



Joint NSW Health Professional Councils and Health Professional Councils Authority

Aboriginal Cultural Safety Strategy
2023 – 2024



Health Professional Councils Authority

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Acknowledgement of Country

The NSW Health Professional Councils and the Health Professional Councils Authority pay respect to the traditional custodians of Country and acknowledge the wisdom of Elders who have passed, those of today and tomorrow and pay respect to Aboriginal communities of the land on which we live and work.

About the Artwork

The intention behind this artwork is to convey the collaborative efforts of the NSW Health Professional Councils and the Health Professional Councils Authority in their endeavour to promote health and safety for Aboriginal people. The artwork serves as a visual representation of a shared journey, where all elements converge in the central Gathering symbol. Within this symbol, the hands represent the values of Safety, Service, Healing, and Protection, which hold significant meaning in Aboriginal cultures. Additionally, the three rings in the middle symbolise Voice, further emphasising the importance of communication.

The larger circles featured in the artwork symbolise the connection to communities across our land. From the central Gathering symbol, pathways extend outward, reaching out to these communities. The rest of the artwork showcases diverse landscapes including rivers, sky, mountains, forests, sea, and flat country, symbolising the resilience, vitality, and enduring spirit of Aboriginal people and their Country.

The interconnectedness portrayed in the artwork signifies a respectful partnership built on the foundations of active listening, continuous learning, mutual respect, and inclusivity. The vibrant colours and radiant circular bursts within the artwork embody our vision for a future where all Aboriginal people can experience happiness, good health, and safety.



About the Artist

Lani Balzan is a distinguished Aboriginal artist and graphic designer, specialising in the creation of Indigenous canvas art, graphic design, logo design, Reconciliation Action Plans and document design.

Lani takes immense pride in her Aboriginal heritage as a member of the Wiradjuri people, specifically belonging to the three-river tribe. Although her family originates from Mudgee, she spent her formative years traversing various locations across Australia. She established her business in Illawarra, New South Wales, and has recently relocated to Mid-North Queensland.

In 2016, Lani's exceptional artistic talent was recognised when she was named the winner of the prestigious 2016 NAIDOC Poster Competition with her captivating artwork titled "Songlines." This artwork was selected as the theme for the 2016 NAIDOC celebrations throughout the nation.

Since 2013, Lani has been passionately creating Aboriginal art, and her work has achieved resounding success nationwide. One of her principal aspirations and sources of inspiration is to foster a stronger connection to her cultural roots and contribute to the ongoing process of reconciliation. Lani endeavours to bring people and communities together, facilitating a deeper understanding and appreciation of the incredible culture that thrives within Australia.

Lani Balzan

Aboriginal Art by Lani

aboriginalartbylani.com.au

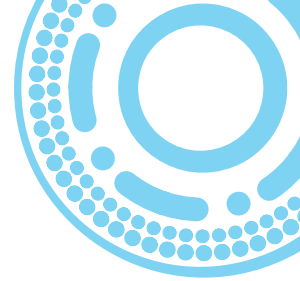
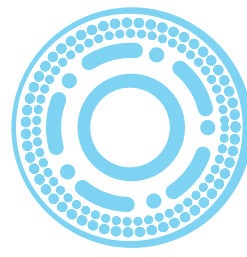




A note on language

- Within NSW Health, the term ‘Aboriginal’ is generally used in preference to ‘Aboriginal and Torres Strait Islander’, in recognition that Aboriginal people are the original inhabitants of NSW.
- In this document, the term ‘we’ refers to the 15 NSW Health Professional Councils (the Councils) and the Health Professional Councils Authority (HPCA) collectively. We use the individual terms of ‘the Councils’ or ‘HPCA’ when referring specifically to either group.
- The term ‘health practitioners’ also includes students undertaking an approved program of study in a registered health profession in NSW.
- The term ‘Aboriginal Health Practitioner’ refers to healthcare professionals who are registered by the Aboriginal and Torres Strait Islander Health Practice Board. Aboriginal Health Practitioners are primary healthcare professionals who are Aboriginal and/or Torres Strait Islander and who provide clinical care services to Aboriginal and Torres Strait Islander people and communities.
- In this Strategy, we use the phrase ‘Aboriginal health professionals’ to refer to individuals from all registered health professions, such as nurses or doctors, who are Aboriginal.

