervision of more senior employees.

The employer will actively assist the employee to pursue entry into an approved course of study to gain a Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent within 18 months.

- B.1.2 Aboriginal and/or Torres Strait Islander Health Worker Trainee - Grade 2 (Health Worker Trainee)** means an employee in their second year of service or an employee whom has obtained and/or possess a Certificate II in an in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent.

They will provide primary health services education and liaison duties under the direct supervision of more senior employees.

- B.1.3 Indicative tasks performed by a Health Worker Trainee**

Health Worker Trainees will perform a range of duties and services provided by professional, technical, clinical and administrative work categories.

A Health Worker Trainee will:

- work under direct supervision, either individually or in a team or group, using routine procedures and established techniques or methods;
- perform a range of routine tasks and operate office and other equipment requiring the use of basic skills, training or experience;
- exercise minimal judgement in deciding how tasks are performed and completed while being responsible for the quality standard of completed work; and
- undertake orientation and training programs as available.

**Range of activities undertaken:**

- Assist more senior employees in the provision of patient care associated with basic primary health care functions.
- Assist in the delivery of clinical support services by performing a range of basic non-professional tasks and transporting patients from one area to another.
- Establish and maintain a communication network between health providers and the community.
- Assist in identifying health needs of individuals, groups and the community.
- Assist with the provision of health promotion programs, appropriate referrals, advice and information.
- Network and liaise with other service providers to ensure a coordinated approach to health service delivery.
- Undertake incidental administrative tasks including maintenance of records and data collection.
- Assist in ensuring that services are provided in ways that maximise cultural acceptability.
- Maintain the confidentiality of client contacts.
- Deliver health services under supervision including:
  - basic health screening;
  - basic first aid;



- o health education and promotion;
- o client support;
- o identification of health needs;
- o referral to other health professionals and other services;
- o limited advice and information; and
- o other activities as required to meet identified health needs of the community.

#### **B.1.4 Aboriginal and/or Torres Strait Islander Health Worker (Generalist) - Grade 3**

Aboriginal and/or Torres Strait Islander Health Worker (Generalist) (Generalist Health Worker) is:

- (a) a person who has completed Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent; or
- (b) a person with other qualifications or experience deemed equivalent through a Registered Training Organisation.

A Generalist Health Worker who:

- (i) who holds a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent; or
- (ii) has a Medicare provider number (not a prerequisite).

will be classified as no less than a Grade 3 Level 2 Aboriginal Health Worker/Aboriginal Community Health Worker.

#### **Scope of the Role**

- (a) A Generalist Health Worker works within delegated model of care, and will perform a range of duties in the delivery of primary health care services and community care. They will perform duties of a specific nature, or range of duties designed to assist in the provision of health services in professional, technical, clinical and administration work categories.
- (b) A Generalist Health Worker will be able to:
  - (i) provide a range of health functions of a clinical, preventative, rehabilitative or promotional nature under the general direction of more senior employees;
  - (ii) work under supervision and direction, either individually or in a team or group using routine primary health care practices and procedures and established techniques or methods. Such tasks may include some of all of the following:

- assisting in the provision of comprehensive primary health care and education of clients, in conjunction with other members of the health care team;
  - Under instruction, assisting in the provision of standard medical treatments in accordance with established medical protocols;
  - collecting and recording data from clients which will assist in the diagnosis and management of common medical problems and medical emergencies;
  - in line with policies and programs established by the health team, participating in educating and informing the community about preventative health measures; and
  - undertaking orientation and training programs as available;
- (iii) perform a range of additional tasks at a standard in accordance with the level of qualification held, to operate office and other equipment, which requires specific levels of skill, training and experience that are not subject to licensing and registration of other professions. Such services may include:
- first aid;
  - health education and promotion;
  - client support;
  - identification of health needs;
  - referral to other health professionals and other services;
  - advice and information;
  - other activities as required to meet identified health needs; and
  - advocacy;
- (iv) exercise judgement in deciding how tasks are performed and completed to ensure the quality standard of completed work; and
- (v) demonstrate good communication and interpersonal skills in client liaison advocacy and teamwork.

#### **Required skills and knowledge**

- (a) A Generalist Health Worker will possess an ability to apply primary health care generalist knowledge, skills and demonstrated capacity to perform tasks, using defined techniques and knowledge under supervision
- (b) A Generalist Health Worker will have:
  - (i) good interpersonal skills and abilities to communicate with Aboriginal and/or Torres Strait Islander individuals, families and communities and network with other services and health professions;
  - (ii) demonstrated ability to apply knowledge and skills obtained from Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care or equivalent, or an equivalent qualifications; and
  - (iii) knowledge of confidentiality, ethics and duty of care in a primary health care and/or community services environment.

#### **B.1.5 Aboriginal and/or Torres Strait Islander Health Worker (Care) - Grade 4 (Advanced Health Worker - Care)**

**B.1.6** An Advanced Health Worker - Care is a person who independently undertakes a full range of duties, including dealing with complex matters. An Advanced Health Worker - Care holds either a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Care), a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community) or equivalent.

#### **(a) Scope of the Role**

- (a) In addition to the above, an Advanced Health Worker - Care is expected to work at an advanced level with minimal supervision.
- (b) The employee will:
  - (i) perform a range of tasks of a complex nature requiring training and experience at an advanced level;
  - (ii) exercise judgement in deciding how tasks are performed and the quality standard of the work;
  - (iii) manage allocated tasks and work with others to meet deadlines; and
  - (iv) exercise good communication and interpersonal skills where client liaison advocacy and supervisory responsibilities apply.

### Required skills and knowledge

- (a) An Advanced Health Worker - Care will possess a well-developed knowledge and skills base. This will include:
- (i) knowledge of social determinants of health affecting Aboriginal and/or Torres Strait Islander peoples;
  - (ii) demonstrated ability to apply knowledge and skills obtained from Certificate IV In Aboriginal and/or Torres Strait Islander Primary Health Care (Care) (or equivalent);
  - (iii) interpersonal communication skills including client and community liaison, negotiation and networking;
  - (iv) ability to manage own work with limited supervision through the use of planning and time management showing initiative and a positive attitude; and
  - (v) ability to advocate for Aboriginal and/or Torres Strait Islander health issues, network and demonstrate skills in verbal and written communication.

### Range of Activities

- (a) An Advanced Health Worker - Care will undertake some or all of the following tasks:
- (i) advocate for the rights and needs of community members;
  - (ii) provide outreach services;
  - (iii) monitor a case plan; and
  - (iv) undertake community care duties that may include but are not limited to:
    - assist with initial diagnosis and needs analysis;
    - assist with pre-admission clinics;
    - assist with discharge planning;
    - interpreting services;
    - first point of contact counselling and referral;



- developing and implementing community development programs;
- health promotion programs; and
- health education programs.

#### B.1.6 Grade 5

B.1.7 The following three roles are classified at Grade 5

- (a) **Aboriginal and/or Torres Strait Islander Health Worker Advanced (Practice) (Advanced Health Worker - Practice)**

An Advanced Health Worker - Practice is a person who holds either Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or equivalent. The employee independently undertakes a full range of duties, including dealing with the most complex matters. An Advanced Health Worker - Practice performs their duties with little supervision, and may work as a sole practitioner remote from the health service.

- (b) **Aboriginal and/or Torres Strait Islander Health Practitioner (Health Practitioner)**

A Health Practitioner who holds a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or equivalent.

(Note: An Aboriginal and/or Torres Strait Islander Health Worker Advanced (Practice) and Aboriginal and/or Torres Strait Islander Health Practitioner required by State or Territory legislation to maintain registration as a condition of their employment and who holds a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or equivalent must be classified as no less than a Grade 5 Level 2).

- (c) **An Aboriginal and/or Torres Strait Islander Health Worker - Senior (Community) (Senior Health Worker - Care),**

A Senior Health Worker hold Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care (Care) or equivalent. The employee may be responsible for a small team of Aboriginal and/or Torres Strait Islander Health Workers at this level will be required to hold expert knowledge of Aboriginal health issues, as well as assisting with the planning and supervision of other workers' duties.

**Scope of the Role: Advanced Health Worker - Practice and Health Practitioners**

- (a) *Advanced Health Workers - Practice and Health Practitioners* work at an advanced level with minimal supervision. The employee will:
- (i) where the employee specialises in practice, perform a variety of tasks that require a sound knowledge of standards, practices and procedures, and apply primary health care skills obtained through significant training and experience and/or formal vocational development;
  - (ii) perform a range of tasks of a complex nature, and operate equipment, that require specific levels of skills, training and experience at an advanced level;
  - (iii) exercise judgement in deciding how tasks are performed and the quality standard of the work;
  - (iv) manage allocated tasks and work with others to meet deadlines;
  - (v) exercise good communication and interpersonal skills where client liaison advocacy and supervisory responsibilities apply; and
  - (vi) have Aboriginal and/or Torres Strait Islander knowledge and cultural skills-level 3.

**Required skills and knowledge: *Advanced Health Worker - Practice and Health Practitioners***

- (a) *Advanced Health Workers - Practice and Health Practitioners* possess a well-developed knowledge and skills base and a capacity for self-directed application of primary health care service delivery. This will include:
- (i) knowledge of social determinants of health affecting Aboriginal and/or Torres Strait Islander peoples;
  - (ii) ability to deliver primary health care programs in response to health needs of individuals, groups and communities;
  - (iii) clinical skills appropriate for the delivery of health assessments, community screening and primary health care intervention;
  - (iv) demonstrated ability to apply knowledge and skills obtained from Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice);
  - (v) interpersonal communication skills including client and community liaison, negotiation and networking;

- (vi) ability to manage own work with limited supervision through the use of planning and time management showing initiative and a positive attitude; and
- (vii) Ability to advocate for Aboriginal and/or Torres Strait Islander health issues, network and demonstrate skills in verbal and written communication.

**Range of Activities: Advanced Health Worker - Practice and Health Practitioners**

(f) Advanced Health Workers - Practice and Health Practitioners will undertake some or all of the following tasks:

- (i) advocate for the rights and needs of community members;
- (ii) develop and monitor a case plan;
- (iii) within a delegated model of care, undertake clinical care duties that may include but are not limited to:
  - dressings;
  - suturing;
  - taking blood;
  - evacuation (medical emergencies);
  - accident, medical care and first aid;
  - subject to law, administering medications;
  - liaison with medical officers about medical advice and treatment;
  - observations;
  - participation in doctor clinics;
  - using patient information management systems;
  - full assessments of patients as presented; and
  - supervision of other Health Workers,
- (iv) undertake health program care duties that may include but are not limited to:

- prenatal care;
  - women's, men's, child and youth health;
  - older peoples' health care;
  - nutrition;
  - substance abuse;
  - health promotion;
  - environmental health;
  - sexual health; and
  - mental health; and
- (v) undertake some community care duties that may include but are not limited to:
- interpreting services;
  - first point of contact counselling and referral;
  - developing and implementing community development programs;
  - health promotion programs; and
  - health education program.

**Scope of the Role: Senior Health Workers - Care**

The employee will:

- (i) where the employee specialises in practice, perform a variety of tasks that require a sound knowledge of standards, practices and procedures, and apply primary health care skills obtained through significant training and experience and/or formal vocational development;
- (ii) perform a range of tasks of a complex nature, and operate equipment, that require specific levels of skills, training and experience at an advanced level.

- (iii) exercise judgement in deciding how tasks are performed and the quality standard of the work;
- (iv) manage allocated tasks and work with others to meet deadlines; and
- (v) exercise good communication and interpersonal skills where client liaison advocacy and supervisory responsibilities apply.

**Required skills and knowledge: Senior Health Workers - Care**

- (a) Senior Health Workers - Care possess a well-developed knowledge and skills base and a capacity for self-directed application of primary health care service delivery. This will include:
  - (i) knowledge of social determinants of health affecting Aboriginal and/or Torres Strait Islander peoples;
  - (ii) ability to deliver primary health care programs in response to health needs of individuals, groups and communities;
  - (iii) clinical skills appropriate for the delivery of health assessments, community screening and primary health care intervention;
  - (iv) demonstrated ability to apply knowledge and skills obtained from Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Care);
  - (v) interpersonal communication skills including client and community liaison, negotiation and networking;
  - (vi) ability to manage own work with limited supervision through the use of planning and time management showing initiative and a positive attitude;
  - (vii) ability to advocate for Aboriginal and/or Torres Strait Islander health issues, network and demonstrate skills in verbal and written communication;
  - (viii) have Aboriginal and/or Torres Strait Islander knowledge and cultural skills-level 3

**Range of Activities: Senior Health Workers - Care**

- (a) A Senior Health Worker - Care will undertake some or all of the following tasks:
  - (i) advocate for the rights and needs of community members;

- (ii) develop and monitor a case plan;
- (iii) within a delegated model of care, undertake clinical care duties that may include but are not limited to:
  - liaison with medical officers about medical advice
  - observations;
  - participation in doctor clinics;
  - using patient information management systems;
  - supervision of other Health Workers,
- (iv) undertake health program care duties that may include but are not limited to:
  - antenatal care;
  - women's, men's, child and youth health;
  - older peoples' health care;
  - nutrition;
  - substance abuse;
  - health promotion;
  - environmental health;
  - sexual health; and
  - mental health, and
- (v) undertake community care duties that may include but are not limited to:
  - interpreting services;
  - first point of contact counselling and referral;
  - developing and implementing community development programs;



- health promotion programs; and health education program

### **B.1.7 Grade 6**

The following two roles classified at Grade 6 are senior level and is responsible for the implementation, coordination management and evaluation of health programs and service delivery in one or more specialised programs or sub-programs:

- (a) Senior Aboriginal and/or Torres Strait Islander Health Practitioner (Practice) (**Senior Health Practitioner**). A Senior Health Practitioner will hold a Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or other qualifications or experience deemed equivalent by will be classified at this grade.

A Senior Health Practitioner required by State or Territory legislation to maintain registration as a condition of their employment who holds a either Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or equivalent will be classified as no less than a Grade 6 Level 2.

- (b) Aboriginal and/or Torres Strait Islander Health Worker Coordinator (Care) (**Coordinator Care**). A Coordinator Care holds either a Diploma or Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Care) or other qualifications or experience deemed equivalent by will be classified at this grade.

Positions at this level undertake a management function and may reports to the Board of Directors of Board of Management be responsible for the administration of the health service.

#### **Scope of the Role: Senior Health Practitioner**

A Senior Health Practitioner works at a senior level and is responsible for the implementation, coordination management and evaluation of health programs and service delivery in one or more specialised programs or sub-programs.

A Senior Health Practitioner is expected to work at an advanced level in a specialised program or sub-program with broad direction and minimal supervision. The position will exercise accountability and responsibility for programs under their control, and for the quality standards of work produced.

#### **Required skills and knowledge: Senior Health Practitioner**

- (a) A Senior Health Practitioner will have:

- (i) demonstrated knowledge of Aboriginal and/or Torres Strait Islander cultures and their health needs, and the ability to develop strategies to address key outcome areas;
- (ii) knowledge and understanding of the policies, guidelines and practice relevant to a specialised program area targeting Aboriginal and/or Torres Strait Islander peoples;
- (iii) skills to incorporate evidence-based practice in health care at the program level, and facilitate delivery of specialised programs to the community;
- (iv) ability to advocate for the rights and needs of community members and liaise with external stakeholders, including NGOs and other government organisation;
- (v) ability to work autonomously and apply a high level of theoretical and applied knowledge in relation to program management;
- (vi) high level communication and problem solving skills, with the ability to engage and negotiate with communities about program implementation and uptake;
- (vii) ability to work in a cross cultural, multidisciplinary environment delivering specific program care;
- (viii) ability to facilitate workshops and transfer knowledge of best practice in a specialist field to primary health care workers;
- (ix) demonstrated ability to develop and maintain current knowledge in their program area; and
- (x) have Aboriginal and/or Torres Strait Islander knowledge and cultural skills-level 3.

**Range of Activities: Senior Health Practitioner**

- (a) A Senior Health Practitioner will undertake some or all of the following tasks relating to the management and delivery of a specialist health program. Activities expected of this position may include:
  - (i) undertake program management duties including:
    - developing operational program plans;
    - identifying performance indicators for health programs;

- monitoring health programs;
  - establishing evaluation process for health programs;
  - managing resources for the delivery of a health care program;
  - producing community profile report and health needs analyses, and establishing mechanisms for stakeholder feedback; and
  - implementing quality control.
- (ii) within a delegated model of care, undertake clinical care duties which may include:
- taking blood;
  - child and adult health checks;
  - immunisations;
  - supervision of other Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners, and
  - safety measures and procedures.
- (iii) undertake community care duties that may include:
- networking with other agencies and create partnerships;
  - developing at a policy level and implementing community development strategies;
  - implementing health promotion strategies;
  - representing their health service on national, state and regional level activities; and
  - providing mechanisms for community to advocate for the rights and needs of community members and program needs.

**Scope of the role: Coordinator Care**

A Coordinator Care is expected to exercise manage and coordinate at an advanced level in a specialised program or sub-program with broad direction and minimal supervision. The position will exercise accountability and responsibility for programs under their control, and for the quality standards of work produced.

### **Required skills and knowledge: Coordinator Care**

(a) A Coordinator Care will have:

- (i) demonstrated knowledge of Aboriginal and/or Torres Strait Islander cultures and their health needs, and the ability to develop strategies to address key outcome areas;
- (ii) knowledge and understanding of the policies, guidelines and practice relevant to a specialised program area targeting Aboriginal and Torres Strait Islander peoples;
- (iii) skills to incorporate evidence-based practice in health care at the program level, and facilitate delivery of specialised programs to the community;
- (iv) ability to advocate for the rights and needs of community members and liaise with external stakeholders, including NGOs and other government organisation;
- (v) ability to work autonomously and apply a high level of theoretical and applied knowledge in relation to program management;
- (vi) high level communication and problem solving skills, with the ability to engage and negotiate with communities about program implementation and uptake;
- (vii) ability to work in a cross cultural, multidisciplinary environment delivering specific program care;
- (viii) ability to facilitate workshops and transfer knowledge of best practice in a specialist field to primary health care workers;
- (ix) demonstrated ability to develop and maintain current knowledge in their program area; and
- (x) have Aboriginal and/or Torres Strait Islander knowledge and cultural skills- level 3.

### **Range of Activities: Coordinator Care**

(a) A Coordinator Care will undertake some or all of the following tasks relating to the management and delivery of a specialist health program. Activities expected of this position may include:

- (i) undertake program management duties including:
  - developing operational program plans;

- identifying performance indicators for health programs;
  - monitoring health programs;
  - establishing evaluation processes for health programs;
  - managing resources for the delivery of a health care program;
  - producing community profile report and health needs analyses, and establishing mechanisms for stakeholder feedback; and
  - implementing quality control;
  - child and adult health checks;
  - supervision of other Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioner (Practice); and
  - safety measures and procedures.
- (ii) undertake community care duties that may include:
- networking with other agencies and create partnerships;
  - developing at a policy level and implementing community development strategies;
  - implementing health promotion strategies;
  - representing their health service on national, state and regional level activities; and
  - providing mechanisms for community to advocate for the rights and needs of community members and program needs.

20 by deleting Schedule C and inserting:

**Schedule C - Classification Definitions - Community Controlled Health Services Employees**

**C.1 Administrative**

**C.1.1 Grade 1**

- (a) This is the base of the administrative classification structure. There are no prescribed educational qualifications required.

- (b) Positions at this level work under close direction and initially require the application of basic skills and routines such as providing receptionist services, straight-forward operation of keyboard equipment, filing, photocopying, collating, collecting and distributing, carrying out routine checks by simple comparisons, simple coding, maintaining basic records, mail procedures, obtaining or providing information about straight-forward matters and routine user maintenance of office equipment.
- (c) The work may involve a combination of the activities outlined above including keyboard, clerical and other duties. Keyboard tasks usually involve the straight forward operation of keyboard equipment but may include the keying of data containing specialised or unusual technical terms or complicated tables or diagrams which demand considerable judgement about layout, and the manipulation and interpretation of data before and during entry.
- (d) Initially work is performed under close direction using established routines, methods and procedures and there is little scope for deviating from these. Tasks should be mixed to provide a range of work experience; some may be of a routine operational nature. Problems can usually be solved by reference to straight-forward methods, procedures and instructions. Assistance is available if required when problems arise.
- (e) Staff undertaking work at this grade would normally become competent in individual tasks after a limited period of training or experience.
- (f) The work performed may be routine in nature but some knowledge and application of specific procedures, instructions, regulations or other requirements relating to general administration (e.g. personnel or finance operations) and to specific departmental programs or activities may be required.
- (g) Staff at this grade may assist senior members of staff in the task being undertaken by them. Work may include drafting basic material for inclusion in reports and submissions, including form or routine letters and checking applications for benefits or grants.

#### C.1,2 Grade 2

- (a) This level encompasses a range of work which requires routine experience or the application of skills derived from work of a similar nature and a general knowledge of the work to be performed. This is the first level which may include a supervisory role. Staff may be required to follow and interpret rules, regulations, guidelines, instructions and procedures, and be capable of undertaking a range of duties requiring judgement, liaison and communication within the health service, with clients of the health service and with other interested parties.



- (b) Positions at this grade usually work under general direction and the work is subject to regular checks. Detailed instructions are not necessary and there is scope for staff to exercise initiative in applying established work practices and procedures.
- (c) The solution of problems may require the exercise of limited judgement, though guidance would be available in guidelines, procedures, regulations and instructions. The understanding of the information should allow decisions or policies relating to specific circumstances to be explained. Liaison within the health service, with clients of the health service, or with other interested parties may be necessary.
- (d) This is the first grade of which formal delegations may be found within the operations of the work area (e.g. approval of annual, personal and carer's leave and examination of accounts).
- (e) Secretarial/administrative support positions may be included in this grade where this is warranted, having regard to:
  - (i) the range of knowledge and skills required;
  - (ii) the degree of independence and responsibility assumed in undertaking tasks; and
  - (iii) the degree of direction given by the supervisor.
- (f) Positions where there is a frequently recurring need to take and transcribe verbatim the proceedings of conferences or deputations are included in this grade.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 1.

### C.1.3 Grade 3

- (a) Positions at this grade usually work under general direction and require relevant experience combined with a broad knowledge of the functions and activities of the health service and a sound knowledge of the major activity performed within the work area. Positions with supervisory responsibilities may undertake some complex operation work and may assist with, or review, work undertaken by subordinates or team members.
- (b) Positions with supervisory responsibilities may include a degree of planning and coordination and tasks such as monitoring staff attendance and workflow.
- (c) Problems faced may be complex yet broadly similar to past problems. Solutions generally can be found in rules, regulations, guidelines,



process responsibilities and oversee and co-ordinate the work of subordinate staff.

- (f) Work may involve specialist subject matter of a professional or technical project, procedural or processing nature, or a combination of these functions.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 1.