Introduction



We acknowledge and respect the strength, resilience, knowledge, and wisdom of the Aboriginal communities who lead the way in improving the health and wellbeing of Aboriginal people through advocacy and by providing culturally safe healthcare environments for all.

The significant impact of colonisation on Aboriginal people, families, and communities, directly contributes to the health disparities experienced by many Aboriginal people. Racism, at individual and institutional levels, remains one of the main drivers of poorer health outcomes for Aboriginal people¹. As health regulators, we acknowledge that Aboriginal people experience barriers to accessing culturally safe healthcare and that this can result in substandard care.

We have a collective responsibility to create environments where all people involved in healthcare regulation have the skills and capabilities to support Aboriginal patients, clients, and community members. In doing this work, we are guided by the expertise and lived experience of Aboriginal people, while at the same time committing to engaging in self-reflective practice so that this challenge does not fall solely on Aboriginal people.

Through this Strategy, we commit to listening to and learning from the experiences of Aboriginal people, with openness, humility, and respect. We humbly seek to do our part to eliminate racism from the health system in NSW.

“Aboriginal people belong to a strong living culture that has continued to thrive for thousands of years. Along with a history of survival, healing and resilience, Aboriginal people have a proud heritage of commitment to family and community, spirituality, and have strong connections to culture and country. Aboriginal people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and the environment.”

National Aboriginal and Torres Strait Islander Health Plan 2013–2023

“Some of our elders don’t understand what health professionals are saying, not because of the medical terminology but because of the language barrier. They need to be informed about their health care, and I have encouraged them to ask questions so they can understand the process.”

Rae Reed

Member, Aboriginal and Torres Strait Islander Health Practice Council of NSW

“Some Aboriginal people are scared to say anything about their health care concerns, for fear of backlash or, that if they tell someone, it won’t get passed on. I have tried to encourage them and their families-if you don’t think it’s right, and something is wrong, you put in a complaint. You don’t stand back and just let it slide. For health professionals, if a patient comes to you with a complaint, take it seriously, because to the patient it is serious.”

Rae Reed

Member, Aboriginal and Torres Strait Islander Health Practice Council of NSW

¹ [National Aboriginal and Torres Strait Islander Health Plan 2013–2023](#), p.53

Defining cultural safety

In this Strategy, we adopt the definition of cultural safety set out in the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025², developed by the Australian Health Practitioner Regulation Agency and National Boards.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Principles

The following principles inform the definition of cultural safety:

- Prioritising COAG's goal to deliver healthcare free of racism supported by the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#)
- Improved health service provision supported by the [Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health](#)
- Provision of a rights-based approach to healthcare supported by the [United Nations Declaration on the Rights of Indigenous Peoples](#)
- Ongoing commitment to learning, education and training.

How

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Reproduced with permission from the Australian Health Practitioner Regulation Agency and National Boards.

Our aim in this Strategy is to support individual practitioners, the registered health professions, and the broader regulatory system, to strengthen and embed a culture of ongoing learning and continuous improvement in culturally safe practice. Through this Strategy, we aim to increase our understanding of the experiences of Aboriginal people in the healthcare system, through capturing data and information, to support accountability and improved, evidence-based practice.

We aim to improve the experiences of Aboriginal people who interact with the NSW healthcare and regulatory system by:

1. Supporting health practitioners and all registered health professions to enhance their cultural awareness and competencies.
2. Supporting Aboriginal patients, clients, and community members, to feel confident to raise concerns about their healthcare.
3. Strengthening the regulatory system through collaboration, to improve consistency and quality in the regulation of health practitioners in NSW.

² [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)

Aboriginal Cultural Safety Working Group

We acknowledge and are grateful to the Councils and HPCA Aboriginal Cultural Safety Working Group (the Working Group) for creating this Strategy. The Working Group was formed to create a strategy that aims to establish a culturally safe and responsive environment for everyone participating in the regulatory activity of the Councils and the HPCA.

The current Aboriginal Cultural Safety Working Group recognises and acknowledges the previous Cultural Safety Working Party who undertook an initial body of work in 2020.

Consistent with best practice in co-design with Aboriginal people, the Working Group comprises 50% Aboriginal membership. This Strategy is shaped by the generously shared expertise, lived experience and knowledge of the Aboriginal members of the group. Consistent with the National Agreement on Closing the Gap³, we recognise that Aboriginal communities know what works best for them, and that when policies are designed and implemented by communities, they are far more successful.

Thank you to the Aboriginal members of the Working Group. Together, the group brings extensive experience from the health, education, community, government, and private sectors.



Member name	Aboriginal Country	Organisation	Role title
Ms Rae Reed	Wonnarua Nation	Aboriginal and Torres Strait Islander Health Practice Council of NSW	Council Member
Mr Peter Lang	Wiradjuri	Paramedicine Council of NSW	Deputy President
Ms Gay Lose	Stolen Generation	Centre for Aboriginal Health – NSW Health	Principal Advisor, System Development and Strategic Projects
Ms Ebony Eulo	Budjiti	Health Education and Training (HETI)	Aboriginal Health Educator/Project Officer
Mr Liam Harte	Dunghutti	SEE Partners Consultancy	Principal
Ms Susan Anderson	Gamilaroi	Centre for Aboriginal Health – NSW Health	Principal Advisor, Partnerships and Strategy

Appendix 1 provides further information about the Working Group.

This Strategy is informed by the understanding that cultural safety is determined by Aboriginal people. Through building trusted relationships, we aim to support Aboriginal patients, clients, and community members, to raise their concerns when they feel things are not right. We are committed to working collaboratively to improve the experiences of Aboriginal people who interact with the healthcare regulation system in NSW.

Rae Reed



Member, Aboriginal and Torres Strait Islander Health Practice Council of NSW

Liam Harte



Co-Chair, Aboriginal Cultural Safety Working Group

Alan Morrison ASM



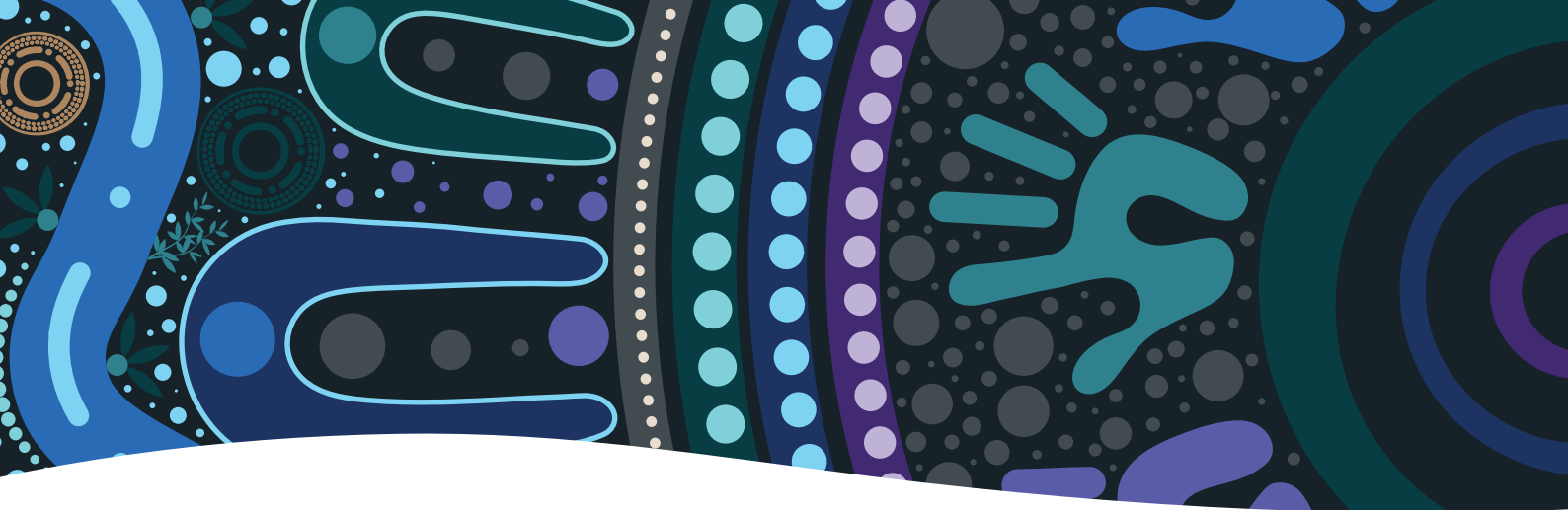
Co-Chair, Aboriginal Cultural Safety Working Group

Ameer Tadros



Director HPCA

³ Australian Governments and the Coalition of Peaks, [National Agreement on Closing the Gap](#)



Our vision

To provide equitable, culturally safe, responsive, and accessible regulatory services, which enable and provide a welcoming environment for Aboriginal people to participate in health regulation.