#### C.1.6 Grade 6

- (a) Positions at this grade may manage the operations of an organisational element usually under limited direction. Positions at this grade undertake various functions, under a wide range of conditions to achieve a result in line with the goals of the health service. Immediate subordinate positions may include staff in a technical or professional structure, in which case supervision may involve the exercising of technical or professional skills or judgement.
- (b) Positions at this grade are found in a variety of operating environments and structural arrangements. The primary areas may be:
  - (i) Managing the operations of a discrete organisational element usually under limited direction;
  - (ii) Under limited direction in relation to priorities and work practices provide administrative support to a particular program or activity, or
  - (iii) Providing subject matter, expertise or policy advice, to senior employees, the Chief Executive Officer, or the Board of Management including technical or professional advice, across a range of programs or activities undertaken by the health service.
- (c) Positions at this grade would be expected to set and achieve priorities, monitor work flow and/or manage staffing resources to meet objectives.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills level 2.

#### C.1.7 Grade 7

- (a) Positions at this grade, under limited direction, usually manage the operations of an organisational element, or undertake a management function, or provide administrative, technical, or professional support to a particular program or activity, across a range of administrative or

operational tasks to achieve a result in line with the goals of the health service.

- (b) Positions at this grade may undertake a management function involved in the administration of a program or activity within an organisation. This includes the provision of advice or undertaking tasks related to the management or administration of a program or activity, service delivery or corporate support function, including project work, policy, technical, professional or program issues or administrative matters. Liaison with other elements of the organisation, government agencies, state and local authorities and community organisations can be a feature.
- (c) Positions at this grade may represent the health service at meetings, conferences and seminars. In some circumstances the supervisor or subordinates may be, or include staff in technical or professional structures, in which case supervision is for administrative purposes only. In all other circumstances, supervision may involve the exercise of technical or professional skill or judgement.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 2.

#### **C.1.1.8 Grade 8**

Positions at this grade will be the Chief Executive Officer of an Aboriginal community controlled health service other than those classified at Grade 7 who reports to and is responsible for the administration of the health service to the Board of Management and to whom heads of programs or activities within the health service report and are responsible.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 3.

### **C.2 Dental**

#### **C.2.1 Dental Assistant Grade 1**

Employees at this grade will have no prior experience as a dental assistant. Appointment to this level will be for a period of three months after which the employee will progress to the appropriate level. While employed at this grade employees will:

- (a) work under direct supervision;
- (b) gain familiarisation with a range of basic dental and/or clerical tasks; and
- (c) gain familiarisation with the employer's policies including health and safety.



**C.2.5 Dental Assistant Grade 5 means:**

- (a) an unqualified Dental Assistant performing a combination of dental assistant, clerical and reception duties who has 12 months' experience at Grade 4;
- (b) a qualified Dental Assistant performing solely dental assistant duties who has 12 months' experience at Grade 4; or
- (c) a qualified Dental Assistant performing a combination of dental assistant, clerical and reception duties who has 12 months' experience at Grade 4.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 1.

**C.2.6 Dental Therapist Grade 1** works under the professional supervision of a higher grade professional officer as to method of approach and requirements and is a professional practitioner who performs normal professional work and exercises individual knowledge, skills, professional judgement and initiative in the application of professional principles, techniques and methods.

- (a) This grade is the professional formation phase of a professional officer. It includes new graduates generally lacking practical experience in the application of their professional knowledge.
- (b) The work requires initiative and professional judgement. Since experience is limited, this level is normally expected to apply only to established principles, techniques and methods in early postgraduate years. With professional development, it is expected that new techniques and methods will be learnt and applied to progressively more difficult problems.
- (c) Initially work is subject to professional supervision. As experience is gained, the contribution and the level of professional judgement increases and professional supervision decreases, until a wide range of professional tasks is capable of being performed with little technical direction.
- (d) When experienced, advice and guidance may be provided to less experienced professional staff. They are not required to provide general professional guidance but may be required to provide general supervision of and/or train technical and other non-professional staff.
- (e) Staff may be required to develop and apply advanced techniques learnt during the undergraduate course or later; however, decisions to incorporate such new techniques into normal procedures would be taken at a higher level.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 1.



**C.2.6 Dental Therapist Grade 2** works as a professional practitioner, performs normal professional work under general professional guidance, and may perform novel, complex or critical professional work under professional supervision.

- (a) Staff at this grade perform normal professional work of an organisational unit, or of a specialised professional field encompassed by the work of the unit, and accept technical responsibility for those tasks.
- (b) Staff may also be expected to perform difficult or novel, complex or critical professional work where they are isolated from immediate professional supervision, for example, because of the remoteness of the functional work area. Staff at this grade are expected to exercise independent professional judgement when required, particularly in recognising and solving problems and managing cases where principles, procedures, techniques and methods require expansion, adoption or modification.
- (c) Staff may carry out research under professional supervision and may be expected to contribute to advances in the techniques used.
- (d) Work at this grade may include professional supervision of Dental Therapists Grade 1 together with general supervision over technical and other personnel. Dental Therapists at this level may also be required to guide Dental Therapists Grade 1 in the methods to be used, policies to be followed and standards to be observed with respect to the professional work performed by the organisational unit.
- (e) Staff may provide an advisory role up to the level of expertise.
- (f) Staff are required to understand industry problems if advice on interpretation of regulations or standards is required and to undertake associated liaison tasks.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills-level 1.

### **C.3 Ancillary**

It is desirable that all ancillary staff have Aboriginal knowledge and cultural skills-level 1.

**C.3.1 Cleaner** means a person who performs tasks customarily performed by cleaners utilising a range of materials and equipment to clean a range of surfaces in order to restore or maintain buildings in a clean and hygienic condition.

**C.3.2 Driver-Grade 1** means a person whose primary duties include undertaking a range of driving activities on behalf of the employer in a vehicle that has the capacity to carry between one and 15 passengers.

**C.3.3 Driver-Grade 2** means a person whose primary duties include undertaking a range of driving activities on behalf of the employer in a vehicle that has the capacity to carry 16 or a greater number of passengers.

**C.3.4 Caretaker** means a person who is responsible for the supervision of an Aboriginal community controlled health service premises out of hours including opening and closing the premises before and after each day of business.

DRAFT

**ANNEXURE A**

**DOCUMENT 2**

Fair Work Commission  
Modern Award Review  
AM2014/250

Outline of submissions concerning the *Aboriginal  
Community Controlled Health Services Award 2016*



Prepared by HWL Ebsworth Lawyers on behalf of



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

14 October 2016

Ref SMP;JCLB:313888

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## A. INTRODUCTION

1. This submission is made by the National Aboriginal and/or Torres Strait Islander Health Worker Association (NATSIHWA), an interested party in the modern award review of the *Aboriginal Community Controlled Health Services Award 2010 (ACCHS Award)*, and it is made in response to the Statement issued by the Honourable Justice Ross, President of the Fair Work Commission on 26 August 2016.
2. These submissions should be read in conjunction with:
  - (a) HWL Ebsworth Lawyers' letter to the Fair Work Commission (FWC) dated 7 October 2016; and
  - (b) NATSIHWA's outline of submissions dated 8 March 2016.
3. NATSIHWA has confirmed its intention to pursue substantial changes to the ACCHS Award through the four yearly modern award review process.
4. Enclosed with this outline of submissions is an indication of the changes NATSIHWA seeks to pursue in relation to the ACCHS Award. In the event that the proposed substantive changes are made, there will be numerous consequential amendments to the ACCHS Award including a variation to the award title.

## B. CONTEXTUAL BACKGROUND

5. Aboriginal and/or Torres Strait Islander health workers play a vital role in the provision of accessible and culturally relevant health services to Australia's Indigenous population.
6. As one commentator has put it, *"the least educated and most poorly paid of all health care workers are being asked to tackle what is, arguably, Australia's most difficult health problem."*<sup>1</sup> NATSIHWA is participating in the modern award review to assist the FWC to address this problem.
7. The work performed by Aboriginal and/or Torres Strait Islander health workers is genuinely unique. This was recognised by the making of the ACCHS Award in 2009 when the Full Bench said:

*"We are satisfied that the nature of health services that are delivered in a culturally appropriate way is sufficiently different to justify a separate award. The difference is not only*

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<sup>1</sup> Sara Hudson, 'Cherlatan Training: How Aboriginal Health Workers Are Being Short-Changed' (2012) *The Centre for Independent Studies* at 13.

*about the way the services are established and controlled but is critically seen in the way that employees of the services operate.*<sup>82</sup>

8. The Full Bench was not asked in 2009 to make a modern award specifically applicable to Aboriginal and/or Torres Strait Islander health workers who aid the delivery of culturally appropriate health services. NATSIHWA submits that now is the time to ensure the modern award objectives are met by recognising Aboriginal and/or Torres Strait Islander health workers as a unique, culturally distinct occupation with specific modern award recognition.
9. This will incorporate Aboriginal and/or Torres Strait Islander health workers in the industrial relations framework, provide a basis for recognising cultural differences, assist to engage Aboriginal and/or Torres Strait Islander people in the industrial relations framework, promote social inclusion and enhance enterprise bargaining. Regrettably, the current modern award framework is failing to meet its objectives pursuant to section 134 of the *Fair Work Act 2009* (Cth) in respect of Aboriginal and/or Torres Strait Islander health workers.
10. Those Aboriginal and/or Torres Strait Islander health workers employed outside of aboriginal community controlled health services have no industrial recognition or distinct career path underscored by a relevant modern award. They are outside the industrial relations system. There is a need to ensure a fair and relevant minimum safety net of terms and conditions for Aboriginal and/or Torres Strait Islander health workers.
11. Further, and to the extent that the ACCHS Award does recognise the uniqueness of the work performed by Aboriginal and/or Torres Strait Islander health workers it, amongst other things:
  - (a) inadequately incentivises education and training;
  - (b) inadequately provides for career progression;
  - (c) fails to recognise prior service with different employers;
  - (d) contains inadequate classification descriptions that fail to reflect the nature and complexity of the work performed;
  - (e) inadequately accounts for cultural differences; and
  - (f) fails to recognise the inherent role Aboriginal and/or Torres Strait Islander health workers play in educating non-Aboriginal and/or Torres Strait Islander persons about health issues particular to Aboriginal and Torres Strait Islanders.

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<sup>82</sup> [2009] AIRCFB 865, 125.



**C. AWARD SPECIFIC CHANGES**

12. In order to address these issues and to provide a solid basis on which to continue to recognise Aboriginal and/or Torres Strait Islander health workers into the future, NATSIHWA intends to pursue the following changes.

**Coverage**

13. NATSIHWA intends to apply to expand the coverage of the ACCHS Award to cover both employees employed by aboriginal community controlled health services and employees employed by other private sector employers who are engaged as Aboriginal and/or Torres Strait Islander health workers.
14. NATSIHWA submits that there is currently no other modern award that accurately or adequately captures the work performed by Aboriginal and/or Torres Strait Islander health workers employed outside of aboriginal community controlled health services.

**Classifications and Recognition of Service**

15. In order to promote inclusion and career progression, NATSIHWA will apply to:
- (a) increase the number of 'Grades' of Aboriginal and/or Torres Strait Islander health workers to more than four;
  - (b) amend the descriptions currently contained in *Schedule B - classification definitions* to reflect the work performed by Aboriginal and/or Torres Strait Islander health workers;
  - (c) include a progression clause, in terms similar to that currently included in clause 13.3 of the *Social, Community, Home Care & Disability Services Award 2010*; and
  - (d) include a clause in terms similar to that contained in clause 13.2 'recognition of previous service' of the *Educational Services (Teachers) Award 2010* to clarify that service in the industry is recognised (irrespective of an employee's movement between employers).
16. Accurately capturing the work performed by Aboriginal and/or Torres Strait Islander health workers is imperative to recognising this occupation, an issue which has necessitated extensive, ongoing consultation with members.

17. By reason of the proposed expansion in a varied Clause 4 (Coverage) NATSIHWA anticipates the introduction of a new Classification Description Schedule. It is anticipated that:
- (a) a proposed revised Schedule B will contain the updated and accurate classification definitions for the work performed by Aboriginal and/or Torres Strait Islander health workers and practitioners; and
  - (b) the proposed new Schedule C will contain the classification definitions for Community Controlled Health Services Employees, namely for existing Administrative employees, Dental Assistants and Dental Therapists who are employed by Aboriginal community controlled health services and who are currently covered by the ACCHS Award.
18. NATSIHWA anticipates being in a position to provide the FWC with a draft variation determination containing a proposed new set of classification descriptions to include in a new "Schedule B" (as outlined above) in the next few weeks, as regrettably it has not been able to complete the consultation process in the time available.

#### **Consultation, Dispute Resolution, Training and Job Search Entitlements**

19. To accommodate and reflect the unique cultural and social experiences of Aboriginal and/or Torres Strait Islander health workers, NATSIHWA will apply to amend the standard modern award clauses concerning Consultation, Dispute Resolution and Job Search Entitlements in the ACCHS Award. In addition, NATSIHWA will apply to include a provision expressly concerning additional training obligations for employers with respect to employees covered by the ACCHS Award as varied.
20. Due to ongoing consultation, NATSIHWA anticipates being in a position to provide the FWC with a draft variation determination dealing with these changes in the next few weeks.

#### **Allowances**

21. The ACCHS Award does not provide a fair and relevant safety net of terms and conditions for Aboriginal and/or Torres Strait Islander health workers because it does not contain allowances that recognise the particularity of work performed by Aboriginal and/or Torres Strait Islander health workers and that are contained in modern awards which cover and apply to employees employed in similar occupations.
22. Specifically, NATSIHWA will seek the introduction of the following additional allowances:
- (a) a blood check allowance for persons exposed to radiation hazards in the course of their work (see clause 18.2 of the *Health Professionals and Support Services Award 2010* (HP Award));
  - (b) a damaged clothing allowance (see clause 18.4 of the HP Award);

- (c) a heat allowance for working in high temperature areas (see clause 18.6 of the HP Award);
  - (d) a nauseous work allowance (see clause 18.8 of the HP Award);
  - (e) an occasional interpreting allowance (see clause 18.9 of the HP Award);
  - (f) a telephone allowance (for persons required to be on call) (see clause 18.11 of the HP Award); and
  - (g) an isolation allowance to accommodate Aboriginal and/or Torres Strait Islander health workers performing services in isolated and/or comparatively dangerous areas.
23. In addition, NATSIHWA will seek the introduction of an allowance to recognise additional responsibilities performed by employees in relation to the training and education of non-Aboriginal and/or non-Torres Strait Islander people about Aboriginal and/or Torres Strait Islander health and related issues. This is a responsibility performed by Aboriginal and/or Torres Strait Islander health workers at all grades.

#### **Ceremonial Leave**

24. NATSIHWA will seek an amendment to clarify that bereavement-related ceremonies and obligations would allow a covered employee to take ceremonial leave. This amendment is sought to take account the broader concepts of family and kinship amongst Aboriginal and/or Torres Strait Islander persons.

#### **D. EVIDENCE**

25. At hearing on these substantive changes, NATSIHWA will present evidence from four to six witnesses in support of these changes. Such witnesses will be comprised of:
- (a) members of the Board of NATSIHWA and/or Senior Managers;
  - (b) Aboriginal and/or Torres Strait Islander health workers; and
  - (c) Aboriginal and/or Torres Strait Islander health practitioners.
26. In addition, NATSIHWA intends to present survey, visual and audio evidence.

27. Should you have any enquiries in relation to the above, please do not hesitate to contact Justin Le Blond on (02) 9334 8703.

Yours sincerely



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MA000116 PRXXXXXX

## Draft Determination

*Fair Work Act 2009*  
s.156 - 4 yearly review of modern awards

### 4 yearly review of modern awards (AM2014/250)

**ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES AWARD 2010**  
(MA000116)

XXXXX  
XXXXX  
XXXXX

SYDNEY, XX XXXX 2017

Further to the Full Bench decision issued by the Fair Work Commission on XX XXXX 2017, the above award is varied as follows:

1. by deleting the definition of "*Aboriginal Health Worker*" in clause 3.1 and inserting the following definitions:

**Aboriginal and Torres Strait Islander Health Worker Trainee (ATSIHWT)** is a person who:

- (i) identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such;
- (ii) is engaged in the delivery of Aboriginal and Torres Strait Islander primary health care; and
- (iii) has no direct experience in the provision of Aboriginal and Torres Strait Islander health services.

**Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP)** is a person who:

- (iv) identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such;
- (v) is registered with the Australian Health Practitioner Regulation Agency;
- (vi) is engaged in the delivery of Aboriginal and Torres Strait Islander primary health care; and
- (vii) holds a minimum Certificate IV qualification in Aboriginal and Torres Strait Islander primary health care practice.

- (b) **Aboriginal and Torres Strait Islander Health Worker (ATSIHW)** is a person who:
- (i) identifies as an Aboriginal and/or Torres Strait Islander and is recognised by their community as such;
  - (ii) holds a minimum Certificate III qualification (or higher) in Aboriginal and Torres Strait Islander primary health care or, has equivalent skills and experience in providing Aboriginal and Torres Strait Islander health services;
  - (iii) is engaged in the delivery of Aboriginal and Torres Strait Islander primary health care; and
  - (iv) has a culturally safe and holistic approach to health care.

**Community Controlled Health Services Employees** means employees employed by a Aboriginal community controlled health services who are not employed as ATSIHW's, ATSIHWs or ATSIHPs.

2. by deleting clause 4.1 and inserting the following:

This industry and occupation award covers:

- (a) employers throughout Australia in the Aboriginal community controlled health services industry and their employees in the classifications listed in clause 14 - Minimum Wages to the exclusion of any other modern award; and
- (b) employers throughout Australia with respect to their employees engaged as Aboriginal and Torres Strait Islander Health Worker Trainees, Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners.

3. by deleting clause 4.2 and inserting the following:

The award does not cover:

- (a) an employee excluded from award coverage by the Act;
- (b) employers covered by the following awards with respect to employees covered by the awards:
  - (i) Nurses Award 2010; or
  - (ii) Medical Practitioners Award 2010.

4. by deleting clause 13.1 and inserting the following:

Classification definitions are set out in Schedule B - Classification Definitions - ATSIHW, ATSIHW and/or ATSIHP and Schedule C- Classification Definitions - Community Controlled Health Services Employees.

5. by inserting the following new clause:

**13.3 Progression**

- (a) At the end of each 12 months' continuous employment, an employee will be eligible for progression from one pay point to the next within a level if the employee has demonstrated competency and satisfactory performance over a minimum period of 12 months at each level within the level and:
- (i) the employee has acquired and satisfactorily used new or enhanced skills within the ambit of the classification, if required by the employer; or
  - (ii) where an employer has adopted a staff development and performance appraisal scheme and has determined that the employee has demonstrated satisfactory performance for the prior 12 months' employment.
- (b) Movement to a higher classification will occur by way of promotion or re-classification.

6. by inserting the following new clause:

**13.4 Recognition of previous service**

- (a) On appointment, an employee will be classified and placed on the appropriate level on the salary scale in clause 14 - Minimum Salary, according to their qualifications and experience as an ATSIHWT, ATSIHW and/or ATSIHP.
- (b) Service as a part-time ATSIHWT, ATSIHW and/or ATSIHP will normally accrue on a pro rata basis according to the percentage of a full-time ATSIHWT, ATSIHW and/or ATSIHP load undertaken in any year, provided that where the hours are more than 90% of a full-time load, service will count as a full-time year.
- (c) In the case of a casual employee, the equivalent of a full-time year of service is 200 full casual days.

7. by inserting the following new clause:

**13.5 Evidence of qualifications**

- (a) On engagement, the employer may require that the employee provide documentary evidence of qualifications and experience. If an employer considers that the employee has not provided satisfactory evidence, and advises the employee in writing to this effect, then the employer may decline to recognise the relevant qualification or experience until such evidence is provided. Provided that the employer will not unreasonably refuse to recognise the qualifications or experience of an employee.



8. by deleting clause 14.1 and inserting the following:

**14.1 Classifications - ATSIHWTs, ATSIHWs and ATSIHPs**

The following are the minimum weekly rates:

|                             | Per<br>\$ | week |
|-----------------------------|-----------|------|
| <b>ATSIHWT-<br/>Grade 1</b> |           |      |
| Level 1                     | 747.00    |      |
| Level 2                     | 800.60    |      |
| Level 3                     | 827.90    |      |
| <b>ATSIHW-<br/>Grade 2</b>  |           |      |
| Level 1                     | 871.20    |      |
| Level 2                     | 916.70    |      |
| Level 3                     | 961.30    |      |
| <b>ATSIHW-<br/>Grade 3</b>  |           |      |
| Level 1                     | 988.10    |      |
| Level 2                     | 1014.70   |      |
| Level 3                     | 1038.00   |      |
| <b>ATSIHW-<br/>Grade 4</b>  |           |      |
| Level 1                     | 1062.50   |      |
| Level 2                     | 1087.50   |      |
| Level 3                     | 1114.10   |      |
| <b>ATSIHP- Grade<br/>5</b>  |           |      |
| Level 1                     | XX        |      |
| Level 2                     | XX        |      |
| Level 3                     | XX        |      |
| <b>ATSIHP- Grade<br/>6</b>  |           |      |
| Level 1                     | XX        |      |
| Level 2                     | XX        |      |
| Level 3                     | XX        |      |

9. Insert new clause 14.2 as follows:

**14.2 Classifications - Community Controlled Health Services Employees**

The following are the minimum weekly rates:

(a) **Administrative**

|                | Per<br>\$ | week |
|----------------|-----------|------|
| <b>Grade 1</b> |           |      |
| Level 1        | 741.50    |      |
| Level 2        | 744.20    |      |
| Level 3        | 758.90    |      |
| Level 4        | 776.70    |      |
| Level 5        | 793.00    |      |
| <b>Grade 2</b> |           |      |
| Level 1        | 805.30    |      |
| Level 2        | 819.50    |      |
| Level 3        | 833.70    |      |
| Level 4        | 848.80    |      |
| Level 5        | 860.20    |      |
| <b>Grade 3</b> |           |      |
| Level 1        | 875.80    |      |
| Level 2        | 891.30    |      |
| Level 3        | 901.00    |      |
| Level 4        | 917.00    |      |
| <b>Grade 4</b> |           |      |
| Level 1        | 931.40    |      |
| Level 2        | 953.80    |      |
| Level 3        | 971.00    |      |
| Level 4        | 988.80    |      |
| <b>Grade 5</b> |           |      |
| Level 1        | 1008.50   |      |
| Level 2        | 1029.50   |      |
| Level 3        | 1051.00   |      |
| <b>Grade 6</b> |           |      |
| Level 1        | 1063.20   |      |
| Level 2        | 1083.20   |      |
| Level 3        | 1105.80   |      |
| Level 4        | 1148.10   |      |
| Level 5        | 1182.40   |      |
| <b>Grade 7</b> |           |      |
| Level 1        | 1210.50   |      |

|                | Per<br>\$ | week |
|----------------|-----------|------|
| Level 2        | 1243.20   |      |
| <b>Grade 8</b> |           |      |
| Level 1        | 1255.90   |      |
| Level 2        | 1288.10   |      |
| Level 3        | 1331.40   |      |
| Level 4        | 1382.00   |      |

(b) Dental

|                                 | Per<br>\$ | week |
|---------------------------------|-----------|------|
| <b>Dental Assistant</b>         |           |      |
| Grade 1                         | 707.00    |      |
| Grade 2                         | 721.60    |      |
| Grade 3                         | 738.50    |      |
| Grade 4                         | 783.30    |      |
| Grade 5                         | 809.70    |      |
| <b>Dental Therapist Grade 1</b> |           |      |
| Level 1                         | 847.20    |      |
| Level 2                         | 869.40    |      |
| Level 3                         | 897.40    |      |
| Level 4                         | 931.90    |      |
| Level 5                         | 977.80    |      |
| Level 6                         | 1023.00   |      |
| Level 7                         | 1057.80   |      |
| <b>Dental Therapist Grade 2</b> |           |      |
| Level 1                         | 1072.70   |      |
| Level 2                         | 1096.90   |      |
| Level 3                         | 1120.30   |      |
| Level 4                         | 1140.40   |      |
| Level 5                         | 1166.00   |      |

(c) Ancillary

|                | Per<br>\$ | week |
|----------------|-----------|------|
| Cleaner        | 735.90    |      |
| Driver—Grade 1 | 766.60    |      |
| Driver—Grade 2 | 786.60    |      |
| Caretaker      | 788.60    |      |

10. by inserting new clause 15.2 as follows:

**15.2 Occasional Interpreting allowance**

- (a) An employee not employed as a full-time interpreter who is required to perform interpreting duties will receive an additional 0.11% of the standard rate on each occasion with a maximum additional payment of 1.27% of the standard rate per week.
- (b) For the purpose of clause 15.2(a) interpreting is not limited to interpreting one language from or to the English language.

11. by inserting new clause 15.5 as follows:

**15.5 Damaged Clothing Allowance**

Where an employee, in the course of their employment suffers any damage to or soiling of clothing or other personal effects, the employer will be liable for the replacement, repair or cleaning of such clothing or personal effects provided verbal notification is given to the employer of such damage or soiling as soon as possible.

12. by inserting new clause 15.6 as follows:

**15.6 Blood check allowance**

Any employee exposed to radiation hazards in the course of their work will be entitled to a blood count as often as is considered necessary and will be reimbursed for any out of pocket expenses arising from such test.

13. by inserting new clause 15.8 as follows:

**15.8 Telephone Allowance**

Where the employer requires an employee to install and/or maintain a telephone for the purpose of being on call, the employer will refund the installation costs and the subsequent rental charges on production of receipted accounts.

14. by inserting new clause 15.9 as follows:

**15.9 Nauseous Work Allowance**

An allowance of 0.05% of the standard rate per hour or part thereof will be paid to an employee in any classification if they are engaged in handling linen of a nauseous nature other than linen sealed in airtight containers and/or for work which is of an unusually dirty or offensive nature having regard to the duty normally performed by such employee in such classification. Any employee who is entitled to be paid this allowance will be paid a minimum sum of 0.27% of the standard rate for work performed in any week.

15. by inserting new clause 15.10 as follows:

**15.10 Heat Allowance**

An employee who works in a place where the temperature rises to between 46° and 54° Celsius must be paid an additional 3.2% of the hourly standard rate per hour or part thereof for work performed in the hot period; with an additional 4% of the hourly standard rate per hour or part thereof, where the temperature exceeds 54° Celsius.

16. by inserting new clause 15.11 as follows:

**15.11 Isolation Allowance**

Employees engaged to work in rural and remote areas will in addition to all other payments be paid an allowance for the exigencies of working in such areas of 4.28% of the standard rate.

17. by deleting clause 30 and inserting the following:

**30. Ceremonial Leave**

An employee who is legitimately required by indigenous tradition to be absent from work for Aboriginal or Torres Strait Islander ceremonial purposes, including for bereavement related ceremonies and obligations, will be entitled to up to 10 working days unpaid leave in any one year, with the approval of the employer.

18. by deleting Schedule B and inserting:

**Schedule B - Classification Definitions - Aboriginal and/or Torres Strait Islander Health Workers and Practitioners**

*B.1 (onwards) to be confirmed.*

19. by deleting Schedule C and inserting:

**Schedule C - Classification Definitions - Community Controlled Health Services Employees**

**C.1 Administrative**

**C.1.1 Grade 1**

- (a) This is the base of the administrative classification structure. There are no prescribed educational qualifications required.
- (b) Positions at this level work under close direction and initially require the application of basic skills and routines such as providing receptionist services, straight-forward operation of keyboard equipment, filing, photocopying, collating, collecting and distributing, carrying out routine checks by simple comparisons, simple coding, maintaining basic records, mail procedures,

obtaining or providing information about straight-forward matters and routine user maintenance of office equipment.

- (c) The work may involve a combination of the activities outlined above including keyboard, clerical and other duties. Keyboard tasks usually involve the straight-forward operation of keyboard equipment but may include the keying of data containing specialised or unusual technical terms or complicated tables or diagrams which demand considerable judgement about layout, and the manipulation and interpretation of data before and during entry.
- (d) Initially work is performed under close direction using established routines, methods and procedures and there is little scope for deviating from these. Tasks should be mixed to provide a range of work experience, some may be of a routine operational nature. Problems can usually be solved by reference to straight-forward methods, procedures and instructions. Assistance is available if required when problems arise.
- (e) Staff undertaking work at this grade would normally become competent in individual tasks after a limited period of training or experience.
- (f) The work performed may be routine in nature but some knowledge and application of specific procedures, instructions, regulations or other requirements relating to general administration (e.g. personnel or finance operations) and to specific departmental programs or activities may be required.
- (g) Staff at this grade may assist senior members of staff in the task being undertaken by them. Work may include drafting basic material for inclusion in reports and submissions, including form or routine letters and checking applications for benefits or grants.

#### C.1.2 Grade 2

- (a) This level encompasses a range of work which requires routine experience or the application of skills derived from work of a similar nature and a general knowledge of the work to be performed. This is the first level which may include a supervisory role. Staff may be required to follow and interpret rules, regulations, guidelines, instructions and procedures, and be capable of undertaking a range of duties requiring judgement, liaison and communication within the health service, with clients of the health service and with other interested parties.
- (b) Positions at this grade usually work under general direction and the work is subject to regular checks. Detailed instructions are not necessary and there is scope for staff to exercise initiative in applying established work practices and procedures.
- (c) The solution of problems may require the exercise of limited judgement, though guidance would be available in guidelines, procedures, regulations and instructions. The understanding of the information should allow decisions or policies relating to specific circumstances to be explained. Liaison within the health service, with clients of the health service, or with other interested parties may be necessary.

- (d) This is the first grade of which formal delegations may be found within the operations of the work area (e.g. approval of annual, personal and carer's leave and examination of accounts).
- (e) Secretarial/administrative support positions may be included in this grade where this is warranted, having regard to:
  - (i) the range of knowledge and skills required;
  - (ii) the degree of independence and responsibility assumed in undertaking tasks; and
  - (iii) the degree of direction given by the supervisor.
- (f) Positions where there is a frequently recurring need to take and transcribe verbatim the proceedings of conferences or deputations are included in this grade.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

#### C.1.3 Grade 3

- (a) Positions at this grade usually work under general direction and require relevant experience combined with a broad knowledge of the functions and activities of the health service and a sound knowledge of the major activity performed within the work area. Positions with supervisory responsibilities may undertake some complex operation work and may assist with, or review, work undertaken by subordinates or team members.
- (b) Positions with supervisory responsibilities may include a degree of planning and coordination and tasks such as monitoring staff attendance and work flow.
- (c) Problems faced may be complex yet broadly similar to past problems. Solutions generally can be found in rules, regulations, guidelines, procedures and instructions though these may require some interpretation and application of judgement. There is scope for the exercise of initiative in application of established work practices and procedures.
- (d) Positions at this grade may exercise delegations. Decisions made may have an impact on the relevant health service (e.g. on financial resources), but are normally of a limited procedural or administrative importance.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.



**C.1.4 Grade 4**

- (a) Positions at this grade usually work under general direction within clear guidelines and established work practices and priorities, in functions which require the application of knowledge, skills and techniques appropriate to the work area. Work at this grade requires a sound knowledge of program, activity, policy or service aspects of the work performed within a functional element, or a number of work areas. The Grade 4 position is the first grade where technical or professional qualifications may be required or desirable.
- (b) Work is usually performed under general direction and may cover a range of tasks associated with program activity or administrative support to senior officers. Tasks may include providing administrative support to staff within technical or professional structures. This may include the collection and analysis of data and information and the preparation of reports, publications, papers and submissions including findings and recommendations.
- (c) Positions at this level may have supervisory responsibilities over staff operating a wide range of equipment or undertaking a variety of tasks in the area of responsibility.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.1.5 Grade 5**

- (d) Positions at this level work under general direction in relation to established priorities, task methodology and work practices to achieve results in line with the corporate goals of the health service.
- (e) Positions at this grade may, under general direction of work priorities, undertake the preparation of preliminary papers, draft complex correspondence for senior officers, undertake tasks of a specialist or detailed nature, assist in the preparation of procedural guidelines, provide information or interpretation to other interested parties, exercise specific process responsibilities and oversee and co-ordinate the work of subordinate staff.
- (f) Work may involve specialist subject matter of a professional or technical project, procedural or processing nature, or a combination of these functions.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.1.6 Grade 6**

- (a) Positions at this grade may manage the operations of an organisational element usually under limited direction. Positions at this grade undertake various functions, under a wide range of conditions to achieve a result in line with the goals of the health service. Immediate subordinate positions may include staff in a technical or professional structure, in which case supervision may involve the exercising of technical or professional skills or judgement.

- (b) Positions at this grade are found in a variety of operating environments and structural arrangements. The primary areas may be:
- (i) Managing the operations of a discrete organisational element usually under limited direction;
  - (ii) Under limited direction in relation to priorities and work practices provide administrative support to a particular program or activity; or
  - (iii) Providing subject matter, expertise or policy advice, to senior employees, the Chief Executive Officer, or the Board of Management including technical or professional advice, across a range of programs or activities undertaken by the health service.
- (c) Positions at this grade would be expected to set and achieve priorities, monitor work flow and/or manage staffing resources to meet objectives.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 2.

#### C.1.7 Grade 7

- (a) Positions at this grade, under limited direction, usually manage the operations of an organisational element, or undertake a management function, or provide administrative, technical, or professional support to a particular program or activity, across a range of administrative or operational tasks to achieve a result in line with the goals of the health service.
- (b) Positions at this grade may undertake a management function involved in the administration of a program or activity within an organisation. This includes the provision of advice or undertaking tasks related to the management or administration of a program or activity, service delivery or corporate support function, including project work, policy, technical, professional or program issues or administrative matters. Liaison with other elements of the organisation, government agencies, state and local authorities and community organisations can be a feature.
- (c) Positions at this grade may represent the health service at meetings, conferences and seminars. In some circumstances the supervisor or subordinates may be, or include staff in technical or professional structures, in which case supervision is for administrative purposes only. In all other circumstances, supervision may involve the exercise of technical or professional skill or judgement.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 2.

#### C.1.1.8 Grade 8

Positions at this grade will be the Chief Executive Officer of an Aboriginal community controlled health service other than those classified at Grade 7 who reports to and is responsible for the administration of the health service to the Board of Management and

to whom heads of programs or activities within the health service report and are responsible.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 3.

**C.2 Dental**

**C.2.1 Dental Assistant Grade 1**

Employees at this grade will have no prior experience as a dental assistant. Appointment to this level will be for a period of three months after which the employee will progress to the appropriate level. While employed at this grade employees will:

- (a) work under direct supervision;
- (b) gain familiarisation with a range of basic dental and/or clerical tasks; and
- (c) gain familiarisation with the employer's policies including health and safety.

**C.2.2 Dental Assistant Grade 2** means an employee who has obtained the skills required of a Dental Assistant Grade 1 who performs solely dental assistant duties and has no formal qualifications.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.2.3 Dental Assistant Grade 3** means:

- (a) a person who has completed a dental assistant qualification performing solely dental assistant duties;
- (b) an unqualified Dental Assistant performing a combination of duties including routine clerical, reception duties and dental assistant duties; or
- (c) an unqualified Dental Assistant performing solely Dental Assistant duties who has 12 months' experience at Grade 2.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.2.4 Dental Assistant Grade 4** means:

- (a) An unqualified Dental Assistant performing solely dental assistant duties who has 12 months' experience at Grade 3 and has demonstrated competence in the following areas:
  - (i) knowledge of dental equipment;
  - (ii) sterilisation techniques with attention to infection control;
  - (iii) basic understanding of techniques and procedures;

- (iv) understanding of the set-up prior to procedures, or
- (b) an unqualified Dental Assistant performing a combination of dental assistant, clerical and reception duties who has 12 months' experience at Grade 3;
- (c) a qualified Dental Assistant performing solely dental assistant duties who has 12 months' experience at Grade 3; or
- (d) a qualified Dental Assistant performing a combination of dental assistant, clerical and reception duties.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.2.6 Dental Assistant Grade 5 means:**

- (a) an unqualified Dental Assistant performing a combination of dental assistant, clerical and reception duties who has 12 months' experience at Grade 4;
- (b) a qualified Dental Assistant performing solely dental assistant duties who has 12 months' experience at Grade 4; or
- (c) a qualified Dental Assistant performing a combination of dental assistant, clerical and reception duties who has 12 months' experience at Grade 4.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.2.6 Dental Therapist Grade 1** works under the professional supervision of a higher grade professional officer as to method of approach and requirements and is a professional practitioner who performs normal professional work and exercises individual knowledge, skills, professional judgement and initiative in the application of professional principles, techniques and methods.

- (a) This grade is the professional formation phase of a professional officer. It includes new graduates generally lacking practical experience in the application of their professional knowledge.
- (b) The work requires initiative and professional judgement. Since experience is limited, this level is normally expected to apply only to established principles, techniques and methods in early postgraduate years. With professional development, it is expected that new techniques and methods will be learnt and applied to progressively more difficult problems.
- (c) Initially work is subject to professional supervision. As experience is gained, the contribution and the level of professional judgement increases and professional supervision decreases, until a wide range of professional tasks is capable of being performed with little technical direction.
- (d) When experienced, advice and guidance may be provided to less experienced professional staff. They are not required to provide general professional

guidance but may be required to provide general supervision of and/or train technical and other non-professional staff.

- (e) Staff may be required to develop and apply advanced techniques learnt during the undergraduate course or later; however, decisions to incorporate such new techniques into normal procedures would be taken at a higher level.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.2.6 Dental Therapist Grade 2** works as a professional practitioner, performs normal professional work under general professional guidance, and may perform novel, complex or critical professional work under professional supervision.

- (a) Staff at this grade perform normal professional work of an organisational unit, or of a specialised professional field encompassed by the work of the unit, and accept technical responsibility for those tasks.
- (b) Staff may also be expected to perform difficult or novel, complex or critical professional work where they are isolated from immediate professional supervision, for example, because of the remoteness of the functional work area. Staff at this grade are expected to exercise independent professional judgement when required, particularly in recognising and solving problems and managing cases where principles, procedures, techniques and methods require expansion, adaption or modification.
- (c) Staff may carry out research under professional supervision and may be expected to contribute to advances in the techniques used.
- (d) Work at this grade may include professional supervision of Dental Therapists Grade 1 together with general supervision over technical and other personnel. Dental Therapists at this level may also be required to guide Dental Therapists Grade 1 in the methods to be used, policies to be followed and standards to be observed with respect to the professional work performed by the organisational unit.
- (e) Staff may provide an advisory role up to the level of expertise.
- (f) Staff are required to understand industry problems if advice on interpretation of regulations or standards is required and to undertake associated liaison tasks.

It is desirable that staff at this grade have Aboriginal knowledge and cultural skills—level 1.

**C.3 Ancillary**

It is desirable that all ancillary staff have Aboriginal knowledge and cultural skills—level 1.

**C.3.1 Cleaner** means a person who performs tasks customarily performed by cleaners utilising a range of materials and equipment to clean a range of surfaces in order to restore or maintain buildings in a clean and hygienic condition.

- C.3.2 **Driver—Grade 1** means a person whose primary duties include undertaking a range of driving activities on behalf of the employer in a vehicle that has the capacity to carry between one and 15 passengers.
- C.3.3 **Driver—Grade 2** means a person whose primary duties include undertaking a range of driving activities on behalf of the employer in a vehicle that has the capacity to carry 16 or a greater number of passengers.
- C.3.4 **Caretaker** means a person who is responsible for the supervision of an Aboriginal community controlled health service premises out of hours including opening and closing the premises before and after each day of business.

ANNEXURE A

DOCUMENT 3



Your ref Department for Health and Wellbeing  
Our ref AUSN117-869617(JZLB)

# Kennedys

By Post

Accredited FOI Officer  
Department for Health and Wellbeing  
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20 July 2018

Dear Accredited FOI Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1991 (SA)**

Please accept this letter as a freedom of information request made under the *Freedom of Information Act 1991 (SA)* (FOI Request). The FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

Please find enclosed:

- our further letter dated 20 July 2018, which encloses NATSIHWA letter of authority dated 19 July 2018; and
- a cheque in the sum of \$35.00 for the FOI Request.

## A. FOI REQUEST

Please provide all documents recording and/or referring to:

- the total number of persons in the State of South Australia who:
  - identify as Aboriginal and/or Torres Strait Islander; and
  - are currently employed or engaged in a **Healthcare Occupation**;

- (i) by a governmental body, portfolio agency or statutory office in the State of South Australia; and/or
- (ii) by the Department of Health and Wellbeing;
- (iii) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
  - (A) in the State of South Australia; and/or
  - (B) by the Department of Health and Wellbeing.

2 The total number of persons in the State of South Australia who:

- (a) identify as Aboriginal and/or Torres Strait Islander; and
- (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a **Healthcare Occupation**:
  - (i) directly by a governmental body, portfolio agency or statutory office:
    - (A) in the State of South Australia; and/or
    - (B) by the Department of Health and Wellbeing;
  - (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
    - (A) in the State of South Australia; and/or
    - (B) by the Department of Health and Wellbeing.

3 The total number of persons in the State of South Australia who:

- (a) identify; and/or
- (b) list as their occupation; and/or
- (c) are employed,

as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian private health sector.

4 The total number of persons in the State of South Australia who:

- (a) identify; and/or

(b) list as their occupation; and/or

(c) are employed,

as ATSIHWs in the Australian *public health* sector.

Please provide documents containing the information referred to in items 1 to 4 above:

(a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and

(b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.

5 The total number of:

(a) ATSIHWs; and

(b) *Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP)*,

in the State of South Australia who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

6 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in the State of South Australia, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in the State of South Australia who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8 The total number of:

(a) ATSIHWs; and

- (b) ATSIHPs,  
in the State of South Australia who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.
- 9 The total number of:
- (a) ATSIHWs; and  
(b) ATSIHPs,  
in the State of South Australia who are currently employed and/or engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.
- 10 The total number of:
- (a) ATSIHWs; and  
(b) ATSIHPs,  
in the State of South Australia who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.
- 11 The total number of:
- (a) ATSIHWs; and  
(b) ATSIHPs,  
who are employed and/or engaged in rural and/or remote locations within the State of South Australia.
- 12 The total number of ATSIHWs and ATSIHPs in the State of South Australia who from 1 January 2010 (inclusive) were or are currently enrolled in:
- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or  
(b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or  
(c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or  
(d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or  
(e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or

Accredited FOI Officer  
Department for Health and Wellbeing

**Kennedys**


- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

Notices in response to the FOI Request should be sent to [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com) or alternatively, posted to the below address:

Attention: Michael Sacks  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY NEW SOUTH WALES 2000

Should you have any queries in relation to the above, please do not hesitate to contact Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely

  
Justin Le Blond  
Partner  
for Kennedys

## DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

*Aboriginal or Torres Strait Islander* is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

*Aboriginal and Torres Strait Islander Community Controlled Health Service* is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

*Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)* is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

*Australian healthcare sector* consist of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations within the Commonwealth of Australia. This includes bodies providing primary, secondary and tertiary healthcare.

*Australian health services* include health promotion and disease prevention services, alcohol and drug related services, women's and men's health, child and maternal health, aged care services, services for people living with disability, mental health as well as clinical and hospital services.

*Australian private health sector* comprises activities which occur outside the Australian public health sector and are privately owned and operated.

*Australian public health sector* comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

**Healthcare Occupation** includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.



# Kennedys

Your ref Department for Health and Wellbeing  
Our ref AUSN117-869617(JZLB)

By Post

Accredited FOI Officer  
Department for Health and Wellbeing  
PO Box 287  
Rundle Mall  
ADELAIDE SOUTH AUSTRALIA 5000

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

20 July 2018


Dear Accredited FOI Officer

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - LETTER OF AUTHORITY

We advise that we act for NATSIHWA and refer to the Freedom of Information Request dated 20 July 2018 made to the Department of Health and Wellbeing, in accordance with the *Freedom of Information Act 1991 (SA)* (FOI Request).

We confirm that we are authorised to make the FOI Request on NATSIHWA's behalf in accordance with the enclosed letter of authority dated 19 July 2018.

Yours sincerely

  
Justin Le Blond  
Partner  
for Kennedys

Accredited FOI Officer  
Department for Health and Wellbeing

Kennedys

The NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA), authorises Justin Claude Le Blond, Partner and Michael Jacob Sacks, Lawyer of Kennedys (Australasia) to make a Freedom of Information Request to the Department of Health and Wellbeing (in accordance with the *Freedom of Information Act 1991* (SA)) on NATSIHWA's behalf.

Should you have any queries in relation to the above, please contact Karl Briscoe, Chief Executive Officer of NATSIHWA on +61 2 6221 9222 or via email at CEO@natsihwa.org.au.

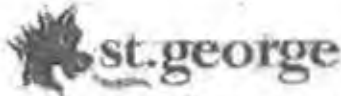


Signature

---

Karl Briscoe  
Chief Executive Officer  
NATSIHWA

Date: 17 July 2018



St. George Bank - A Division of Westpac Banking Corporation  
200 Barangaroo Ave Barangaroo NSW 2000

Kennedys

Legal advice in black and white.