About the Strategy

The Aboriginal Cultural Safety Strategy (the Strategy) aims to support the improvement of culturally safe practice in all aspects of health practitioner regulation in NSW. It will support a culturally safe environment for:

- Aboriginal patients, clients, and community members
- Health practitioners who are Aboriginal
- Health practitioner students who are Aboriginal
- Current and prospective employees of the HPCA
- Council and hearing members, and
- Other participants in health practitioner regulation.

This Strategy outlines initiatives under three key objectives: cultural safety, participation, and collaboration.





How we can improve the experiences of Aboriginal people in the NSW healthcare and regulatory system

Both Councils and the HPCA interact with patients and practitioners as part of our regulatory work. Through managing complaints about health practitioners in NSW, Councils gain insight into current and emerging issues in health practitioner competency relating to cultural safety.

Councils are uniquely positioned to improve the experiences of Aboriginal people in the NSW healthcare and regulatory system by:

Supporting Aboriginal patients, clients, and community members

We aim to support Aboriginal patients, clients, and community members, to raise their concerns and/or to make a complaint about culturally or clinically unsafe healthcare.

Supporting Aboriginal health professionals

We aim to support Aboriginal health professionals who want to make a complaint, or who may have received a complaint made about them, by ensuring we have the cultural competency needed to create a respectful and supportive environment.

Supporting all health practitioners

We aim to support registered health practitioners in NSW to adhere to professional codes of conduct relating to cultural safety by providing guidance and leadership.

We aim to support health practitioners to engage in contemporary reflective practices and continuous professional development by providing information about current and emerging issues arising from complaints concerning cultural safety.

Improving the healthcare and regulatory system

Through collaborating across Councils, and stakeholders in the healthcare and regulatory system, we aim to establish best-practice approaches to culturally safe regulation.

The HPCA is uniquely positioned to improve the experiences of Aboriginal people in the healthcare system by:

- Providing a welcoming and culturally safe environment that supports Aboriginal patients, clients, and community members to raise concerns about healthcare they receive.
- Engaging respectfully with health professionals who are Aboriginal and who may be the subject of a complaint, or who may make a complaint about another health practitioner.



Identifying racism in complaints made about Aboriginal health professionals

There are clear imperatives at national and state levels to increase the number of Aboriginal health professionals in the health system. Through this Strategy, we seek to better understand the challenges experienced by Aboriginal health professionals.

When we assess complaints made about Aboriginal health professionals, we seek to identify potential biases, assumptions, discrimination, and racism against the health practitioner and Aboriginal communities more broadly.

Through taking an evidence-based approach, increasing our understanding of complaints data, and increasing our own cultural competency, we aim to address, not re-enforce, culturally unsafe practices when they are brought to our attention.

Complaints relating to cultural safety

Each health profession has a code of conduct⁴ which sets out the obligations of registered health practitioners to provide culturally safe healthcare to Aboriginal patients, clients, and community members. Complaints involving cultural safety may include instances of a practitioner:

- failing to account for the systemic, social, cultural, behavioural and economic factors (social determinants of health) which impact individual-level and community-level health, such as not taking health literacy into account when communicating with and caring for Aboriginal patients,
- not considering the lived experience of Aboriginal people and its impact on navigating the healthcare system, or a practitioner normalising/dismissing health issues including co-morbidities,
- using racism, including harmful biases, assumptions, stereotypes and prejudices toward Aboriginal patients, clients and community members, in the provision of healthcare,
- failing to foster a culturally safe work environment with colleagues, which negatively impacts the provision of healthcare to Aboriginal people,
- failing to support self-determined decision-making, and partnership-based care and collaboration for Aboriginal patients; and
- failing in attempts to meet the specific language, cultural and communication needs of Aboriginal patients, clients and community members.

The above list is not exhaustive and in managing complaints, our approach is underpinned by the principle that cultural safety is determined by Aboriginal people, families and communities.

⁴ Ahpra and National Boards, [National Health Practitioner Boards' Codes of Conduct](#)



Governance

This Strategy has been developed by the Working Group and is jointly owned and governed by:

- the Councils
- the HPCA, and
- the HPCA and Councils Aboriginal Advisory Group (to be established in 2023).