DBP125-001

CHEQUE NO: 107744

DATE: 19/07/18

PAY TO OR BEARER DEPARTMENT OF HEALTH AND WELLBEING

NOT NEGOTIABLE

THE SUM OF THIRTY-FIVE AND 00/100 ALIBIA

Kennedys (Australia) Pty Ltd  
ACN 119 302 742

\$ \*\*\*\*\*35.00



⑈ 107744 ⑈ 35 2000 20552539186 ⑈

See reverse of cheque for security features

ANNEXURE A

DOCUMENT 4



13/2018-00072

Mr Justin Le Bond  
Level 22  
85 Castlereagh Street  
SYDNEY NSW 2000

Legal and Legislative Policy

GSI Centre Building  
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Adelaide SA 5000

PO Box 207, (Junction Mail)  
Adelaide SA 5000  
D50249

Tel (08) 8206 0700  
Fax (08) 8226 0720

ABN 87 043 948 609  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

Dear Mr Le Bond

I refer to your application made under the *Freedom of Information Act 1991* (the Act) that was received by the Department for Health and Wellbeing on 25 July 2018 seeking access to:

*\*1. The total number of person in the State of South Australia who (a) identify as Aboriginal and/or Torres Strait Islander; and (b) are currently employed or engaged in a Healthcare Occupation (i) by a governmental body, portfolio agency or statutory office in the State of South Australia; and/or (ii) by the Department of Health and Wellbeing; (iii) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office; (A) in the State of South Australia; and/or (B) by the Department of Health and Wellbeing.*

*2. The total number of persons in the State of South Australia who (a) identify as Aboriginal and/or Torres Strait Islander; and (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a Healthcare Occupation: (i) directly by a governmental body, portfolio agency or statutory office: (A) in the State of South Australia; and/or (B) by the Department of Health and Wellbeing; (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office: (A) in the State of South Australia; and/or (B) by the Department of Health and Wellbeing.*

*3. The total number of persons in the State of South Australia who: (a) identify; and/or (b) list as their occupation; and/or (c) are employed, as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian private health sector.*

*4. The total number of persons in the State of South Australia who: (a) identify; and/or (b) list as their occupation; and/or (c) are employed, as ATSIHWs in the Australian public health sector. Please provide documents containing the information referred to in items 1 to 4 above: (a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and (b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.*

5. The total number of (a) ATSIHWs; and (b) Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP), in the State of South Australia who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

6. The total number of (a) ATSIHWs; and (b) ATSIHPs, in the State of South Australia, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7. The total number of (a) ATSIHWs; and (b) ATSIHPs, in the State of South Australia who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8. The total number of (a) ATSIHWs; and (b) ATSIHPs, in the State of South Australia who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.

9. The total number of (a) ATSIHWs; and (b) ATSIHPs, in the State of South Australia who are currently employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

10. The total number of (a) ATSIHWs; and (b) ATSIHPs, in the State of South Australia who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

11. The total number of (a) ATSIHWs; and (b) ATSIHPs, who are employed and/or engaged in rural and/or remote locations within the State of South Australia.

12. The total number of ATSIHWs and ATSIHPs in the State of South Australia who from 1 January 2010 (inclusive) were or are currently enrolled in (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care."

A comprehensive search of the Department has been undertaken and found that one document exists that fits within the parameters of your request.

I have determined that the document is to be released in full.

If you are dissatisfied with this determination, you may seek an internal review by writing to the Chief Executive, Department for Health and Wellbeing. Your request should be sent within 30 days of receipt of this letter. I have enclosed a copy of Your Rights to Review and Appeal which explains your review options.

Yours sincerely

[Redacted Signature]

For **VANESSA BRECKNELL**  
Accredited FOI Officer  
Department for Health and Wellbeing

5/9/2018



SCHEDULE OF DOCUMENTS  
FOI2018-00072 - JUSTIN LE BLOND - ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH  
WORKERS

| Doc<br>No. | Document | Exemption Clause | Release Status |
|------------|----------|------------------|----------------|
| 1          | Document |                  | Full Release   |

## FREEDOM OF INFORMATION ACT, 1991

### YOUR RIGHTS TO REVIEW AND APPEAL

#### 1. INTERNAL REVIEW

If you are dissatisfied or "aggrieved" with certain decisions or "determinations" of an agency/council/university (regarding access to documents or amendment of records), under S.29 and S.38 of the Freedom of Information Act (SA), 1991, you can apply to the agency/council/university concerned for an internal review of its determination.

To apply for an internal review of a determination you must write a letter addressed to the Principal Officer or lodge an internal review application form with the same agency/council/university as made the determination. This also must be addressed to the Principal Officer. The application must be accompanied by the appropriate fee (if applicable). The application should be lodged within 30 days of the original determination.

The agency/council/university will undertake its internal review and advise you of its decision within 14 days of receipt of the application.

There is no right to an internal review of a determination made by a Minister or Principal Officer of an agency/council/university.

#### 2. INVESTIGATION BY THE OMBUDSMAN

After an internal review has been completed, if you are still dissatisfied with the agency/council/university's determination, you can request an external review by the Ombudsman of the determination. The Ombudsman is empowered to investigate the conduct of any person or body in relation to a determination made by an agency/council/university under this Act.

You may also request an external review by the Ombudsman if you have no right to an internal review.

The application for review by the Ombudsman should be lodged within 30 days of the date of a determination. The Ombudsman cannot extend this time limit.

Investigations by the Ombudsman are free. Further information is available from the Office of the Ombudsman.

#### 3. REVIEW BY SOUTH AUSTRALIAN CIVIL AND ADMINISTRATIVE TRIBUNAL

You have a right to apply for a review by SACAT if you are unhappy with:

- a determination not subject to internal review
- an internal review determination, or
- the outcome of a review by the Ombudsman SA.

You must exercise your right of review with SACAT within 30 calendar days after being advised of the above types of determinations or the results of a review. Any costs will be determined by SACAT, where applicable.

For more information contact SACAT - Phone: 1800 723 767 Email: [sacat@sacat.sa.gov.au](mailto:sacat@sacat.sa.gov.au)

FOI Requesting Information relating to numbers of employed and identified Aboriginal and/or Torres Strait Islander staff in the Department for Health and Wellbeing within 2010-2018

Response to question:-

- (1) Information requested total number of persons in the State of South Australia who:  
 (a) identified Aboriginal and/or Torres Strait Islander persons  
 (b) are currently employed or engaged in a healthcare occupation  
 (c) by a governmental body, public agency or statutory office in South Australia; and/or  
 (d) by the Department for Health and Wellbeing  
 (Table 1 Breakdown of Healthcare occupations in the Department for Health and Wellbeing)

Table 1

| Breakdown of Healthcare Occupations - Healthcare Occupations |  |
|--|--|
| •  | COMPLAINT & CAPACITY DEVELOPMENT OFFICER       |
| •  | COORDINATOR, WORKING ENVIRONMENTAL HEALTH      |
| •  | SENIOR PROJECT OFFICER, ADMINISTRATION OFFICER |
| •  | DIRECTOR                                       |
| •  | BOARD MEMBER HEALTH PERFORMANCE                |
| •  | PROJECT OFFICER                                |
| •  | SENIOR PROJECT OFFICER, WELL WOMEN'S PROGRAM   |
| •  | OTHER PROJECT OFFICER, EARLY CHILDHOOD         |
| •  | PRINCIPAL ADVISOR                              |
| •  | COMPLAINT & CAPACITY DEVELOPMENT OFFICER       |
| •  | COORDINATION, WORKING ENVIRONMENTAL HEALTH     |
| •  | SENIOR PROJECT OFFICER                         |
| •  | ADMINISTRATION OFFICER                         |

- (2) Information requested total number of persons in the State of South Australia who:  
 identified Aboriginal and/or Torres Strait Islander persons,  
 each employed or engaged between 2010 and 2018 (inclusive), were employed or engaged in a healthcare occupation  
 (b) by the Department for Health and Wellbeing  
 (Table 2 Data provided 2010-2018 & 2017-2018 \* Data for 2012-2018 is unavailability available)

(a) (b) for

Table 2

| Annual Period | Employed & Identified as Aboriginal and/or Torres Strait Islander |
|---------------|---|
| 2010          | 14  |
| 2011          | 20  |
| 2012          | 20  |
| 2018          | 22  |

\* Source: Department for Health and Wellbeing HR Data Warehouse

(3) External data source - Private Health Sector data is not available to the Department for Health and Wellbeing

- (4) Information requested total number of persons in the State of South Australia who:  
 (a) are employed;  
 (b) are in their occupation sector  
 (c) are employed as ATSIHW in the Australian public health sector.  
 Data provided only pertaining to identified and employed persons only.  
 ATSIHWs are not employed in the Department for Health and Wellbeing.  
 \* Unable to provide data pertaining to the number of Aboriginal or Torres Strait Islander persons in the Aboriginal and Torres Strait Islander Community Controlled Health Sector (External data not accessible) and in all workers within the Australian public health sector and the Australian private health sector.

(5) External data source - ATSIHP data is not available to the Department for Health and Wellbeing

(6) External data source - ATSIHP data is not available to the Department for Health and Wellbeing

(7) External data source - AHPRA data is not available to the Department for Health and Wellbeing

(8) External data source - AHPRA data is not available to the Department for Health and Wellbeing

(9) External data source - Aboriginal and Torres Strait Islander Community Controlled Health Services - data is not available to the Department for Health and Wellbeing

(10) External data source - Aboriginal and Torres Strait Islander Community Controlled Health Services - data is not available to the Department for Health and Wellbeing

(11) No data provided pertaining to ATSIHWs or ATSIHP's persons in remote or rural locations. ATSIHWs or ATSIHPs are not employed in the Department for Health and Wellbeing

(12) External data source - Aboriginal Health Council of South Australia is the Private Registered Training Organisation that provide training in Certificate II, III, IV or Diploma Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or Practices - Data is not available to the Department for Health and Wellbeing

ANNEXURE A

DOCUMENT 5

Your ref Department of Health and Human Services  
Our ref AUSN117-869617(JZLB)

# Kennedys

## By Post

Right to Information  
Department of Health and Human Services  
GPO Box 125  
HOBART TASMANIA 7001

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[michael.sack@kennedyslaw.com](mailto:michael.sack@kennedyslaw.com)

20 July 2018

Dear Proper Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - REQUEST FOR INFORMATION PURSUANT TO THE RIGHT TO INFORMATION ACT 2009 (TAS)**

Please accept this letter as a freedom of information request made under the *Right to Information Act 2009 (Tas)* (FOI Request). The FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

Please find enclosed:

- our further letter dated 20 July 2018, which encloses NATSIHWA letter of authority dated 19 July 2018; and
- a cheque in the sum of \$39.50 for the FOI Request.

## A. FOI REQUEST

Please provide all documents recording and/or referring to:

- 1 the total number of persons in the State of Tasmania who:
  - (a) Identify as Aboriginal and/or Torres Strait Islander; and
  - (b) are currently employed or engaged in a Healthcare Occupation;

- (i) by a governmental body, portfolio agency or statutory office in the State of Tasmania; and/or
- (ii) by the Department of Health and Human Services;
- (iii) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
  - (A) in the State of Tasmania; and/or
  - (B) by the Department of Health and Human Services.

2 The total number of persons in the State of Tasmania who:

- (a) identify as Aboriginal and/or Torres Strait Islander; and
- (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a Healthcare Occupation:
  - (i) directly by a governmental body, portfolio agency or statutory office:
    - (A) in the State of Tasmania; and/or
    - (B) by the Department of Health and Human Services;
  - (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
    - (A) in the State of Tasmania; and/or
    - (B) by the Department of Health and Human Services.

3 The total number of persons in the State of Tasmania who:

- (a) identify; and/or
- (b) list as their occupation; and/or
- (c) are employed,

as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian private health sector.

4 The total number of persons in the State of Tasmania who:

- (a) identify; and/or

- (b) list as their occupation; and/or
  - (c) are employed,
- as ATSIHWs in the Australian *public* health sector.

Please provide documents containing the information referred to in items 1 to 4 above:

- (a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and
- (b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.

5 The total number of:

- (a) ATSIHWs; and
- (b) *Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP)*,

in the State of Tasmania who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

6 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in the State of Tasmania, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in the State of Tasmania who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8 The total number of:

- (a) ATSIHWs; and



(b) ATSIHPs,

in the State of Tasmania who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.

9 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in the State of Tasmania who are currently employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

10 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in the State of Tasmania who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

11 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

who are employed and/or engaged in rural and/or remote locations within the State of Tasmania.

12 The total number of ATSIHWs and ATSIHPs in the State of Tasmania who from 1 January 2010 (inclusive) were or are currently enrolled in:

(a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or

(b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or

(c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or

(d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or

(e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or


- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

Notices in response to the FOI Request should be sent to [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com) or alternatively, posted to the below address:

Attention: Michael Sacks  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY NEW SOUTH WALES 2000

Should you have any queries in relation to the above, please do not hesitate to contact Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely

  
Justin Le Blond  
Partner  
for Kennedys

## DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

*Aboriginal or Torres Strait Islander* is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

*Aboriginal and Torres Strait Islander Community Controlled Health Service* is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

*Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)* is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

*Australian healthcare sector* consist of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations within the Commonwealth of Australia. This includes bodies providing primary, secondary and tertiary healthcare.

*Australian health services* include health promotion and disease prevention services, alcohol and drug related services, women's and men's health, child and maternal health, aged care services, services for people living with disability, mental health as well as clinical and hospital services.

*Australian private health sector* comprises activities which occur outside the Australian public health sector and are privately owned and operated.

*Australian public health sector* comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

*Healthcare Occupation* includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

# Kennedys

Your ref Department of Health and Human Services  
Our ref AUSN117-869617(JZLB)

By Post

Right to Information  
Department of Health and Human Services  
GPO Box 125  
HOBART TASMANIA 7001

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

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20 July 2018


Dear Proper Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - LETTER OF AUTHORITY**

We advise that we act for NATSIHWA and refer to the Freedom of Information Request dated 20 July 2018 made to the Department of Health and Human Services, in accordance with the *Right to Information Act 2009 (Tas)* (FOI Request).

We confirm that we are authorised to make the FOI Request on NATSIHWA's behalf in accordance with the enclosed letter of authority dated 19 July 2018.

Yours sincerely

  
Justin LeBlond  
Partner  
for Kennedys

Right to Information  
Department of Health and Human Services

Kennedys

The NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA), authorises Justin Claude Le Blond, Partner and Michael Jacob Sacks, Lawyer of Kennedys (Australasia) to make a Freedom of Information Request to the Department of Health and Human Services (in accordance with the *Right to Information Act 2009* (Tas)) on NATSIHWA's behalf.

Should you have any queries in relation to the above, please contact Karl Briscoe, Chief Executive Officer of NATSIHWA on +61 2 6221 9222 or via email at [CEO@natsihwa.org.au](mailto:CEO@natsihwa.org.au).

  
[Redacted signature]

---

Karl Briscoe  
Chief Executive Officer  
NATSIHWA

Date: 19 July 2018

DPH124-001



St. George Bank - A Division of Westpac Banking Corporation  
200 Macquarie Ave Macquarie NSW 2000

Kennedys

Legal advice in black and white

CHEQUE NO: 107746

DATE: 19/07/18

PAY TO DEPARTMENT OF HEALTH AND HUMAN SERVICES \*\*\*\*\*

OR BEARER THE SUM OF THIRTY-NINE AND 50/100 AUSTR

NOT NEGOTIABLE

\$ \*\*\*\*\*39.50

Kennedys (Australia) Pty Ltd  
ACN 118 302 747



⑈ 107746 ⑈ 3320020552539185 ⑈

See reverse of cheque for security features



ANNEXURE A

DOCUMENT 6

Department of Health

LEGAL SERVICES

Level 7, 22 Elizabeth Street, Hobart, Tasmania  
GPO Box 125, HOBART TAS 7001, Australia  
Ph: 1300 135 513  
Web: www.health.tas.gov.au



**Right to Information Decision**

**Right to Information No.: RTI201819-001**

**Applicant:** Justin Le Blond  
Konradys Lawyers

**Date of Application:** 03 September 2018

**Date of Decision:** 24 September 2018

**Information Requested**

I refer to your application made pursuant to the *Right to Information Act 2009* ('the Act'), which was received by the Department of Health on 03 September 2018 and accepted on 17 July 2018.

The information requested:

1. the total number of persons in the State of Tasmania who:
  - a. identify as **Aboriginal and/or Torres Strait Islander**; and
  - b. are currently employed or engaged in a **Healthcare Occupation**:
    - i. by a governmental body, portfolio agency or statutory office in the State of Tasmania; and/or
    - ii. by the Department of Health and Human Services;
    - iii. by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
      - A. in the State of Tasmania; and/or
      - B. by the Department of Health and Human Services.
2. The total number of persons in the State of Tasmania who:
  - a. identify as **Aboriginal and/or Torres Strait Islander**; and
  - b. for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a **Healthcare Occupation**:
    - i. directly by a governmental body, portfolio agency or statutory office:
      - A. in the State of Tasmania; and/or
      - B. by the Department of Health and Human Services;
    - ii. by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
      - A. in the State of Tasmania; and/or
      - B. by the Department of Health and Human Services.

3. The total number of persons in the State of Tasmania who:
- identify; and/or
  - list as their occupation; and/or
  - are employed,
- as an **Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** in the **Australian private health sector.**
4. The total number of persons in the State of Tasmania who:
- identify; and/or
  - list as their occupation; and/or
  - are employed,
- as **ATSIHWs** in the Australian public health sector.
- Please provide documents containing the information referred to in items 1 to 4 above:
- including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and
  - including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.
5. The total number of:
- ATSIHWs; and
  - Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP),
- in the State of Tasmania who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
6. The total number of:
- ATSIHWs; and
  - ATSIHPs,
- in the State of Tasmania, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
7. The total number of:
- ATSIHWs; and
  - ATSIHPs,
- in the State of Tasmania who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).
8. The total number of:
- ATSIHWs; and
  - ATSIHPs,
- in the State of Tasmania who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.
9. The total number of:
- ATSIHWs; and
  - ATSIHPs,
- in the State of Tasmania who are currently employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

10. 10 The total number of:

- a. ATSIHWs; and
- b. ATSIHPs,

In the State of Tasmania who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

11. 11 The total number of:

- a. ATSIHWs; and
- b. ATSIHPs,

who are employed and/or engaged in rural and/or remote locations within the State of Tasmania.

12. The total number of ATSIHWs and ATSIHPs in the State of Tasmania who from 1 January 2010 (inclusive) were or are currently enrolled in:

- a. Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- b. Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- c. Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- d. Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- e. Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- f. Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- g. Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

## **Application Fee**

The prescribed application fee accompanied this application pursuant to 16(1) of the *Right to Information Act 2009*.

## **Decision and Statement of Reasons**

The information requested is not in existence on the day the application was received.

The public authority does not collect the requested information due to a position of the Anti-Discrimination Commissioner that requesting a person to identify as Aboriginal and/or Torres Strait Islander is discriminatory.

## **Decision Made by**

This decision was made by Michael Reynolds, Deputy Secretary Corporate Services a delegated Right to Information officer of the Department of Health, appointed by an instrument of delegation in accordance with s24 of the *Right to Information Act 2009*.

Under s43 of the Act you have the right to apply for a review of the decision. To seek a review, you must apply in writing to the Secretary, Department of Health, GPO Box 125, HOBART TAS 7001, within 20 working days of receiving this notice. This request can be emailed to [rti@health.tas.gov.au](mailto:rti@health.tas.gov.au)

**ANNEXURE A**

**DOCUMENT 7**

Your ref Australian Bureau of Statistics  
Our ref AUSN117-869617(JZLB)

# Kennedys

## By Post

FOI Contact Officer  
Australian Bureau of Statistics  
Policy and Legislation Section  
Locked Bag 10  
BELCONNEN AUSTRALIAN CAPITAL TERRITORY 2617

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[michael.sack@kennedyslaw.com](mailto:michael.sack@kennedyslaw.com)

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24 July 2018

Dear FOI Contact Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1982 (CTH)**

Please accept this letter as a freedom of information request made under the *Freedom of Information Act 1982 (Cth)* (FOI Request). The FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

Please find enclosed our further letter dated 24 July 2018, which encloses NATSIHWA letter of authority dated 19 July 2018.

## A. FOI REQUEST

Please provide all documents recording and/or referring to:

- 1 the total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:
  - (a) identify as Aboriginal and/or Torres Strait Islander; and
  - (b) are currently employed or engaged in a Healthcare Occupation:
    - (i) by a governmental body, portfolio agency or statutory office in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or

*Kennedys offices, associations and cooperators: Australia, Argentina, Belgium, Bermuda, Brazil, Chile, China, Colombia, Denmark, England and Wales, France, Hong Kong, India, Ireland, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.*

- (ii) by the Australian Government Department of Health; and/or
- (iii) by an Australian State and/or Territory Health Department, and/or
- (iv) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
  - (A) in the Commonwealth of Australia; and/or
  - (B) by the Australian Government Department of Health; and/or
  - (C) by an Australian State and/or Territory Health Department.

2 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

- (a) identify as Aboriginal and/or Torres Strait Islander; and
- (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a Healthcare Occupation:
  - (i) directly by a governmental body, portfolio agency or statutory office:
    - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
    - (B) by the Australian Government Department of Health; and/or
    - (C) by an Australian State and/or Territory Health Department,
  - (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
    - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
    - (B) by the Australian Government Department of Health; and/or
    - (C) by an Australian State and/or Territory Health Department.

3 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

- (a) identify; and/or
- (b) list as their occupation; and/or



(c) are employed,

as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian *private* health sector.

4 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

(a) identify; and/or

(b) list as their occupation; and/or

(c) are employed,

as ATSIHWs in the Australian *public* health sector.

Please provide documents containing the information referred to in items 3 to 4 above:

(a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and

(b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.

5 The total number of:

(a) ATSIHWs; and

(b) Aboriginal and/or Torres Strait Islander Health Practitioners (ATSINP),

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

6 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.

9 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently employed and/or engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.

10 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.

11 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs,

who are employed and/or engaged in rural and/or remote locations within in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia.

12 The total number of ATSIHWs and ATSIHPs in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who from 1 January 2010 (inclusive) were or are currently enrolled in:

- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

13 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are employed and/or engaged in an occupation or role outside a Healthcare Occupation.

Notices in response to the FOI Request should be sent to [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com) or alternatively, posted to the below address:


Attention: Michael Sacks  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY NEW SOUTH WALES 2000

FOI Contact Officer  
Australian Bureau of Statistics

Kennedys

Should you have any queries in relation to the above, please do not hesitate to contact Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely



Justin Le Blond  
Partner  
for Kennedys

## DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

**Aboriginal or Torres Strait Islander** is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

**Aboriginal and Torres Strait Islander Community Controlled Health Service** is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

**Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

**Australian healthcare sector** consist of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations within the Commonwealth of Australia. This includes bodies providing primary, secondary and tertiary healthcare.

**Australian health services** include health promotion and disease prevention services, alcohol and drug related services, women's and men's health, child and maternal health, aged care services, services for people living with disability, mental health as well as clinical and hospital services.

**Australian private health sector** comprises activities which occur outside the Australian public health sector and are privately owned and operated.

**Australian public health sector** comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

**Healthcare Occupation** includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

**Australian State and/or Territory Health Department** means one of the following health departments:

- (a) ACT Health;
- (b) NSW Health;
- (c) Northern Territory Department of Health;
- (d) Queensland Health;
- (e) SA Health;
- (f) Tasmania Department of Health and Human Services;
- (g) Victoria Department of Health and Human Services; and
- (h) Western Australia Department of Health.

# Kennedys

Your ref Australian Bureau of Statistics  
Our ref AUSN117-869617(JZLB)

## By Post

FOI Contact Officer  
Australian Bureau of Statistics  
Policy and Legislation Section  
Locked Bag 10  
BELCONNEN AUSTRALIAN CAPITAL TERRITORY 2617

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

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24 July 2018

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Dear POI Contact Officer

## NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - LETTER OF AUTHORITY

We advise that we act for NATSIHWA and refer to the Freedom of Information Request made to the Australian Bureau of Statistics, in accordance with the *Freedom of Information Act 1982 (Cth)* (FOI Request).

We confirm that we are authorised to make the FOI Request on NATSIHWA's behalf in accordance with the enclosed letter of authority dated 19 July 2018.

Yours sincerely

  
Justin Le Blond  
Partner  
for Kennedys



FOI Contact Officer  
Australian Bureau of Statistics

Kennedys

The NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA), authorises Justin Claude Le Blond, Partner and Michael Jacob Sacks, Lawyer of Kennedys (Australasia) to make a Freedom of Information Request to the Australian Bureau of Statistics (in accordance with the *Freedom of Information Act 1982* (Cth)) on NATSIHWA's behalf.

Should you have any queries in relation to the above, please contact Karl Briscoe, Chief Executive Officer of NATSIHWA on +61 2 6221 9222 or via email at [CEO@natsihwa.org.au](mailto:CEO@natsihwa.org.au).

  
Signature

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Karl Briscoe  
Chief Executive Officer  
NATSIHWA

Date: 17 July 2018

**ANNEXURE A**

**DOCUMENT 8**

## Michael Sacks

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**From:** Jarred Synnott <jarred.synnott@abs.gov.au>  
**Sent:** 02 August 2018 14:47  
**To:** Michael Sacks  
**Subject:** Freedom of Information Request: Acknowledgement of Request  
**Attachments:** FOI Request - Kennedys.pdf

Dear Mr Sacks

I refer to the attached letter from Justin Le Blond received by the ABS on 1 August 2018 in which you seek access to, on behalf of your client, documents under the *Freedom of Information Act 1982 (FOI Act)* regarding Aboriginal and Torres Strait Islander statistics.

*(See attached file: FOI Request - Kennedys.pdf)*

Your request was received by the ABS on 1 August 2018 and the 30 day statutory period for processing your request commenced from that date. In accordance with section 3.139 of the FOI guidelines issued by the Office of the Australian Information Commissioner, the time period for processing your request commenced upon receipt by the ABS of your letter. If this request will take longer than 30 days to process, we will contact you to negotiate an extension of time.

From your letter it appears you are interested in Aboriginal and Torres Strait Islander statistics. The ABS routinely publishes statistics related to Aboriginal and Torres Strait Islander peoples, including information on Aboriginal and Torres Strait Islander education and employment. This information may be accessed via the ABS website or via [this link](#).

If this information does not meet your needs, I would recommend that you contact the ABS' National Information Referral Service (NIRS) on 1300 135 070. NIRS consultants will be able to determine if the ABS collects the information you require and, if the information is collected by the ABS, can advise you on how to access the information. In those cases where the ABS does not collect the data, NIRS consultants may be able to suggest other agencies or departments that you might like to contact.

Should the above be sufficient in meeting your information needs, I would ask that you withdraw your FOI request by email to the below address.

If you wish to proceed with your FOI request, I would note that statistical information collected by the ABS is obtained under the authority of the *Census and Statistics Act 1905*. Under Schedule 2, Part II, Division 2 of the FOI Act, this information is exempt from release through an FOI request. Should you wish to proceed with this matter as an FOI request, I would ask that you notify the ABS by email to the below address promptly, noting that it is likely the information you are seeking would be exempt under Schedule 2, Part II, Division 2 of the FOI Act.

Kind Regards,

*FOI Contact Officer*

Australian Bureau of Statistics

(E) [freedomofinformation@abs.gov.au](mailto:freedomofinformation@abs.gov.au) (W) [www.abs.gov.au](http://www.abs.gov.au)

The ABS Privacy Policy outlines how the ABS handles any personal information that you provide to us

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This email has been scanned for viruses and malicious content by Kennedys email security service provided by Mimecast. For more information on email security, visit <http://www.mimecast.com>

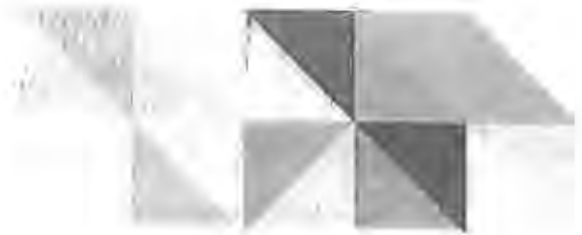
ANNEXURE A

DOCUMENT 9



Canberra Office  
ABS House  
45 Benjamin Way  
Belconnen ACT 2617  
Phone 1300 135 070

Locked Bag 10  
Belconnen ACT 2616  
[www.abs.gov.au](http://www.abs.gov.au)  
ABN 26 331 428 522



Mr Michael Sacks  
Solicitor, Kennedys  
Level 22  
85 Castlereagh St  
Sydney NSW 2000  
Email: [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

Dear Mr Sacks

#### RE: YOUR FREEDOM OF INFORMATION REQUEST

I refer to the letter from Justin Le Blond received by the Australian Bureau of Statistics (ABS) on 1 August 2018 in which you sought access, on behalf of a client, to statistical information under the *Freedom of Information Act 1982* (FOI Act) regarding Aboriginal and Torres Strait Islander persons (**Attachment A**).

#### Response to your request

I am an authorised decision maker under section 23 of the FOI Act.

I have reviewed your request and determined that the information you seek, if held by the ABS, would have been collected under the authority of the *Census and Statistics Act 1905*. Schedule 2, Part II, Division 2 of the FOI Act exempts the ABS from releasing under FOI information collected under the *Census and Statistics Act 1905*. As such, I am unable to approve the release of the information sought.


I would recommend that you contact the ABS' National Information Referral Service (NIRS) to determine if the ABS is able to meet your information needs outside the FOI process. The NIRS can be contacted on 1300 135 070.

#### Internal Review of the Decision

Section 54 of the FOI Act gives you the right to apply for an internal review of the decision by the ABS. Additionally you may request a review of this decision by the Information Commissioner. Details of both procedures involved in an application to review a decision are set out at **Attachment B**.

If you have any queries on this matter please contact the ABS FOI Contact Officer at [freedomofinformation@abs.gov.au](mailto:freedomofinformation@abs.gov.au).

Yours sincerely

  
Peter Morris  
Program Manager  
Risk, Planning and Policy Branch  
Australian Bureau of Statistics

24 August 2018

Your ref: Australian Bureau of Statistics  
Our ref: AUSN17-869617(JZLJ)

# Kennedys

**By Post**

FOI Contact Officer  
Australian Bureau of Statistics  
Policy and Legislation Section  
Locked Bag 19  
MELBOURNE AUSTRALIAN CAPITAL TERRITORY 2617

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j.kelly@kennedys.com.au  
a.fletcher@kennedys.com.au  
24 July 2018

Dear FOI Contact Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 897) (NATSIHWA) - REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1982 (CTH)**

Please accept this letter as a freedom of information request made under the *Freedom of Information Act 1982 (Cth)* (FOI Request). This FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Workers Association Limited (ACN 138 748 897) (NATSIHWA).

Please find enclosed our further letter dated 24 July 2018, which encloses NATSIHWA letter of authority dated 19 July 2018.

**A. FOI REQUEST**

Please provide all documents recording and/or referring to:

1. the total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:
  - (a) identify as Aboriginal and/or Torres Strait Islander; and
  - (b) are currently employed or engaged in a Healthcare Occupation:
    - (i) by a governmental body, portfolio agency or statutory office in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or

Kennedys offers assistance and coordination in Australia, Argentina, Belgium, Canada, France, Germany, Greece, India, Italy, Japan, Korea, Mexico, New Zealand, Northern Ireland, Norway, Poland, Portugal, South Africa, Singapore, Spain, Sweden, Switzerland, Taiwan, United Arab Emirates, United States of America...

- (ii) by the Australian Government Department of Health; and/or
  - (iii) by an Australian State and/or Territory Health Department; and/or
  - (iv) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
    - (A) in the Commonwealth of Australia; and/or
    - (B) by the Australian Government Department of Health; and/or
    - (C) by an Australian State and/or Territory Health Department.
2. The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:
- (a) identify as Aboriginal and/or Torres Strait Islander; and
  - (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a healthcare occupation:
    - (i) directly by a governmental body, portfolio agency or statutory office:
      - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
      - (B) by the Australian Government Department of Health; and/or
      - (C) by an Australian State and/or Territory Health Department;
    - (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
      - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
      - (B) by the Australian Government Department of Health; and/or
      - (C) by an Australian State and/or Territory Health Department.
3. The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:
- (a) identify; and/or
  - (b) list as their occupation; and/or



(c) are employed,

as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian private health sector.

a The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

(a) identify; and/or

(b) list as their occupation; and/or

(c) are employed,

as ATSIHWs in the Australian public health sector.

Please provide documents containing the information referred to in items 1 to 4 above:

(a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and

(b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.

b The total number of:

(a) ATSIHWs; and

(b) Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP).

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

a The total number of:

(a) ATSIHWs; and

(b) ATSIHPs.

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs.

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs.

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.

9 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs.

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

10 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs.

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

11 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs.

FOI Contact Officer  
Australian Bureau of Statistics

## Kennedys

who are employed and/or engaged in rural and/or remote locations within  
in each State and Territory of the Commonwealth of Australia and in the  
Commonwealth of Australia.

12 The total number of ATSHWs and ATSHPs in each State and Territory of the  
Commonwealth of Australia and in the Commonwealth of Australia who from  
1 January 2010 (inclusive) were or are currently enrolled in:

- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

13 The total number of:

- (a) ATSHWs; and
- (b) ATSHPs.

in each State and Territory of the Commonwealth of Australia and in the  
Commonwealth of Australia who are employed and/or engaged in an occupation or role  
outside a Healthcare Occupation.

Notices in response to the FOI Request should be sent to [info@ael.sackajohnkennedyllw.com](mailto:info@ael.sackajohnkennedyllw.com) or  
alternatively, posted to the below address:

Attention: Michael Sachs  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY NEW SOUTH WALES 2008

FOI Contact Officer  
Australian Bureau of Statistics

Kennedys

Should you have any queries in relation to the above, please do not hesitate to contact Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely



Justin Le Blond  
Partner  
for Kennedys

DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

*Aboriginal or Torres Strait Islander* is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

*Aboriginal and Torres Strait Islander Community Controlled Health Service* is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

*Aboriginal and/or Torres Strait Islander Health Worker (ATS/ITW)* is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

*Australian healthcare sector* consist of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations within the Commonwealth of Australia. This includes bodies providing primary, secondary and tertiary healthcare.

*Australian health services* include health promotion and disease prevention services, alcohol and drug related services, women's and men's health, child and maternal health, aged care services, services for people living with disability, mental health as well as clinical and hospital services.

*Australian private health sector* comprises activities which occur outside the Australian public health sector and are privately owned and operated.

*Australian public health sector* comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

*Healthcare Occupation* includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, adviser, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

*Australian State and/or Territory Health Department* means one of the following health departments:

- (a) ACT Health;
- (b) NSW Health;
- (c) Northern Territory Department of Health;
- (d) Queensland Health;
- (e) SA Health;
- (f) Tasmania Department of Health and Human Services;
- (g) Victoria Department of Health and Human Services; and
- (h) Western Australia Department of Health.

Your ref Australian Bureau of Statistics  
Our ref ABSN117-869617(JZL0)

# Kennedys

By Post

FOI Contact Officer  
Australian Bureau of Statistics  
Policy and Legislation Section  
Locked Bag 10  
DELLONGEN AUSTRALIAN CAPITAL TERRITORY 2617

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michael.sackel@kennedys.com.au  
24 July 2018


Dear FOI Contact Officer

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION  
LIMITED (ACN 138 748 697) (NATSIIWA) - LETTER OF AUTHORITY

We advise that we act for NATSIIWA and refer to the Freedom of Information Request made to the Australian Bureau of Statistics, in accordance with the *Freedom of Information Act 1982 (Cth)* (FOI Request).

We confirm that we are authorised to make the FOI Request on NATSIIWA's behalf in accordance with the enclosed letter of authority dated 19 July 2018.

Yours sincerely

  
Jacob Kennedys  
Partner  
for Kennedys

Kennedys offers incorporation and incorporation services in Australia, England, France, Germany, Hong Kong, India, Ireland, Italy, Jersey, the United Kingdom, Luxembourg, Malaysia, New Zealand, the Philippines, Singapore, South Africa, Taiwan, Thailand, the United States of America, the United States of America, the United States of America, the United States of America.

0200027



FOI Contact Officer  
Australian Bureau of Statistics

Kennedys

THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 130 748 697) (NATSIHWA), authorises Justin Claude Le Blond, Partner and Michael Jacob Sachs, Lawyer of Kennedy's (Australia) to make a Freedom of Information Request to the Australian Bureau of Statistics (in accordance with the Freedom of Information Act 1982 (Cth)) on NATSIHWA's behalf.

Should you have any queries in relation to the above, please contact Karl Bishop, Chief Executive Officer of NATSIHWA on +61 2 6221 5222 or via email at CEO@natihwa.org.au.

  
[Redacted Signature]

Karl Bishop  
Chief Executive Officer  
NATSIHWA

Dated 19 July 2013

1. APPLICATION FOR INTERNAL REVIEW OF DECISION

If you disagree with our decision you have the right to apply for an internal review under section 54 of the FOI Act.

Application for a review of the decision must be made within 30 days of a decision.

No particular form is required but it would assist the decision-maker were you to set out in the application the grounds on which you consider that the decision should be reviewed.

Application for a review of the decision should be addressed to:

ABS FOI Contact Officer  
Policy and Legislation Section  
Australian Bureau of Statistics  
Locked Bag 10  
BELCONNEN ACT 2617

OR

2. APPLICATION TO AUSTRALIAN INFORMATION COMMISSIONER (INFORMATION COMMISSIONER) FOR REVIEW OF DECISION

Section 54L of the Act gives you the right to seek a review of the decision from the Information Commissioner. An application for review must be made within 60 days of receiving the decision.

Applications for review must be in writing and must:

- give details of how notices must be sent to you; and
- include a copy of the notice of decision.

You should send your application for review to:

The Information Commissioner  
Office of the Information Commissioner  
GPO Box 5218  
SYDNEY NSW 2001

AND/OR

3. COMPLAINTS TO THE INFORMATION COMMISSIONER

Section 70 of the Act provides that a person may complain to the Information Commissioner about action taken by an agency in the exercise of powers or the performance of functions under the Act.

A complaint to the Information Commissioner must be in writing and identify the agency the complaint is about. It should be directed to the following address:

The Information Commissioner  
Office of the Information Commissioner  
GPO Box 5218  
SYDNEY NSW 2001

The Information Commissioner may decline to investigate the complaint in a number of circumstances, including that you did not exercise your right to ask the agency, the Information Commissioner, a court or tribunal to review the decision.

ANNEXURE A

DOCUMENT 10

Your ref Australian Government Department of Health  
Our ref AUSN117-869617(JZLB)

# Kennedys

## By Post

Freedom of Information Coordinator  
FOI Unit  
Australian Government Department of Health  
GPO Box 9848  
CANBERRA AUSTRALIAN CAPITAL TERRITORY 2601

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Kennedys (Australasia) Pty Ltd  
Level 22  
85 Castlereagh Street  
Sydney NSW 2000  
PO Box A65  
Sydney South NSW 1235  
Australia  
ABN 31 119 302 742

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T +61 2 8215 5951  
T +61 2 8215 5967  
[justin.leblond@kennedyslaw.com](mailto:justin.leblond@kennedyslaw.com)  
[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)  
25 July 2018

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Dear Freedom of Information Coordinator

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1982 (CTH)**

Please accept this letter as a freedom of information request made under the *Freedom of Information Act 1982 (Cth)* (FOI Request). The FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

Please find enclosed our further letter dated 25 July 2018, which encloses NATSIHWA letter of authority dated 25 July 2018.

## A. FOI REQUEST

Please provide all documents recording and/or referring to:

- 1 the total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:
  - (a) identify as Aboriginal and/or Torres Strait Islander; and
  - (b) are currently employed or engaged in a Healthcare Occupation:
    - (i) by a governmental body, portfolio agency or statutory office in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or

Kennedys offices, associations and cooperations: Australia, Argentina, Belgium, Bermuda, Brazil, Chile, China, Colombia, Denmark, England and Wales, France, Hong Kong, India, Ireland, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.

- (ii) by the Australian Government Department of Health; and/or
- (iii) by an Australian State and/or Territory Health Department, and/or
- (iv) by a private body corporate, charitable or not for profit organisation, other private organisation, non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
  - (A) in the Commonwealth of Australia; and/or
  - (B) by the Australian Government Department of Health; and/or
  - (C) by an Australian State and/or Territory Health Department.

2 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

- (a) identify as Aboriginal and/or Torres Strait Islander; and
- (b) for each annual period between 2010 and 2018 (inclusive), were employed or engaged in a Healthcare Occupation:
  - (i) directly by a governmental body, portfolio agency or statutory office:
    - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
    - (B) by the Australian Government Department of Health; and/or
    - (C) by an Australian State and/or Territory Health Department;
  - (ii) by a private body corporate, charitable or not for profit organisation, other private organisation or non-governmental agency, whether or not partly or wholly funded by a governmental body, portfolio agency or statutory office:
    - (A) in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia; and/or
    - (B) by the Australian Government Department of Health; and/or
    - (C) by an Australian State and/or Territory Health Department.

3 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

- (a) identify; and/or
- (b) list as their occupation; and/or

(c) are employed,

as an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) in the Australian *private* health sector.

4 The total number of persons in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who:

(a) identify; and/or

(b) list as their occupation; and/or

(c) are employed,

as ATSIHWs in the Australian *public* health sector.

Please provide documents containing the information referred to in items 1 to 4 above:

(a) including a break-down for each Healthcare Occupation within the Australian healthcare sector and/or which provides Australian health services; and

(b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector and the Australian private health sector.

5 The total number of:

(a) ATSIHWs; and

(b) *Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP),*

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

6 The total number of:

(a) ATSIHWs; and

(b) ATSIHPs.

In each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia, for each annual period between 2010 and 2018 (inclusive), were registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

7 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently registered with the Australian Health Practitioner Regulation Agency (AHPRA).

8 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were registered with AHPRA.

9 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who are currently employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

10 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who, for each annual period between 2010 and 2018 (inclusive), were employed and/or engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

11 The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

who are employed and/or engaged in rural and/or remote locations within  
in each State and Territory of the Commonwealth of Australia and in the  
Commonwealth of Australia.


12. The total number of ATSIHWs and ATSIHPs in each State and Territory of the  
Commonwealth of Australia and in the Commonwealth of Australia who from  
1 January 2010 (inclusive) were or are currently enrolled in:
- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice;  
and/or
  - (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice;  
and/or
  - (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

Notices in response to the FOI Request should be sent to [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com) or  
alternatively, posted to the below address:

Attention: Michael Sacks  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY- NEW SOUTH WALES 2000

Should you have any queries in relation to the above, please do not hesitate to contact  
Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely

  
Justin Le Blond  
Partner  
for Kennedys



## DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

**Aboriginal or Torres Strait Islander** is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

**Aboriginal and Torres Strait Islander Community Controlled Health Service** is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

**Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

**Australian healthcare sector** consist of organised public and private health services, the policies and activities of health departments, health related non-government and community organisations and professional associations within the Commonwealth of Australia. This includes bodies providing primary, secondary and tertiary healthcare.

**Australian health services** include health promotion and disease prevention services; alcohol and drug related services, women's and men's health, child and maternal health, aged care services, services for people living with disability, mental health as well as clinical and hospital services.

**Australian private health sector** comprises activities which occur outside the Australian public health sector and are privately owned and operated.

**Australian public health sector** comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

**Healthcare Occupation** includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

**Australian State and/or Territory Health Department** means one of the following health departments:

- (a) ACT Health;
- (b) NSW Health;
- (c) Northern Territory Department of Health;
- (d) Queensland Health;
- (e) SA Health;
- (f) Tasmania Department of Health and Human Services;
- (g) Victoria Department of Health and Human Services; and
- (h) Western Australia Department of Health.

Your ref Australian Government Department of Health  
Our ref AUSN117-869617(JZLB)

# Kennedys

By Post

Freedom of Information Coordinator  
FOI Unit  
Department of Health  
GPO Box 9848  
CANBERRA AUSTRALIAN CAPITAL TERRITORY 2601

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

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25 July 2018

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Dear Freedom of Information Coordinator

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - LETTER OF AUTHORITY**

We advise that we act for NATSIHWA and refer to the Freedom of Information Request made to the Australian Government Department of Health, in accordance with the *Freedom of Information Act 1982 (Cth) (FOI Request)*.

We confirm that we are authorised to make the FOI Request on NATSIHWA's behalf in accordance with the enclosed letter of authority dated 25 July 2018.

Yours sincerely

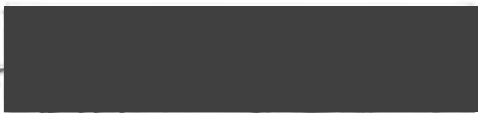
  
Justin Le Blond  
Partner  
for Kennedys

Kennedys offices, associations and cooperations: Australia, Argentina, Belgium, Bermuda, Brazil, Chile, China, Colombia, Denmark, England and Wales, France, Hong Kong, India, Ireland, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.

The NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA), authorises Justin Claude Le Blond, Partner and Michael Jacob Sacks, Lawyer of Kennedys (Australasia) to:

- a) make a Freedom of Information Request to the Australian Government Department of Health (in accordance with the *Freedom of Information Act 1982* (Cth)) on NATSIHWA's behalf (FOI Request);
- b) communicate with the Australian Government Department of Health in relation to the FOI Request; and
- c) receive copies of documents that may be released by the Australian Government Department of Health in response to the FOI Request.

Should you have any queries in relation to the above, please contact Karl Briscoe, Chief Executive Officer of NATSIHWA on +61 2 6221 9222 or via email at [CEO@natsihwa.org.au](mailto:CEO@natsihwa.org.au).



Karl Briscoe  
Chief Executive Officer  
NATSIHWA

Date: 20 July 2018

ANNEXURE A

DOCUMENT 11

## Michael Sacks

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**From:** FOI <FOI@health.gov.au>  
**Sent:** 17 August 2018 19:36  
**To:** 'CEO@natsihwa.org.au'  
**Cc:** Michael Sacks  
**Subject:** FOI 753 - Agreement to administrative release of documents

Mr Briscoe,

The Department of Health has received a Freedom of Information (FOI) request on 30 July 2018, from Justin Le Blond, Kennedys Lawyers, on behalf of the National Aboriginal and Torres Strait Islander Health Worker Association.