About health practitioner regulation in NSW

In NSW, the 15 Health Professional Councils are responsible for protecting the public under the Health Practitioner Regulation National Law (NSW). The Councils are made up of practitioner, legal and community members. Supported by the HPCA, Councils work with the NSW Health Care Complaints Commission (HCCC) in a partnership called co-regulation. Together, Councils and the HCCC manage complaints about registered health practitioners and students in NSW. Councils also work with the Australian Health Practitioner Regulation Agency (Ahpra) and the 15 National Boards, responsible for the registration and accreditation of health practitioners across Australia. Ahpra is the agency responsible for managing complaints about health practitioners in all states and territories except NSW and Queensland.

About the HPCA

The HPCA is the administrative body that supports the NSW Health Professional Councils. The HPCA was set up in July 2010 as part of Australia's National Registration and Accreditation Scheme and is governed by the Health Practitioner Regulation National Law (NSW).

The HPCA is an administrative agency of the NSW Ministry of Health and HPCA staff are employed through the NSW Ministry of Health.

About the Councils and HPCA Aboriginal Advisory Group

The Aboriginal Advisory Group, to be established in 2023, will have dual roles to:

1. Govern the implementation of this Strategy, and
2. Provide expert advice to Councils about responding to complaints made by, or about, Aboriginal people, and increasing the cultural safety of Councils.



Why we created a strategy

The Councils, HPCA and regulatory system exist for the benefit and protection of the NSW community, and we acknowledge that Aboriginal people have, and continue to, suffer disproportionate levels of disadvantage, including in health outcomes.

We recognise that cultural safety is a critical factor influencing healthcare safety for Aboriginal people - this applies to clinical as well as regulatory interactions. This Strategy aims to deliver leadership and actions to improve cultural safety for Aboriginal people within the NSW regulatory system.

We are committed to the objectives of this Strategy and recognise:

The value of Aboriginal leadership: We seek to learn from the leadership of Aboriginal advocates who have historically created, and who continue to nurture, culturally safe healthcare environments for Aboriginal communities. We seek to learn from Aboriginal approaches to health, and to improve health outcomes for Aboriginal patients, clients, and community members.

That we have a responsibility for public safety: the role of the Councils is to protect public health and safety. We recognise that providing healthcare to Aboriginal patients, clients, and community members, is only clinically safe when it is also culturally safe. We aim to support health practitioners to enhance their cultural safety capabilities so that Aboriginal patients, clients, and community members, receive healthcare free of racism, every time.

That we have a collective responsibility: We have a responsibility as regulators and as part of the NSW Government, to deliver on national and NSW initiatives to ensure Aboriginal people enjoy long and healthy lives⁵. We seek to enhance the cultural safety of the broader regulatory system in NSW and nationally by learning, reflecting, sharing information, and collaborating with our stakeholders.

⁵ [2022-2024 NSW Implementation Plan for Closing the Gap](#)



Objectives

1. Cultural safety

Building an environment where Council and hearing members (decision makers), and HPCA staff are equipped with the cultural capabilities to create safe, welcoming, and respectful environments for Aboriginal people engaging with the NSW regulatory system.

2. Participation

Increasing the participation of Aboriginal people on Councils, in the HPCA workforce, and in the NSW regulatory system.

3. Collaboration

Working with our stakeholders to promote best practice in cultural safety, led by the expertise and experiences of Aboriginal people.

1. Cultural safety

We understand that cultural safety and clinical safety are inextricably linked. We seek to ensure that Aboriginal people are involved as equal partners in their health, recognising that if healthcare is not culturally safe and responsive for Aboriginal patients, clients, and community members, this can create distrust and decreased access to healthcare by Aboriginal people.

We know that when we are culturally safe and responsive, we provide a better environment for everyone. When we get it right for Aboriginal people, we get it right for everybody.

We aim to equip the HPCA workforce with the skills and knowledge to safely and respectfully support Aboriginal people who engage with the NSW regulatory system, whether as complainants, health practitioners, Council members, or as colleagues.

We recognise that Council members hold positions of authority and power, and accordingly require enhanced levels of cultural competencies to carry out their duties in a reflective and culturally safe way.