The request is to provide documents recording and/or referring to data relating to the employment of Aboriginal and Torres Strait Islander people in the health workforce, including training and registration data, and with specific reference to Aboriginal and Torres Strait Islander Health Workers and Practitioners.

I am advised that Brenton Rodgers, Assistant Director, Innovation and Reform Section, Health Workforce Division, spoke with you on Friday 10<sup>th</sup> August about this request.

Following that discussion, Mr Rodgers advises that your primary interest regarding this request is to obtain any data that the Department may collect and maintain that relates to the Aboriginal and Torres Strait Islander health workforce broadly, and to the Aboriginal and Torres Strait Islander Health Worker and Practitioner health workforce specifically.

Accordingly, Mr Rodgers has suggested that you would agree to obtain this information through a formal request for data, rather than through an FOI process.

It would be greatly appreciated if you could advise the Department by email whether or not you want to receive the requested information outside of the FOI process no later than **5pm Tuesday, 21 August 2018**. If the Department does not hear from you by this time, we will assume that you want this request processed under the FOI Act and the legislative timeframes and costs for processing this request will apply.

Should you have any questions, please contact (02) 6289 1666 or via email at [FOI@health.gov.au](mailto:FOI@health.gov.au).

Casey  
FOI Team

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Legal Advice & Legislation Branch  
Legal & Assurance Division  
Australian Government Department of Health  
T: (02) 6289 1666 | E: [foi@health.gov.au](mailto:foi@health.gov.au)  
PO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.*

Casey Parsons  
A/g FOI Team Leader

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Legal Advice & Legislation Branch  
Legal & Assurance Division  
Australian Government Department of Health  
T: (02) 6289 1662 | E: [casey.parsons@health.gov.au](mailto:casey.parsons@health.gov.au)  
PO Box 9848, Canberra ACT 2601, Australia

*The Department of Health acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.*

**ANNEXURE A**

**DOCUMENT 12**

Your ref Department of Health (East Perth)  
Our ref AUSN117-869617(JZLB)

# Kennedys

By email: [catherine.williamson@health.wa.gov.au](mailto:catherine.williamson@health.wa.gov.au)

Ms Catherine Williamson  
A/Senior Integrity Officer - FOI  
System-Wide Integrity Services  
Governance and System Support Directorate  
Department of Health  
Level 2, C Block, 189 Royal Street  
EAST PERTH WESTERN AUSTRALIA 6004

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Kennedys (Australasia) Pty Ltd  
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[justin.leblonde@kennedystlaw.com](mailto:justin.leblonde@kennedystlaw.com)

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[michael.sacks@kennedystlaw.com](mailto:michael.sacks@kennedystlaw.com)

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8 August 2018

Dear Ms Williamson

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - SUPPLEMENTARY REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1992 (WA)**

We refer to your telephone attendance with our Michael Sacks on 30 July 2018, your email dated 30 July 2018 and previous correspondence.

Please accept this letter as a supplementary freedom of information request made under the *Freedom of Information Act 1992 (WA)* (Supplementary FOI Request). The Supplementary FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

Please provide all documents recording and/or referring to:

- 1 the total number of persons in the State of Western Australia who:
  - (a) identify as Aboriginal and/or Torres Strait Islander; and
  - (b) are currently employed or engaged in a Healthcare Occupation by the WA Public Health System (inclusive of Department of Health and Health Service Providers).
  
- 2 The total number of persons in the State of Western Australia who:
  - (a) identify as Aboriginal and/or Torres Strait Islander; and

Kennedys offices, associations and cooperations: Australia, Argentina, Belgium, Benin, Brazil, Chile, China, Colombia, Denmark, England and Wales, France, Hong Kong, India, Ireland, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.



## DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

**Aboriginal or Torres Strait Islander** is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

**Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

**Australian public health sector** comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

**Healthcare Occupation** includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

ANNEXURE A

DOCUMENT 13



Government of Western Australia  
Department of Health  
Strategy & Governance Division

18-Our Ref: 2018-52  
Contact: Catherine Williamson A/Senior Integrity Officer FOI  
9222 6411

3 September 2018

Mr Michael Sacks  
Kennedy (Australia) Pty Ltd  
PO Box A66  
SYDNEY NSW 1235

via email: michael.sacks@kennedyslaw.com

Dear Mr Sacks

**APPLICATION TO ACCESS DOCUMENTS  
UNDER THE FREEDOM OF INFORMATION ACT 1992 (WA)**

I refer to your Freedom of Information (FOI) application received on 8 August 2018 requesting access to Department of Health (Western Australia) records, specifically information pertaining to the employment of persons of Aboriginal and Torres Strait Islander origin.

Please find enclosed the Notice of Decision in relation to your application.

If you are not satisfied with the decision, you have a right to apply for an internal review. Details of the review process are set out in the Notice of Decision.

You are welcome to contact me if you have any queries.

Yours sincerely

  
Catherine Williamson  
A/Senior Integrity Officer - FOI  
SYSTEM-WIDE INTEGRITY SERVICES

Enc. Attachment 1

**NOTICE OF DECISION  
UNDER SECTION 30 of the  
Freedom of Information Act 1992 (WA)**

**Applicant:** Kennedys (Australasia) Pty Ltd  
**Decision Maker:** Catherine Williamson – A/Senior Integrity Officer  
 Freedom of Information (FOI)  
**Date of Decision:** 8 September 2018  
**Decision:** Full access

**Background information and scope of the request**

On 25 July 2018, an application to access records under the *Freedom of Information Act 1992* was received along with an attached cheque for the \$30 application fee. Due to the scope of this request incorporating records held by private health facilities and possibly tertiary education facilities the scope was narrowed via consultation between Mr Michael Sacks, Solicitor Kennedys and Catherine Williamson, A/Senior Integrity Officer FOI.

Subsequently, on 8 August 2018, your updated FOI application was received by the Department of Health (DoH), requesting access to:

Documents recording and/or referring to:

1. *The total number of persons in the State of Western Australia who:*
  - (a) *Identify as Aboriginal and/or Torres Strait Islander; and*
  - (b) *Are currently employed or engaged in a Healthcare Occupation by the WA Public Health System (Inclusive of Department of Health and Health Service Providers).*
2. *The total number of persons in the State of Western Australia who:*
  - (a) *Identify as Aboriginal and/or Torres Strait Islander; and*
  - (b) *For each annual period between 2010 and 2018 (Inclusive), were employed or engaged in a Healthcare Occupation by the WA Public Health System (Inclusive of Department of Health and Health Service Providers).*
3. *The total number of persons in the State of Western Australia who:*
  - (a) *Identify; and/or*
  - (b) *List as their occupation; and/or*
  - (c) *Are employed,*

***As an Aboriginal and/or Torres Strait Islander Health Worker (ATSHW) in the Australian public health sector.***

*Please provide documents containing the information referred to in items 1 to 4 above including a breakdown for each Healthcare Occupation within the Australian healthcare sector and/or*

### Charges

A cheque in payment of the \$30.00 application fee was received by DoH thus making a valid FOI application.

### The facts

In relation to your application enquiries and searches have been made within the Aboriginal and Public Health Directorate and Data Analytics (Business Performance Branch) in Workforce at Department of Health.

The Business Performance branch as part of the Information and System Performance Directorate has provided a response using data from the Aboriginal Employment dashboards.

All headcount figures are reported as a rolled up figure for the WA Health system by occupational group. The data used for the response was extracted from the HR Data Warehouse on the 10 July 2018. Historical extraction dates can be found in the notes.

The following information is provided in response to your requests in your application:

The enclosed document 1 titled ***"Freedom of Information Request - WA Health System Aboriginal employment information"***

Full access is given, to the information contained within the identified record, as shown on the attached document.

### Right of review - Internal Review Rights

If you are not satisfied with this decision, you have a right to apply for an internal review. An application for internal review must be lodged with this agency within 30 days after being given this written Notice of Decision, and must be -

- in writing;
- provide particulars of the decision to be reviewed; and
- give an address in Australia.

There is no lodgement fee for an application for internal review, and there are no charges for dealing with an internal review request.

If an application for internal review is received, it will not be dealt with by the person who made the initial decision, or by any person who is subordinate to the original decision maker. The outcome for an application for internal review may result in either: confirmation, variation, or reversal, of the initial decision under review. You will be advised of the outcome within 15 days.

## Freedom of Information Request

### WA Health System Aboriginal employment information

1. The total number of persons in the State of Western Australia who:
- Identify as Aboriginal and/or Torres Strait Islander; and
  - Are currently employed or engaged in a Healthcare Occupation by the WA Health System (inclusive of Department of Health and Health Service Providers (HSP's))

Answer:

| Aboriginal Employee Headcount  |            |
|--------------------------------|------------|
| Occupational Groups            | Jun-18     |
| 1. Nursing and Nursing Support | 96         |
| 2. Medical                     | 10         |
| 3. Medical Support             | 309        |
| 4. Admin & Clerical            | 139        |
| 5. Hotel Services              | 106        |
| 6. Site Services               | 17         |
| <b>Total</b>                   | <b>677</b> |

\*Employees may be counted twice if they work in multiple occupational groups or across multiple HSP's.

2. The total number of persons in the State of Western Australia who:
- Identify as Aboriginal and/or Torres Strait Islander; and
  - For each annual period between 2010 and 2018 (inclusive), were employed or engaged in a Healthcare Occupation by the WA Public Health System (inclusive of Department of Health and Health Service Providers)

Answer:

| Aboriginal Employee Headcount  |            |            |            |            |            |            |
|--------------------------------|------------|------------|------------|------------|------------|------------|
| Occupational Groups            | Jun-13     | Jun-14     | Jun-15     | Jun-16     | Jun-17     | Jun-18     |
| 1. Nursing and Nursing Support | 46         | 48         | 43         | 50         | 76         | 96         |
| 2. Medical                     | 2          | 2          | 3          | 4          | 10         | 10         |
| 3. Medical Support             | 287        | 248        | 256        | 256        | 300        | 309        |
| 4. Admin & Clerical            | 93         | 85         | 124        | 114        | 147        | 139        |
| 5. Hotel Services              | 60         | 57         | 88         | 91         | 104        | 106        |
| 6. Site Services               | 12         | 11         | 9          | 9          | 12         | 17         |
| <b>Total</b>                   | <b>500</b> | <b>451</b> | <b>523</b> | <b>524</b> | <b>649</b> | <b>677</b> |

\* Employees may be counted twice if they work in multiple occupational groups or across multiple HSP's

\*\* Data was unavailable for years prior to 2013

3. The total number of persons in the State of Western Australia who:
- Identify; and/or
  - List as their occupation; and/or
  - Are employed,
- As an Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW); in the Australian public health sector.

Answer:

| Position Name            | Employed Headcount Jun-15 |
|--------------------------|---------------------------|
| ABORIGINAL HEALTH WORKER | 80                        |

Note: \* Identification of employees based on position title.

\*\* Employees may be counted twice if they work in multiple occupational groups or across multiple HSP's



4. The total number of:

- (a) ATSIHWs; and
- (b) ATSIHPs,

Who are employed and/or engaged by the WA Public Health System (inclusive of Department of Health and Health Service Providers) in rural and/or remote locations within the State of Western Australia.

Answer: a)

| Position Name            | Employee Headcount Jun-18 |
|--------------------------|---------------------------|
| ABORIGINAL HEALTH WORKER | 64                        |

Note: Identification of employees based on position title

\*\* Employees may be counted twice if they work in multiple occupational groups or across multiple HSP's

Answer: b)

There is a Pilot program currently running in WA Country Health Service (WACHS) whereby Aboriginal Health Practitioners (AHP) are being introduced as a new regulated profession into the workforce. The aim is to pilot the AHP positions in the rural and remote primary health care settings in the region.

#### Notes:

Data Source: HR Data Warehouse.

Data extracted on 11/07/2013 for the month of June 2013, 11/07/2014 for the month of June 2014, 13/07/2015 for the month of June 2015, 08/07/2016 for the month of June 2016, 12/07/2017 for the month of June 2017 and 10/07/2018 for the month of June 2018.

#### Methodology / Data Limitations

- Headcount is the number of active employees who have current contracts at the date of extraction based on a methodology utilising a Unique ID created for each employee.
- Includes employees that
  - hold a 500 position as per section 50B of the Equal Opportunity Act 1984 (a position which is to be filled only by an Aboriginal or Torres Strait Islander applicant) and/or
  - have self-nominated as being from an Aboriginal and/or Torres Strait Islander background.
- Includes all casual and sessional contracts.
- Excludes: Mental Health Commission, The Quadriplegic Centre and Health and Disability Services Complaints Office.
- Excludes Agency staff.
- Excludes permanent and fixed term contracts where employee has no contracted hours recorded.
- Where an employee is acting in a higher level position at the point of data extraction, their substantive position has been excluded from analysis.
- Where an employee holds more than one contract with the Department (e.g. more than one part time position, casual employment contract), the employee is counted only once in the overall count of Aboriginal employees for WA Health but more than once if they occupy multiple positions located in different disciplines or Health care locations.
- Aboriginal employees may not be counted if they have elected not to self-identify.
- Occupational groups are based on financial account codes.
  - Nursing and Nursing Support includes nursing services, casual nurses, enrolled nurses, enrolled mental health nurses, assistants in nursing and agency nurses.
  - Medical includes salaried medical officers, salaried medical practitioners, salaried radiology (medical imaging), salaried radiotherapy, salaried pathology, salaried dental officers, salaried other, sessional clinical, sessional radiology (medical imaging), sessional radiotherapy, sessional pathology, sessional other, agency medical salaried and agency medical sessional.
  - Medical support includes radiology (medical imaging), radiotherapy, pathology, dietitians, podiatry, chaplaincy, health promotions, rehabilitation assistants, other medical support services, dental technician, dental therapists, occupational therapy, pharmacy, physiotherapy,

social work, technical, speech pathology, psychologists, registered dental nurses, dental clinic assistants, Aboriginal health worker, other ancillary services and agency medical support services.

- Admin & Clerical includes general admin & clerical, clinical admin support and agency admin & clerical.
- Hotel services includes catering, cleaning services, orderlies & transport, patient support assistants, laundry & linen, stores & supply, home ancillary worker, agency hotel services.
- Site services includes engineering maintenance services, grounds & gardens, security services, other categories, agency site services, agency other categories.



**ANNEXURE A**

**DOCUMENT 14**

Your ref Australian Health Practitioner Regulation Agency  
Our ref AUSN117-869617(JZLB)

# Kennedys

By email: [foi@ahpra.gov.au](mailto:foi@ahpra.gov.au)

Ms Amy Lipow  
Senior FOI Officer  
National Information Release Unit  
Australian Health Practitioner Regulation Agency  
AHPRA National Office  
GPO Box 9958  
MELBOURNE VICTORIA 3001

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

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26 August 2018

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Dear Proper Officer

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - SUPPLEMENTARY REQUEST FOR INFORMATION PURSUANT TO THE FREEDOM OF INFORMATION ACT 1982 (CTH)**

We refer to your email correspondence dated 24 August 2018, your letter dated 23 August 2018 and please accept this letter as a supplementary freedom of information request made under the *Freedom of Information Act 1982 (Cth)* (FOI Request). The FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (NATSIHWA).

#### A. FOI REQUEST

Please provide all documents recording and/or referring to:

- 1 The total number of *Aboriginal and/or Torres Strait Islander Health Workers* and *Aboriginal and/or Torres Strait Islander Health Practitioners* in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who from 1 January 2010 (inclusive) were or are currently enrolled in:
  - (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
  - (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or

#### DEFINITIONS

For the purposes of the FOI Request, the following terminology applies:

*Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)* is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

**ANNEXURE A**

**DOCUMENT 15**



Chiropractic  
Dental  
Medical  
Nursing and Midwifery  
Optometry

Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

**Private and Confidential**

31 August 2018

Mr Michael Sacks  
Kennedys Law  
Level 22, 85 Castlereagh Street  
SYDNEY NSW 2000

By email only: [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

Dear Mr Sacks

**Freedom of information request**

I refer to your letter of 27 July 2018, in which you sought access under the *Freedom of Information Act 1982* (the FOI Act) to the information listed in paragraphs 1-12 of your application letter.

On 23 August 2018, AHPRA provided you with notice under s 24 of the FOI Act of its intention to refuse access to the documents sought by you in paragraphs 1 – 11 of the request on the basis that the work involved in processing the request would be a substantial and unreasonable diversion of AHPRA's resources.

By letter dated 28 August 2018 you informed us that your client had agreed to re-scope the request to the following, which we note is paragraph 12 of the original request:

*The total number of Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in each State and Territory of the Commonwealth of Australia and in the Commonwealth of Australia who from 1 January 2010 (inclusive) were or are currently enrolled in:*

- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or*
- (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or*
- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or*
- (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or*
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or*
- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or*
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.*

**Australian Health Practitioner Regulation Agency**

GPO Box 9958 | Melbourne Victoria 3001 | [www.ahpra.gov.au](http://www.ahpra.gov.au)

I am an authorised decision-maker under section 23 of the FOI Act. This letter sets out my decision on your request for access.

### ***Materials Relevant to Making of Decision***

In reaching my decision I referred to the following:

- the terms of your request
- the documents relevant to the request
- the FOI Act
- *the Health Practitioner Regulation National Law Act 2009* (National Law)

In applying the FOI Act, I have had regard to the provisions of that legislation as if the amendments made by the *Freedom of Information Amendment (Reform) Act 2010* (Cth) had not taken effect.<sup>1</sup>

### ***Background***

By way of background, the National Law establishes a national registration and accreditation scheme (NRAS) for health practitioners. AHPRA is responsible for administering the NRAS in partnership with 14 National Boards established for the regulated health professions<sup>2</sup>. Therefore, AHPRA only holds registration information about registrants engaged in the 14 health professions including the Aboriginal Torres Strait Islander Health Practice Board (ATSIHP Board). AHPRA does not register Aboriginal Torres Strait Islander Health Workers (ATSIHW) as defined in your request.

The ATSIHP Board came into existence on 1 July 2012, which required any person wishing to practise and use the title of Aboriginal and Torres Strait Islander health practitioner (ATSIHP) to hold registration with the ATSIHP Board and meet the relevant registration standards. This information can be located on the ATSIHP Board website.

### ***Decision***

#### **ATSIHW**

I note from paragraph 12 of your FOI request that you seek information about ATSIHWs and ATSIHPs.

Under section 24A(b)(ii) of the FOI Act, AHPRA can refuse a request if documents cannot be found or do not exist.

<sup>1</sup> See clause 18 of the *Health Practitioner Regulation National Law Regulation* (No 42/2010)

<sup>2</sup> Aboriginal and Torres Strait Islander Health Practice Board; Chinese Medicine Board; Chiropractic Board; Dental Board; Medical Board; Medical Radiation Practice Board; Nursing and Midwifery Board; Occupational Therapy Board; Optometry Board; Osteopathy Board; Pharmacy Board; Physiotherapy Board; Podiatry Board and Psychology Board (Paramedicine Board pending)

I confirm that all reasonable steps have been taken by AHPRA to search for documents relating to ATSIHWs and no such documents were found. Therefore, I am satisfied that the documents do not exist.

On that basis, I have decided to refuse your request in paragraph 12 in respect of ATSIHWs under s 24A of the FOI Act.

#### Approved courses of study

Paragraph 12 of your request outlines seven (7) courses for which you seek documents.

I confirm that all reasonable steps have been taken by AHPRA to search for documents relating to the information sought at paragraphs 12(a)-(c) and 12(e)-(g) of your request and no such documents were found. Therefore, I am satisfied that the documents do not exist.

On that basis, I have decided to refuse your request in paragraphs 12(a)-(c) and 12(e)-(g) under s 24A of the FOI Act.

I confirm that the course listed in 12(d) of your request, *Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice*, is the only approved course of study for registration to the ATSIHP Board.

#### Full access

Your FOI request was processed under section 17 of the FOI Act with the following information extracted from our computer software.

As registration to the ATSIHP Board only came into effect on 1 July 2012, AHPRA is unable to provide the documents under section 24A of the FOI Act for the period 1 January 2010 to 30 June 2012.

For the financial year (FY) 2012/13 and 2013/14 AHPRA is unable to provide a breakdown of student enrolment by State and Territory, but is able to provide the total number of student enrolments as follows:

- FY 2012/13 – 60 Students
- FY 2013/14 – 78 Students

AHPRA apologises for not being able to provide a breakdown as requested for these years.

**Students undertaking ATSIHP approved programs of study as reported in annual reports 2014-15 to 2017-18**

| Students undertaking ATSI approved programs of study | ACT | NSW | NT  | QLD | SA | TAS | VIC | WA  | Total |
|--|-----|-----|-----|-----|----|-----|-----|-----|-------|
| FY 14/15   |     |     | 140 |     |    |     |     |     | 140   |
| FY 15/16   |     | 1   | 72  | 103 | 5  |     | 1   | 78  | 260   |
| FY 16/17   |     | 108 | 90  | 63  | 24 | 2   |     | 123 | 411   |
| FY 17/18   |     | 77  | 74  | 175 | 13 |     |     | 115 | 464   |

**Note:**

State/Territory reflected is the student address state.

**Notes:**

1. Student figures are based on the number of students reported as undertaking an approved program of study within the relevant financial year. This may include ongoing students or students with a completion date falling within the period. These data reflect the information received from education providers.
2. Students are based on the recorded residential state of students. Students that have not provided a valid residential state may not be captured in the state data but are captured in AHPRA's total registered student numbers.
3. Approved programs of study refer to those students enrolled in a course that has been approved by a National Board and leads to general registration. These courses can be found on the AHPRA website: [www.ahpra.gov.au/Education/Approved-Programs-of-Study](http://www.ahpra.gov.au/Education/Approved-Programs-of-Study).

**Charges**

Charges for processing of this request have been waived.

**Review Rights**

You are entitled to seek review of this decision. Your rights to apply for review if you are dissatisfied with my decision are under section 54 of the FOI Act, by writing to Mr Murray Smith, State Manager – AHPRA Victoria, within 30 days of your receipt of this letter.

You also have the right to raise this decision with the Office of the National Health Practitioner Ombudsman and Privacy Commissioner. The National Law establishes the National Health Practitioner Ombudsman (the Ombudsman) and applies the Commonwealth *Ombudsman Act 1976* (the Ombudsman Act), as amended by the *Health Practitioner Regulation National Law Regulation 2010* (Vic). The Ombudsman exists to undertake the functions of the Commonwealth Ombudsman under the Ombudsman Act.

Complaints can be made directly to the Ombudsman if you have concerns with how AHPRA has managed the administrative aspects of your FOI application. However,



the Ombudsman cannot overturn a decision of a Board nor do they have jurisdiction under the FOI Act. A complaint to the National Health Practitioner Ombudsman may be made orally or in writing and should be directed to:

**Office of the National Health Practitioner Ombudsman and Privacy  
Commissioner**

Postal Address: Level 22, 50 Lonsdale Street, Melbourne VIC 3001  
Telephone: 1300 795 285  
Email: [complaints@nhppoc.gov.au](mailto:complaints@nhppoc.gov.au)  
Website: <http://www.nhppoc.gov.au>

Please contact me if you have any questions.