1. Improving cultural safety within Councils and the HPCA

Objective	Why	Actions	Measures of success	Timeline
1.1 Increase in number of HPCA staff who have completed foundational cultural safety training.	<p>We need our workforce to have a base level of awareness and understanding in order to respond in a culturally respectful way to Aboriginal patients, Aboriginal practitioners, and community members. Through increased understanding, our staff will be equipped to identify complaints and concerns relating to cultural safety.</p> <p>Gaining awareness through training will make HPCA a safer environment for Aboriginal employees, current and future.</p>	<p>1.1.1 Collect data on current numbers of HPCA staff who have completed cultural safety training.</p> <p>1.1.2 Define the desired learning outcomes and requirements for cultural safety training for HPCA staff.</p> <p>1.1.3 Include cultural safety training as a mandatory requirement for new staff members.</p>	100% of staff complete cultural safety training within 12 weeks of commencing.	December 2023
1.2 Increase in number of Council members who have completed cultural safety training	<p>Councils, in managing complaints, can identify and respond to culturally unsafe, discriminatory and/or racist practice.</p> <p>The way in which Councils respond to complaints can uphold the principles of Aboriginal self-determination and validate that cultural safety is defined by Aboriginal people.</p> <p>By increasing cultural competency through training, Councils can increase their ability to identify and address the intersections of clinical and cultural safety issues in complaints. Increased cultural competency will enable Councils to identify commonalities and trends in complaints, to identify instances of individual and systemic racism, and to respond to the specific cultural context of the complaint.</p>	<p>1.2.1 Collect data on current numbers of Council and hearing members who have completed cultural safety training.</p> <p>1.2.2 Define the desired learning outcomes and requirements for cultural safety training for Council members.</p> <p>1.2.3 Include cultural safety training in the onboarding process for new Council members.</p>	100% of Council members complete cultural safety training within 12 weeks of commencing.	December 2023
Aligns with	<p>Key Priority 2: Build Cultural Understanding and Respect. NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016 – 2020</p> <p>Strategic Direction 5: Providing culturally safe work environments and health services. NSW Aboriginal Health Plan 2013-2023</p> <p>Priority Reform 3: Transforming government organisations. NSW Closing the Gap Implementation Plan</p>			

1. Improving cultural safety within Councils and the HPCA

Objective	Why	Actions	Measures of success	Timeline
1.3 Increase in cultural safety initiatives and activities at HPCA	By increasing our individual and collective use of visible behaviours and activities that demonstrate inclusivity and celebration of Aboriginal culture, history, traditions and peoples, we signal to individuals within the organisation and externally, that we respect and value Aboriginal people.	1.3.1 Develop and launch the Councils and Aboriginal Cultural Safety Strategy.	1.3.1 Launch of the Aboriginal Cultural Safety Strategy	1.3.1. June 2023
		1.3.2 Create and maintain a calendar of days and events of significance to Aboriginal communities, and promote and participate in cultural events of significance.	1.3.2 Establish a calendar and promote a minimum of two days or events annually.	1.3.2. June 2023
		1.3.3 Uphold and apply cultural protocols such as Welcome to Country and Acknowledgment of Country.	1.3.3. Acknowledgement of Country Guideline revised and HPCA staff trained on use of protocols.	1.3.3 June 2023
		1.3.4 Display Aboriginal flag and Acknowledgement of Country at all HPCA sites.	1.3.4 Aboriginal flag and Acknowledgement of Country is displayed in publicly accessible areas of all HPCA sites.	1.3.4 June 2023
		1.3.5 Use the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool to identify and implement initiatives.	1.3.5 Completion of the self-assessment tool prior to and after implementing the Strategy, showing improved progress against indicators.	1.3.5 Complete by June 2023 and repeat in June 2024.

Aligns with

Key Priority 2: Build Cultural Understanding and Respect.
NSW Health Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016 – 2020

Strategic Direction 5: Providing culturally safe work environments and health services.
NSW Aboriginal Health Plan 2013-2023

Priority Reform 3: Transforming government organisations.
NSW Closing the Gap Implementation Plan



2. Participation

By increasing the participation of Aboriginal people throughout the Councils and the HPCA, we strengthen our understanding of how to provide culturally safe environments for Aboriginal patients, clients, community members, and Aboriginal health professionals. We believe that increased Aboriginal participation at all levels throughout the HPCA and in Councils, inspires, encourages and supports future leaders.

We aim to increase Aboriginal participation in the following areas:

- The HPCA workforce
- Membership of the Councils
- Guidance mechanisms to the Councils and HPCA
- Patients, clients, and community members.