Yours sincerely



**Megan Taylor**

Senior Legal Advisor, National Information Release Unit, National Legal Services

Reference Number: FOI21267

ANNEXURE A

DOCUMENT 16

Your ref: GIPA18/15  
Our ref: AUSN117-869617(JZLB)

# Kennedys

By email: [moh-gipa@health.nsw.gov.au](mailto:moh-gipa@health.nsw.gov.au)

Ms Sonia Makira  
GIPA Specialist  
Corporate Governance & Risk Management  
Legal and Regulatory Services  
New South Wales Ministry of Health  
Locked Mail Bag  
NORTH SYDNEY NEW SOUTH WALES 2059

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[michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com)

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26 September 2018

Dear Ms Makira

**NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH WORKERS ASSOCIATION LIMITED (ACN 138 748 697) (NATSIHWA) - FURTHER SUPPLEMENTARY REQUEST FOR INFORMATION PURSUANT TO THE GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009 (NSW)**

We refer to your Rhonda Smartt's telephone attendance with our Michael Sacks on 26 September 2018, your Sonia Makira's telephone attendance with Mr Sacks on 17 September 2018, your letter dated 6 September 2018, our client's supplementary freedom of information request dated 29 August 2018 made under the *Government Information (Public Access) Act 2009 (NSW)* and previous correspondence.

Please accept this letter as a further supplementary freedom of information request made under the *Government Information (Public Access) Act 2009 (NSW)* (**Further Supplementary FOI Request**). The Further Supplementary FOI Request is made on behalf of our client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (ACN 138 748 697) (**NATSIHWA**).

For the purposes of the Further Supplementary FOI Request, we confirm the following:

- a) the term **Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** includes information about Aboriginal Health Workers under the NSW Health Service Aboriginal Health Workers' (State) Award; and
- b) the term **Aboriginal and/or Torres Strait Islander Health Practitioner (ATSIHP)** includes information about Aboriginal Health Practitioners under the NSW Health Service Aboriginal Health Workers' (State) Award.

*Kennedys offices, associations and cooperations: Australia, Argentina, Belgium, Bermuda, Brazil, Chile, China, Colombia, Denmark, England and Wales, France, Hong Kong, India, Ireland, Italy, Mexico, New Zealand, Northern Ireland, Norway, Pakistan, Peru, Poland, Portugal, Puerto Rico, Russian Federation, Scotland, Singapore, Spain, Sweden, Thailand, United Arab Emirates, United States of America.*

## A. FURTHER SUPPLEMENTARY FOI REQUEST

Please provide all documents recording and/or referring to:

- 1 The total number of persons in the State of New South Wales who identify as **Aboriginal or Torres Strait Islander** and are currently employed or engaged in a **Healthcare Occupation** by NSW Health.
- 2 The total number of persons in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who identify as **Aboriginal or Torres Strait Islander** and were employed or engaged in a **Healthcare Occupation** by NSW Health.
- 3 The total number of **ATSIHWs** and **ATSIHPs**, in the State of New South Wales who are currently employed by NSW Health and registered with the **Aboriginal and Torres Strait Islander Health Practice Board of Australia**.
- 4 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with the **Aboriginal and Torres Strait Islander Health Practice Board of Australia**.
- 5 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales who are currently employed by NSW Health and registered with the **Australian Health Practitioner Regulation Agency (AHPRA)**.
- 6 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with **AHPRA**.
- 7 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales who are currently employed by NSW Health and engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.
- 8 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and engaged in **Aboriginal and Torres Strait Islander Community Controlled Health Services**.
- 9 The total number of **ATSIHWs** and **ATSIHPs** who are currently employed and/or engaged by NSW Health and in rural and/or remote locations within the State of New South Wales.
- 10 The total number of **ATSIHWs** and **ATSIHPs** in the State of New South Wales who were or are currently employed by NSW Health and enrolled in:
  - (a) **Certificate II in Aboriginal and Torres Strait Islander Primary Health Care**; and/or
  - (b) **Certificate III in Aboriginal and Torres Strait Islander Primary Health Care**; and/or

- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care.

The relevant date range for the request in item 10 above is between 1 January 2010 and the present.

## B. DOCUMENT PRODUCTION


- 11 Please provide documents containing the information referred to in Items 1 to 2 above:
- (a) including a break-down for each **Healthcare Occupation**; and
  - (b) including data pertaining to the number of **Aboriginal or Torres Strait Islanders** in both the **Aboriginal and Torres Strait Islander Community Controlled Health Service** and in all other sectors within the **Australian public health sector**.
- 12 Please provide documents containing the information referred to in items 3 to 10 above including a break-down for each **ATSIHWs** and **ATSIHPs**.

Notices in response to the Further Supplementary FOI Request should be sent to [michael.sacks@kennedyslaw.com](mailto:michael.sacks@kennedyslaw.com) or alternatively, posted to the below address:

Attention: Michael Sacks  
Solicitor  
Kennedys  
Level 22  
85 Castlereagh Street  
SYDNEY NEW SOUTH WALES 2000

Should you have any queries in relation to the above, please do not hesitate to contact Michael Sacks, Lawyer on +61 2 8215 5967.

Yours sincerely

  
Justin Le Bond  
Partner  
for Kennedys

## DEFINITIONS

For the purposes of the Further Supplementary FOI Request, the following terminology applies:

**Aboriginal or Torres Strait Islander** is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander person and is accepted as such by the community in which he or she lives.

**Aboriginal and Torres Strait Islander Community Controlled Health Service** is an incorporated Aboriginal or Torres Strait Islander organisation, initiated by and governed by an Aboriginal or Torres Strait Islander body, which is elected by the local community to deliver holistic and culturally appropriate primary healthcare to the community that controls it.

**Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW)** is a person who:

- (a) identifies as an Aboriginal or Torres Strait Islander and is recognised by their community as such;
- (b) is engaged in the delivery of Aboriginal or Torres Strait Islander primary health care and employed as either a Health Worker Trainee, Generalist Health Worker, Advanced Health Worker - Care, Advanced Health Worker - Practice, Health Practitioner, Senior Health Care Worker - Care, Senior Health Worker - Care, Coordinator Care, Senior Health Practitioner or Coordinator Care; and
- (c) has a culturally safe and holistic approach to health care.

**Australian public health sector** comprises all activities done or funded by the relevant State or Territory government and/or the Australian government in the Commonwealth of Australia that deal with issues related to populations, rather than individuals. Such activities include (but are not limited to) communicable disease control, selected health promotion, organised immunisation, environmental health, food standards and hygiene, cancer screening, prevention of hazardous and harmful drug use and public health research.

**Healthcare Occupation** includes (but is not limited to) any occupation or role in which the individual uses their skills and knowledge to promote or achieve better health outcomes. This term is not restricted to occupations/roles that deliver direct clinical care. It also includes roles/occupations which utilise professional knowledge in a direct non-clinical relationship with patients or clients, working in management, administration, education, research, advisor, regulatory or policy development roles and any other roles that impact on safe effective delivery of health services.

ANNEXURE A

DOCUMENT 17





Health

File No: GIPA18/15  
Doc No: G18/1146

Mr Michael Sacks  
Solicitor  
Kennedys  
Level 22, 85 Castlereagh Street  
SYDNEY NSW 2000

Dear Mr Sacks

**Your application for access to government information – Notice of Decision**

I refer to your access application under the *Government Information (Public Access) Act 2009* (GIPA Act), requesting:

"For the purposes of the Further Supplementary FOI Request, we confirm the following:

- a) the term Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) includes information about Aboriginal Health Workers under the NSW Health Service Aboriginal Health Workers' (State) Award; and
- b) the term Aboriginal and/or Torres Strait Islander Health Practitioner (ATSIHP) includes information about Aboriginal Health Practitioners under the NSW Health Service Aboriginal Health Workers' (State) Award.

**A. FURTHER SUPPLEMENTARY FOI REQUEST**

Please provide all documents recording and/or referring to:

- 1 The total number of persons in the State of New South Wales who identify as Aboriginal or Torres Strait Islander and are currently employed or engaged in a Healthcare Occupation by NSW Health.
- 2 The total number of persons in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who identify as Aboriginal or Torres Strait Islander and were employed or engaged in a Healthcare Occupation by NSW Health.
- 3 The total number of ATSIHWs and ATSIHPs, in the State of New South Wales who are currently employed by NSW Health and registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
- 4 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.

NSW Ministry of Health  
ABN 92 697 899 690

73 Miller St North Sydney NSW 2060  
Locked Mail Bag 961 North Sydney NSW 2069  
Tel. (02) 9591 9000 Fax: (02) 9391 9101  
Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)



5 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who are currently employed by NSW Health and registered with the Australian Health Practitioner Regulation Agency (AHPRA).

6 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with AHPRA.

7 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who are currently employed by NSW Health and engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

8 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.

9 The total number of ATSIHWs and ATSIHPs who are currently employed and/or engaged by NSW Health and in rural and/or remote locations within the State of New South Wales.

10 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who were or are currently employed by NSW Health and enrolled in:

- (a) Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (b) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (d) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (f) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (g) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care

The relevant date range for the request in item 10 above is between 1 January 2010 and the present.

## **B. DOCUMENT PRODUCTION**

11 Please provide documents containing the information referred to in items 1 to 2 above:

- (a) including a break-down for each Healthcare Occupation; and
- (b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector.

12 Please provide documents containing the information referred to in items 3 to 10 above including a break-down for each ATSIHWs and ATSIHPs."

Please find attached the Notice of Decision and the documents for release, in response to your GIPA application.

As there was a slight delay in finalising your application, no further processing fees are required. In addition, the Ministry is returning your advance deposit payment. Please find your cheque for \$210.00 attached.

You can ask for this decision to be reviewed. Your review rights are summarised in the enclosed leaflet.

If you have any questions regarding this matter, please contact the GIPA office on phone 9391 9263.

Yours sincerely



Sonia Makira  
**GIPA Specialist, Corporate Governance & Risk Management**

Date: 3 December 2018

Enc: Notice of Decision  
Documents for release  
Your Review Rights Under the GIPA Act  
Returned advance deposit cheque of \$210.00

**Government Information (Public Access) Act 2009**  
**Notice of Decision**

|   |  |
|---|--|
| Applicant   | <b>Mr Michael Sacks Solicitor, Kennedys Law</b><br><b>On behalf of the National Aboriginal and Torres Strait Islander Health Worker Association Limited (NATSIHWA)</b> |
| Agency  | <b>Ministry of Health</b>  |
| File Ref:   | <b>GIPA18/15</b>   |
| Doc Ref:  | <b>G18/1088</b>  |
| Decision maker:   | <b>Sonla Makira, GIPA Specialist</b>   |
| Date of decision:   | <b>3 December 2018</b>   |
| <b>Summary of decision</b>  |  |
| <p>I am authorised by the principal officer for the purposes of section 9(3) of the <i>Government Information (Public Access) Act 2009 (GIPA Act)</i> to decide your access application.</p> <p>You have applied for information under the GIPA Act relating to statistical data from 2010 – 2018 concerning Aboriginal and/or Torres Strait Islander Health Workers (ATSIHW) and Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP), employed under the NSW Health Service Aboriginal Health Workers' (State) Award.</p> <p>The summary of my decision is set out in the Schedule to this Notice. I have determined:</p> <ul style="list-style-type: none"><li>(a) to grant full access to the five documents created under Section 75 of the GIPA Act, in full, in response to points 1, 2, 5, 6, and 9 of your application</li><li>(b) that the information in points 3, 4, 7, 8, 10, 11 &amp; 12 are not held by the NSW Ministry of Health</li></ul> |  |

In this Notice of Decision I will explain my reasons. To meet the requirements of section 61 of the GIPA Act, I need to tell you:

- (a) the reasons for my decision
- (b) the findings on any important questions of fact underlying those reasons; and
- (c) the general nature and format of the records containing the information you asked for.

You can ask for a review of this decision. For details about how to do so, see **part 8** of this Notice.

**1. Summary of access application**

On 27 September 2018, the Ministry received and registered your re-scoped access application dated 26 September 2018, made under the Government Information (Public Access) Act 2009 for the following information:

"For the purposes of the Further Supplementary FOI Request, we confirm the following:

- a) the term Aboriginal and/or Torres Strait Islander Health Worker (ATSIHW) includes information about Aboriginal Health Workers under the NSW Health Service Aboriginal Health Workers' (State) Award; and
- b) the term Aboriginal and/or Torres Strait Islander Health Practitioner (ATSIHP) includes information about Aboriginal Health Practitioners under the NSW Health Service Aboriginal Health Workers' (State) Award.

#### **A. FURTHER SUPPLEMENTARY FOI REQUEST**

Please provide all documents recording and/or referring to:

- 1 The total number of persons in the State of New South Wales who identify as Aboriginal or Torres Strait Islander and are currently employed or engaged in a Healthcare Occupation by NSW Health.
- 2 The total number of persons in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who identify as Aboriginal or Torres Strait Islander and were employed or engaged in a Healthcare Occupation by NSW Health.
- 3 The total number of ATSIHWs and ATSIHPs, in the State of New South Wales who are currently employed by NSW Health and registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
- 4 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia.
- 5 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who are currently employed by NSW Health and registered with the Australian Health Practitioner Regulation Agency (AHPRA).
- 6 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and registered with AHPRA.
- 7 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who are currently employed by NSW Health and engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.
- 8 The total number of ATSIHWs and ATSIHPs in the State of New South Wales, for each annual period between 2010 and 2018 (inclusive), who were employed by NSW Health and engaged in Aboriginal and Torres Strait Islander Community Controlled Health Services.
- 9 The total number of ATSIHWs and ATSIHPs who are currently employed and/or

engaged by NSW Health and in rural and/or remote locations within the State of New South Wales.

10 The total number of ATSIHWs and ATSIHPs in the State of New South Wales who were or are currently employed by NSW Health and enrolled in: Certificate II in Aboriginal and Torres Strait Islander Primary Health Care; and/or

- (a) Certificate III in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (b) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (c) Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (d) Diploma in Aboriginal and Torres Strait Islander Primary Health Care Practice; and/or
- (e) Diploma in Aboriginal and Torres Strait Islander Primary Health Care; and/or
- (f) Advanced Diploma in Aboriginal and Torres Strait Islander Primary Health Care

The relevant date range for the request in item 10 above is between 1 January 2010 and the present.

#### **B. DOCUMENT PRODUCTION**

11 Please provide documents containing the information referred to in items 1 to 2 above.

- (a) including a break-down for each Healthcare Occupation; and
- (b) including data pertaining to the number of Aboriginal or Torres Strait Islanders in both the Aboriginal and Torres Strait Islander Community Controlled Health Service and in all other sectors within the Australian public health sector.

12 Please provide documents containing the information referred to in items 3 to 10 above including a break-down for each ATSIHWs and ATSIHPs."

This new scope was registered as a valid application after the first application, dated 20 July 2018 (and received on 25 July 2018), was considered invalid as the Ministry of Health required additional information, and clarification to commence processing your request.

On 11 October 2018, the Ministry requested an advance deposit to continue processing your application. On 9 November 2018, the Ministry received your cheque for \$210.00, which was payment for 50% of the estimated processing fees. Processing of your application recommenced.

On 3 December 2018, I made my determination regarding your GIPA formal access application.

#### **2. Searches for information**

Under the GIPA Act, we must conduct reasonable searches for the government information you asked for in your application. I have searched our records to find any information that falls within the scope of your application. Information that met the terms of your request was located by Workforce Planning and Development branch. In response to your access application the Ministry was required to create new records. This is allowable under section 75 of the GIPA Act.



These five documents are identified in the Schedule following Section 8.

### **3. The public interest test**

#### **3.1 Public interest considerations**

You have a legally enforceable right to access the information you asked for, unless there is an overriding public interest against its disclosure: section 9(1) of the GIPA Act.

The public interest balancing test for determining whether there is an overriding public interest against disclosure of the information you asked for is set out in section 13 of the GIPA Act. I applied the public interest test by:

- (a) identifying any public interest considerations in favour of disclosure;
- (b) identifying any relevant public interest considerations against disclosure; and
- (c) deciding where the balance between them lies.

I did this in the way required by section 15 of the GIPA Act, which is:

- (a) in a way that promotes the objects of the GIPA Act;
- (b) with regard to any relevant guidelines issued by the Information Commissioner;
- (c) without taking into account the fact that disclosure of information may cause embarrassment to, or a loss of confidence in, the Government (as that fact is irrelevant);
- (d) without taking into account the fact that disclosure of information might be misinterpreted or misunderstood by any person (as that fact is irrelevant); and
- (e) with regard to the fact that disclosure cannot be made subject to any conditions on the use or disclosure of information.

#### **4.1 Public interest considerations in favour of disclosure**

There is a general public interest in favour of disclosing government information: section 12(1) of the GIPA Act. This section sets out some examples of other public interest considerations in favour of disclosure. However, I am not limited to those considerations in deciding your application.

I find the following considerations in favour of disclosure are relevant to your application:

- (a) disclosure of the information could reasonably be expected to promote open discussion of public affairs, enhance Government accountability or contribute to positive and informed debate on issues of public importance; and
- (b) disclosure of the information could reasonably be expected to inform the public about the operations of agencies.

In my view, information about the numbers of our Aboriginal and/or Torres Strait Islander Health Workers (ATSIHW), and Aboriginal and/or Torres Strait Islander Health Practitioners (ATSIHP), employed under the NSW Health Service Aboriginal Health Workers' (State) Award, would be in the interest of your client, the National Aboriginal and Torres Strait Islander Health Worker Association Limited (NATSIHWA), and may be of interest to the public.

## Notice of Decision

### 4.2 Personal factors of the application

I can also take into account any personal factors of your application as per section 56 of the GIPA Act. I have considered that this information concerns your client and their members personally. I have given this significant weight in making this determination.

### 4.3 Public interest considerations against disclosure

When applying the public interest test, the only public interest considerations against disclosure that I can take into account are those set out in the table to section 14 of the GIPA Act. To show that they are relevant to the information you asked for, I need to consider whether they could reasonably be expected to have the effect outlined in the table.

I have not identified any considerations against disclosure as being relevant to your application.

### 4.4 Consultation

Consultation with third parties was not required in this application as the type of information you requested did not include specific information that affected an individual's personal affairs or the business affairs of an agency.

### 4.5 Balancing the public interest test

Having reviewed the information within the document, and weighed up the relevant public interest considerations detailed above in favour of, and against disclosure, I have decided that the balance tips in favour of full disclosure of the information held by the Ministry within scope of the request.

Therefore, it is my decision to release the five documents created under Section 75 of the GIPA Act in full, in response to points 1, 2, 5, 6, and 9 of your application.

I have also decided, under section 58(1)(b) of the GIPA Act, that the information in points 3, 4, 7, 8, 10, 11 & 12 are not held by the NSW Ministry of Health.

### 4.6 Additional information and context regarding the released data

It is relevantly noted that Workforce Planning and Development does not hold historical data as far back as 2010. The years available have been noted in the data tables provided.

## 6. Processing charges

Please find the actual processing time to complete this application detailed below:

| Task   | Hours           | Cost (\$30.00 per hour) |
|--|-----------------|-------------------------|
| File searches, locating and retrieving documents & extracting information  | 6 hours 30 mins | \$195.00                |
| Assessment, review & analysis of documents<br>Redacting information/data as required   | 4 hours         | \$120.00                |
| Determination, writing the decision in accordance with the requirements of the GIPA Act, scheduling of documents assessing final processing fees | 1 hours 30 mins | \$45.00                 |
| <b>TOTAL</b>   | <b>12 hours</b> | <b>\$360.00</b>         |

## Notice of Decision

The actual cost of processing your request is \$360.00. Due to the slight delay in finalising your application, no further processing fees are required. In addition, your advance deposit payment of \$201.00 will be returned to you.

### 6. Disclosure log

If information that would be of interest to other members of the public is released in response to a formal access application, an agency must record certain details about the application in its 'disclosure log' (under sections 25 and 26 of the GIPA Act).

In the letter acknowledging receipt of your valid application, sent on 29 August 2018, you were informed about the disclosure log. You were also advised of your right to object to the inclusion of details about your access application in the disclosure log, in certain circumstances (for example, if you seek access to your own personal information).

You did not object to details about your application being included in the disclosure log.

Upon review of the information and documentation, I have decided that the information would be of interest to other members of the public, and will therefore it will be recorded in our disclosure log, which is publicly available on our website.

### 7. Review rights

If you disagree with any of the decisions in this notice that are reviewable, you may seek a review under Part 6 of the GIPA Act. Before you do so, I encourage you to contact me to discuss your concerns. My contact details are set out below.

You have three review options:

- internal review by another officer of this agency, who is no less senior than me;
- external review by the Information Commissioner; or
- external review by the NSW Civil and Administrative Tribunal (NCAT).

You have 20 working days from the date of this Notice to apply for an internal review. If you would prefer to have the decision reviewed externally, you have 40 working days from the date of this Notice to apply for a review by the Information Commissioner or NCAT.

To assist you, I have enclosed a fact sheet published by the Information and Privacy Commission NSW (IPC), entitled *Your review rights under the GIPA Act*. You will also find some useful information and frequently asked questions on the IPC's website: [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au).

You can also contact the IPC on freecall 1800 IPC NSW (1800 472 678).



Notice of Decision

**8. Further information**

If you have any questions about this notice or would like any further information, please contact Sonia Makira on (02) 9461 7912.



Sonia Makira  
GIPA Specialist  
Corporate Governance & Risk Management

Date: 3 December 2018

Enc: Your Review Rights Under the GIPA Act

### Schedule of Documents

| No. | Description of record that contains the information.  | Format of record | Released or withheld | Relevant public interest consideration(s) against disclosure                |
|-----|---|------------------|----------------------|---|
| 1   | Current Aboriginal Staff by Treasury Group<br><br>Response to Point 1 of application  | Report           | Full release         | Access has been provided by creating a new record — GIPA Act section 75(1). |
| 2   | Historic Aboriginal Staff by Treasury Group<br><br>Response to Point 2 of application   | Report           | Full release         | Access has been provided by creating a new record — GIPA Act section 75(1). |
| 3   | Current number of Aboriginal Health Workers and Aboriginal Health Practitioners<br><br>Response to Point 5 of application                                   | Report           | Full release         | Access has been provided by creating a new record — GIPA Act section 75(1). |
| 4   | Historic number of Aboriginal Health Workers and Aboriginal Health Practitioners<br><br>Response to Point 6 of application                                  | Report           | Full release         | Access has been provided by creating a new record — GIPA Act section 75(1). |
| 5   | The number of Aboriginal Health Workers and Aboriginal Health Practitioners employed in Rural or Remote locations<br><br>Response to Point 9 of application | Report           | Full release         | Access has been provided by creating a new record — GIPA Act section 75(1). |

| <b>Treasury Group (Healthcare Occupation)</b>            | <b>Jun-18</b> |
|--|---------------|
| Medical  | 79            |
| Nursing  | 874           |
| Allied Health Professionals                              | 138           |
| Other Prof & Para Professionals & Clinical Support Staff | 483           |
| Scientific & Technical Clinical Support Staff            | 118           |
| Oral Health Practitioners & Support Workers              | 58            |
| Ambulance Staff  | 120           |
| Clinical Support and Corporate Services                  | 966           |
| Hotel Services   | 391           |
| Maintenance & Trades                                     | 22            |
| Other  | 95            |
| <b>Grand Total</b>                                       | <b>3,342</b>  |

Source: PSC data June 2018

**Note:**

Results include Casual Employees and exclude all Terminated Employees.

Historic Aboriginal Staff by Treasury Group

Document 2

| Treasury Group   | Jun-15      | Jun-16       | Jun-17       | Jun-18       |
|--|-------------|--------------|--------------|--------------|
| Medical  | 63          | 97           | 93           | 79           |
| Nursing  | 652         | 726          | 793          | 874          |
| Allied Health Professionals                              | 95          | 105          | 123          | 138          |
| Other Prof & Para Professionals & Clinical Support Staff | 484         | 474          | 477          | 483          |
| Scientific & Technical Clinical Support Staff            | 70          | 76           | 94           | 118          |
| Oral Health Practitioners & Support Workers              | 42          | 49           | 55           | 56           |
| Ambulance Staff  | 110         | 133          | 120          | 120          |
| Clinical Support and                                     | 795         | 871          | 903          | 966          |
| Hotel Services   | 315         | 372          | 368          | 391          |
| Maintenance & Trades                                     | 18          | 21           | 18           | 22           |
| Other  | 104         | 76           | 59           | 95           |
| <b>Grand Total</b>                                       | <b>2748</b> | <b>3,000</b> | <b>3,103</b> | <b>3,342</b> |

Source: PSC data June 2015, 2016, 2017 and 2018

Notes:

Results include Casual Employees and exclude all Terminated Employees.

| <b>Aboriginal Health Workers &amp; Practitioners</b> | <b>Jun-18</b> |
|--|---------------|
| Aboriginal Health Practitioner Years 1 - 7           | 9             |

Source: SMRS - June 2018

Notes: Include Casual Employees and excludes all Terminated Employees  
NSW Health only holds information about AHPRA registration when it is a  
requirement for the position.

Historic number of Aboriginal Health Workers and Aboriginal Health Practitioners

Document 4

| <b>Aboriginal Health Workers &amp; Practitioners</b> | <b>Jun-17</b> | <b>Jun-18</b> |
|--|---------------|---------------|
| Aboriginal Health Practitioner Years 1 - 7           | 7             | 9             |

Source: SMRS - June 2017, June 2018

Notes: Include Casual Employees and excludes all Terminated Employees

NSW Health only holds information about AHPRA registration when it is a requirement for the position.

Prior to June 17 Aboriginal Health Practitioner Classification did not exist within NSW Health

The number of Aboriginal Health Workers and Aboriginal Health Practitioners employed in Rural or Remote Locations

Document 5

| <b>Aboriginal Health Workers &amp; Health Practitioners</b> | <b>Jun-18</b> |
|---|---------------|
| Rural/Regional  | 297           |

Source: SMRS - June 2018

Notes: Includes AHW & AHP staff who were employed by LHDs outside of Metro Sydney.



## APPENDIX B

## CURRICULUM VITAE

Associate Professor Raymond Lovett, BN, BHSc, M App Epi, PhD

### PERSONAL

**Address:** National Centre for Epidemiology and Population Health  
Australian National University  
ACT 0200

**Phone:** +61 2 6125 5619

**Fax:** +61 2 6125 0740

**Email:** raymond.lovett@anu.edu.au

### EDUCATION AND TRAINING

**1995-1998** Bachelor of Nursing  
Charles Sturt University, Wagga Wagga.

**2000-2001** Bachelor of Health Science (Community & Public Health)  
Charles Sturt University, Dubbo.

**2004-2005** Masters of Applied Epidemiology  
ANU, Canberra.

**2009-2013** PhD in Epidemiology  
ANU, Canberra.  
Title: Mob and Country: a role for identity in alcohol screening for Aboriginal and Torres Strait Islander peoples living in the ACT and region.

**2013** Member of the Australian Institute of Aboriginal and Torres Strait Islander Studies  
Australian Institute of Aboriginal and Torres Strait Islander Studies, Canberra, ACT.

**2015** Short courses in advanced statistical methods in epidemiology, (London School of Hygiene and Tropical Medicine) Short courses in advanced regression and epidemiology (University of Bristol)

### EMPLOYMENT

**1998-2000** Registered Nurse  
Woden Valley Hospital, Canberra, ACT.

**2001-2002** Aboriginal Health Worker/Registered Nurse  
New England Area Health Service, Tamworth, NSW.

**2002-2004** Project Officer Office of the Chief Nurse NSW  
Office of the Chief Nursing Officer, Sydney, NSW.

**2005-2006** Master of Applied Epidemiology Scholar  
Field placements (Australian Institute of Health and Welfare and Winnunga Nimmityjah Aboriginal Health Service), Canberra, ACT.

**2007-2008** Operations Manager  
Winnunga Nimmityjah Aboriginal Health Service, Canberra, ACT.

**2009-2013** Indigenous Research Fellow  
Australian Institute for Aboriginal and Torres Strait Islander Studies, Canberra, ACT

**2013 –Current** Adjunct Research Fellow  
Australian Institute for Aboriginal and Torres Strait Islander Studies, Canberra, ACT

**2011–Current** Adjunct Research Fellow  
Centre for Research and Action in Public Health, University of Canberra, ACT

**2014-present** Associate Professor/ Senior Fellow Epidemiology  
NHMRC Fellow  
National Centre for Epidemiology and Population Health  
Research School of Population Health  
Australian National University

**2016-present** Program Leader Aboriginal and Torres Strait Islander Health  
National Centre for Epidemiology and Population Health  
Research School of Population Health  
Australian National University

## AWARDS

**2018** Recipient, Lowitja Institute Research Leadership Award  
**2016** Vice Chancellor's Award for Reconciliation, Australian National University  
**2013** Scholar of the Year, National Aboriginal and Torres Strait Islander Day Observance Committee (ACT)  
**2013** Student of the Year (Postgraduate), Australian National University, Canberra, ACT  
**2012** Congress Lowitja Aboriginal and Torres Strait Islander Student Award  
**2009** NHMRC Postgraduate Scholarship (ANU)  
**2007** Finalist, Young Leader in Aboriginal and Torres Strait Islander Health  
**2001** Deans Award for Academic Excellence (Charles Sturt University)  
**2001** Finalist, Young Australian of the Year (NSW)

## ADVISORY & SCIENTIFIC ACTIVITIES

**2018-Present** Chair Medicare Benefits Schedule (MBS) review Aboriginal and Torres Strait Islander Reference Group  
**2018-Present** Social Costs of Tobacco in Australia advisory Group  
**2018-Present** Independent Chair, The Indigenous Medication Review Service (IMeRS) study  
**2018** Panel member of National Health and Medical Research Council Aboriginal and Torres Strait Islander Project Grant Review Panel  
**2017-Present** Founding member of the Miam nayri Wingara Indigenous Data Sovereignty Collective  
**2017-Present** Member of the Longitudinal Study of Indigenous Children (LSIC) Steering Committee  
**2017-Present** Member International Indigenous Advisory Council to Indigenous Nursing Research for Health Equity (INRHE) Center, Florida State University, Florida, USA  
**2016-2017** Member of National Health and Medical Research Council Grant Review Panel Aboriginal and Torres Strait Islander Health, Australia  
**2016-Present** Independent Aboriginal Advisor to the National Aboriginal and Torres Strait Islander Health Survey  
**2016-Present** Member of the First 1000 Days Australia Scientific Advisory Committee, The University of Melbourne, Victoria  
**2014-2015** Member of National Health and Medical Research Council Aboriginal and Torres Strait Islander project grant panel  
**2014** Member NHMRC Section 39 committee to develop Principles for accessing and using publicly funded data for health research  
**2013-2018** Lowitja Institute Advisory for Social and Cultural Determinants research  
**2012-Present** Peer reviewer for a number of journals, including: The International Journal for Equity in Health, Medical Journal of Australia, Drug and Alcohol Review, Indigenous Studies, Social Science and Medicine, Tobacco Control  
**2010-2017** Independent Aboriginal Advisor to the National Group on Aboriginal and Torres Strait Islander Health Information and Data

## TEACHING, SUPERVISION & MENTORING

I lecture for the Masters of Public Health on screening and prevention and MAE at the ANU and I am the primary supervisor for 1 Research Fellow, 3 ANU and 2 external (University of Melbourne, Oxford University) PhD students, and 4 MAE students. Since 2010, I have supervised five ANU medical student Indigenous health research projects. I am committed to recruiting, supporting, and graduating Aboriginal and Torres Strait Islander students (graduated to date: 4 MAE students, 1 medical student, and 1 PhD student). Additionally, I mentor several Aboriginal and non-Aboriginal students and colleagues.

## COMPETITIVE RESEARCH AND RESEARCH CONSULTANCY FUNDING

|                  |   |
|------------------|---|
| <b>2017-2018</b> | \$294,000, The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC, 'Mayi Kuwayu' sample extension study for hard to reach groups. Chief Investigators: Raymond Lovett, Emily Banks, Ngiare Brown, Mark Wenitong, Terry Dunbar, Catherine D'este, Wei Du, Anna Olsen, Lisa Strelein.   |
| <b>2017-2018</b> | \$300,000, The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC, Discourse, Data and Deficit: Deconstructing the 'Indigenous Health' paradigm and its effects on Aboriginal and Torres Strait Islander peoples. Chief Investigators: Michael Dodson, Raymond Lovett, Bill Fogarty, Scott Goringe, Ben Wilson, Katherine Thurber.  |
| <b>2017-2020</b> | \$1,300,000, NHMRC Partnership Grant, Whole-of-population linked data: strengthening the evidence to drive improvement in health and health care in Australia. Chief Investigators: Rosemary Korda, Emily Banks, John Lynch, Louisa Jorm, Walter Abhayaratna, Nicholas Biddle, Raymond Lovett, Naomi Priest, Bianca Calabria.   |
| <b>2017-2020</b> | \$2,600,000, Department of Health, Improving uptake of an absolute risk approach to cardiovascular disease in Aboriginal and Torres Strait Islander people. Chief Investigators: Emily Banks, Raymond Lovett, Jason Agostino, Elie Paige, Vicki Wade, Rosemary Korda, Kim Greaves, Kirsty Douglas, Christine Phillips, Katrina Anderson, Cathy Day.   |
| <b>2017-2020</b> | \$4,394,306, Department of Social Services Research Grant, A study on Family, Domestic and Sexual Violence within Aboriginal and Torres Strait Islander Communities. Chief Investigators: Raymond Lovett, Matthew Gray, Emily Banks, Katherine Thurber, Jill Guthrie, Naomi Priest, Katherine Waldby, Bianca Calabria.  |
| <b>2017-2021</b> | \$1,915,801.50, NHMRC Project Grant, Understanding the connections between Aboriginal and Torres Strait Islander culture, health and wellbeing to support action to improve outcomes. Chief Investigators: Raymond Lovett, Emily Banks, Ngiare Brown, Mark Wenitong, Terry Dunbar, Catherine D'este, Wei Du, Anna Olsen, Janet Smylie.  |
| <b>2016-2018</b> | \$827,877, The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC, 'Mayi Kuwayu' – a large-scale longitudinal study of culture in Aboriginal and Torres Strait Islander wellbeing. Chief Investigators: Raymond Lovett, Emily Banks, Ngiare Brown, Mark Wenitong, Terry Dunbar, Catherine D'este, Wei Du, Anna Olsen, Lisa Strelein.  |
| <b>2017-2018</b> | \$148,656, Australian National Research Organisation for Women's Safety (ANROWS), Addressing family violence in Indigenous communities: principles, practice and evaluation. Chief Investigators: Raymond Lovett, Anna Olsen, Marisa Fogarty, Bianca Calabria, Sid Barone, Yvonne Cadet-James, Sarah Maclean, Jamie O'Neill, Anthony Shakeshaft, Komla Tsey, Mary E Whiteside.  |
| <b>2016-2017</b> | \$138,447, The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC, Identifying the core elements of the cultural determinants of health of Aboriginal and Torres Strait Islander peoples: a research project. Chief Investigators: Raymond Lovett, Jill Guthrie.  |
| <b>2015-2018</b> | \$297,367, NHMRC Early Career Fellowship, The longitudinal study of Aboriginal and Torres Strait Islander Peoples' wellbeing (Mayi Kuwayu). Chief Investigators: Raymond Lovett.  |
| <b>2015-2016</b> | \$98,000, Australian National Research Organisation for Women's Safety, Existing knowledge, practice and responses to violence against women in Australian Indigenous communities: State of knowledge paper. Chief Investigators: Raymond Lovett, Anna Olsen.   |
| <b>2013-2014</b> | \$75,000, The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC, Culture mediation approach in Aboriginal primary health care: Impacts on screening and treatment for risky alcohol consumption. Chief Investigators: Raymond Lovett.  |
| <b>2013</b>      | \$238,000, NHMRC Review of Ethics Guidelines, Evaluation of the national health and medical research council documents: guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research 2004 (values and ethics) and Keeping Research on Track: a guide for Aboriginal and Torres Strait Islander peoples about health research ethics 2005 (Keeping Research on Track). Chief Investigators: Raymond Lovett, Mary Guthrie. |
| <b>2009-2012</b> | \$58,765, NHMRC Strategic Awards, Urgent Research - H1N1 Influenza, Surveillance for H1N1 Influenza D9 and evaluation of the impact of control measures in prisoner population.   |

Chief Investigators: Kamalini Lokuge, Michael Levi, Paul Kelly, Jill Guthrie, Geoff Mercer, Leslee Roberts, Charles Guest, Raymond Lovett, Kyle Turner.

2009-2012 \$68,031, NHMRC Training Scholarship (PhD), Training scholarship for Indigenous Australian Health research: Measuring reliability of screening instruments for urban Indigenous people experiencing problematic alcohol use. Chief Investigators: Raymond Lovett

## PUBLICATIONS

### Peer reviewed articles

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2. Lovett, R 2018, Absolute cardiovascular disease risk and lipid-lowering therapy among Aboriginal and Torres Strait Islander Australians', *The Medical Journal of Australia* (Online), vol. 209, no. 8, pp. 368-370pp.
3. Salmon, M, Doery, K, Dance, P, Chapman, J, Gilbert, R, Williams R, Lovett, R. 2018, 'Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and their Links to Health and Wellbeing', ANU Online.
4. Jones, R. Thurber, KA. Wright, A. Chapman, J. Donohoe, P. Davis, V. Lovett, R. 2018, Associations between participation in a ranger program and health and wellbeing outcomes among Aboriginal and Torres Strait Islander people in central Australia: A proof of concept study, *International Journal of Environmental Research and Public Health*, vol. 15, no. 7, pp. 1-13.
5. Thurber, KA. Olsen, A. Guthrie, J. McCormick, R. Hunter, A. Jones, R. Maher, B. Banwell, C. Jones, R. Calabria, B and Lovett, R. 2018. Telling our story. Creating our own history: Caregivers reasons for participating in an Australian longitudinal study of Indigenous children, *International Journal for Equity in Health*, vol. 17, no. 143, pp. 15pp.
6. Wright, A, Cameron, H, Roe, Y et al 2018, Analysing aggregate clinical data to support evaluation of the Tackling Indigenous Smoking program 2014-16, *Australian Health Review*, August 2018, pp. 1-7. doi.org/10.1071/AH18009
7. Calabria, B., Korda, R., Lovett, R., Fernando, P., Martin, T., Malinoo, L., & Banks, E. (2018). Absolute cardiovascular disease risk and use of lipid-lowering therapy among Aboriginal and Torres Strait Islander people: evidence to optimise prevention. *The Medical Journal of Australia*. 209(1) pp35-41.
8. Jones, R., Thurber KA., Chapman, J., D'Este, C., Smylie, J., Davy, M, Lovett, R., On behalf of the Mayi Kuwayu Study Team. (2018). Study protocol: Our Cultures Count, the Mayi Kuwayu Study, a national longitudinal study of Aboriginal and Torres Strait Islander wellbeing. *BMJ Open*;8:e023861. doi:10.1136/bmjopen-2018-023861.
9. Bourke, S., Wright, A., Guthrie, J., Russell, L., Dunbar, T., Lovett, R. (2018). An evidence review of Indigenous culture for health and wellbeing. *International Journal of Health, Wellness, and Society* (under review). Lowitja Institute Grant 017-G-031: (2017-2018)
10. Salmon M., Skelton, F., Thurber K. A., Bennetts Kneebone, L., Gosling, J., Lovett, R., & Walter, M. (2018). Intergenerational and early life influences on the wellbeing of Australian Aboriginal and Torres Strait Islander children: overview and selected findings from Footprints in Time, the Longitudinal Study of Indigenous Children. *Journal of Developmental Origins of Health and Disease*: DOHaD-11-17-RE-0890.R1 (In Press: accepted 12 February).



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#### BOOK CHAPTERS

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33. Lovett, R. (2018). A history of health services for Aboriginal and Torres Strait Islander people. In O. Best & B. Fredericks (Eds) 2<sup>nd</sup> edition, *Yatjulinjin: Aboriginal and Torres Strait Islander Nursing & Midwifery Care* (pp. 28-44). Port Melbourne: Cambridge.
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37. Lovett, R. (2014). A history of health services for Aboriginal and Torres Strait Islander people. In O. Best & B. Fredericks (Eds), *Yatjulinjin: Aboriginal and Torres Strait Islander Nursing & Midwifery Care* (pp. 31-48). Port Melbourne: Cambridge. *Tobacco Control*

#### FULLY REFEREED CONFERENCE PROCEEDINGS

38. Chapman, J., Jones, R., Thurber, KA., & Lovett, R (2018, February). *Our Cultures Count: Mayi Kuwayu – The National Study of Aboriginal and Torres Strait Islander Wellbeing*, Chiefs of Ontario Health Forum, Toronto.
39. Contrell, J., Choi, W., Corniford, A., Dhallwa, N., D'Silva, J., Gahn, D., Hayward, G. Waa, A. Lovett, R. Thurber, K, Maddox, R. (2018, February). *Engaging Indigenous Communities in Tobacco Control Research*. Society for Research on Nicotine and Tobacco, Society for Research on Nicotine and Tobacco, Baltimore.
40. Lovett, R (2018, September) *Social and Cultural Determinants of Aboriginal and Torres Strait Islander Health*, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Professional Development Conference, Adelaide.
41. Lovett, R (2018, October) *Ethics and Equity- Effective use of data for Indigenous Health*, Australian Academy of Health and Medical Sciences Annual General and Scientific Meeting 2018- Dig Data in Health and Medical Science, Melbourne.
42. Lovett, R (2018, October) *NCEPH Today, Aboriginal and Torres Strait Islander Health research* National Centre for Epidemiology and Population Health (NCEPH) @30, Canberra.
43. Lovett, R (2018, October) *Indigenous Health Workforce Participation*, National Conference on Indigenous Health Workforce Leadership, Brisbane.
44. Seriat, E & Williams, R (2018, November) *The Official Launch of the Mayi Kuwayu Study*, National Aboriginal Community Controlled Health Organisation Members Conference, Brisbane.
45. Lovett, R (2018, November) *Developing a National Indigenous Longitudinal Study (Mayi Kuwayu) in Australia*, International Data Week 2018- Digital Frontiers of Global Science, Botswana.
46. Lovett, R (2018) *The development of Cultural Indicators for the Mayi Kuwayu Study*, The Importance of Developing Indigenous Health Measurement Tools, Canberra.
47. Gruen, R & Lovett, R (2018, November) *Indigenous Research within the College of Health and Medicine*, ANU Indigenous Research Forum, Canberra.
48. Lovett, R, Jones, R & Chapman, J (2018, November) *The cultural determinants of health and wellbeing among Aboriginal and Torres Strait Islander peoples in Australia*, Healing our Spirits Worldwide, Sydney.
49. Lovett, R., & Chapman, J. (2017, November). *Cultural Determinants of Health: The Mayi Kuwayu Study*. Indigenous Allied Health Australia Conference (IAHA). Perth.
50. Lovett, R. (2017, October). *Deadly progress: Changes in Aboriginal and Torres Strait Islander daily smoking*. Oceania Tobacco Control Conference, Hobart.
51. Lovett, R., (2017, October). *Mayi Kuwayu: a national study of culture and wellbeing among Aboriginal and Torres Strait Islander peoples*. Our Health Counts Yesterday, Today and Tomorrow: National Aboriginal Community Controlled Health Organisation Annual Conference, Canberra.
52. Lonebear, D., Carroll-Rainee, S., Lovett, R., & Kukutai, T. (2017, September). *Indigenous Data Sovereignty*, IG International Indigenous Data Sovereignty - RDA 10th Plenary meeting. Montreal.
53. Lovett, R., Walter, M., Lee, V., Bodkin-Andrews, G., & Taylor, J. (2017, March). *Aboriginal and Torres Strait Islander data sovereignty in Australia: principles and practice*. Australian Institute



of Aboriginal and Torres Strait Islander Studies (AIATSIS) National Indigenous Research Conference, Canberra.

54. Lovett, R., Luke, J., Munro-Harrison, E., Glover, K., Thorpe, A., Cairney, S., & Lyons, J. (2017, March). *Culture as a health asset: how and why we need to measure the cultural determinants of health and wellbeing for Aboriginal and Torres Strait Islander peoples*. Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) National Indigenous Research Conference, Canberra.

#### OTHER PUBLICATIONS

55. Paige, E. Agostino, J. Phillips, C. Wade, V. O'Donoghue Jenkins, L. McLoughlin, K. Ford, L. Pennings, S. Daluwatta, A. Korda, R. Greaves, K. Lovett, R. Banks, E. Review of evidence for the alignment of guidelines on Aboriginal and Torres Strait Islander absolute cardiovascular disease risk, 2017. ANU online: Available [here](#).
56. Lovett, R., Schirmer, J., Thurber, K., Chapman, J., & Coleman, C. (2017). *Caring for country and wellbeing: views, values, and experiences of Aboriginal and Torres Strait Islanders living in the Murray Local Land Services region*.
57. Lovett, R., & Guthrie, M. (2013). Evaluation of the National Health and Medical Research Council documents: Guidelines for ethical conduct in Aboriginal and Torres Strait Islander health research 2004 (values and ethics) and Keeping Research on Track: a guide for Aboriginal and Torres Strait Islander Peoples about health research ethics 2005. Available [here](#).
58. Lovett, R., Guthrie, M., Gilbert, R., & Snejdler, M. (2013). *Researching right way, Aboriginal and Torres Strait Islander health research ethics: a domestic and international review*. Available [here](#).
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61. Lovett, R. (2010). *ACT Aboriginal and Torres Strait Islander Tobacco Control Strategy 2010-2014*. Available [here](#).