Through this Strategy, we will embed Aboriginal representation in our regulatory mechanisms, providing a culturally safe and informed conduit between Aboriginal peoples and the HPCA. The establishment of the Councils and HPCA Aboriginal Cultural Safety Advisory Group to advise Councils and the HPCA on how to manage complaints from, or about, Aboriginal people, will bring the cultural competency required to:

- receive and respond to complaints appropriately
- reduce instances of culturally unsafe healthcare practices, and
- enable a pathway for Aboriginal people to have greater trust and confidence in the complaints process.

Through this Strategy we aim to ensure the process of raising a concern about culturally unsafe health practice is clear and accessible for Aboriginal patients, clients, community members, and for health practitioners across NSW.

2. Increased Aboriginal participation in Councils, the HPCA and the NSW regulatory system

Objective	Why	Actions	Measures of success	Timeline
2.1 Increased Aboriginal workforce participation at HPCA	Greater participation of Aboriginal staff at HPCA will enable us to better provide culturally safe and responsive approaches to Aboriginal patients, clients and community members who make a complaint, and to support Aboriginal health professionals who are the subject of a complaint.	2.1.1 Collect HR data on number of Aboriginal applicants and employees.	2.1.1 Data report on the number of Aboriginal applicants and employees	2.1.1 June 2023
	Increasing the Aboriginal workforce at HPCA will facilitate a more effective regulatory system for Aboriginal people in NSW – recognising that the people most equipped to provide culturally safe services for Aboriginal people are Aboriginal people.	2.1.2 Develop strategy and communications plan to increase Aboriginal workforce participation (aligned with NSW Health), including: - Initiate workforce participation projects such as placements and cadetships, and - Establish contact person at HPCA for prospective applicants who are Aboriginal to contact about HPCA cultural safety.	2.1.2 Delivery of HPCA Aboriginal Workforce Participation Strategy including Communications Plan - Implement HPCA Workforce Participation Strategy - Aboriginal staff member established as contact person.	2.1.2 June 2024
	Increasing our Aboriginal workforce enables us to listen and learn from Aboriginal people, and to critically evaluate our regulatory practices to increase our cultural safety for all.	- Implement a workforce participation target rate of 3% across all salary bands and occupations within HPCA, with an overall participation rate of 3.5%	- 3.5% Aboriginal employment participation rate ⁶ .	
	Employment provides an effective pathway to Aboriginal self-determination and autonomy, and supports improved health outcomes for Aboriginal people.			
Aligns with	<p>3% minimum workforce composition target. NSW Health Good Health - Great Jobs Aboriginal Workforce composition: Minimum targets for 2020-2021</p> <p>Socio-Economic Outcome 8: Strong economic participation and development of Aboriginal people and their communities. NSW Closing the Gap Implementation Plan</p> <p>Strategic Direction 4: Strengthening the Aboriginal workforce. NSW Aboriginal Health Plan 2013-2023</p>			
2.2 Increased Aboriginal member participation in Councils.	Increasing the number of Aboriginal members on Councils will support increased cultural safety by sharing and building collective knowledge and providing Aboriginal insights and perspectives.	2.2.1 Collect data on current numbers of Council and hearing members who identify as Aboriginal.	2.2.1 Data on number of Council and hearing members who identify as Aboriginal	2.2.1 June 2023
	Increasing Aboriginal representation in Councils enables Councils to listen and learn from Aboriginal people, and to critically evaluate Council regulatory practices from a cultural safety perspective.	2.2.2 Targeted recruitment of Council membership.	2.2.2. Develop and implement a strategy and communications campaign to reach prospective Aboriginal members.	2.2.2 June 2023
	We recognise that the people most equipped to provide culturally safe services for Aboriginal people are Aboriginal people themselves, and we believe this applies to regulatory settings as well as clinical.	2.2.3 Introduce a Council participation target rate of 3% ⁷ .	2.2.3 The total proportion of Council members who are Aboriginal is 3%.	2.2.3 June 2024
		2.2.4 Identify opportunities to increase Aboriginal representation among hearing members including engaging with Aboriginal community leaders and Elders.	2.2.4 Through the Advisory group, develop and implement a strategy to increase Aboriginal representation among hearing members.	2.2.4 June 2024
Aligns with	<p>Strategy #8 Governance – Boards and Accrediting Authorities. National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025</p> <p>Formal partnerships and shared decision-making. 2022–2024 NSW Implementation Plan for Closing the Gap</p>			

⁶ Target percentage aligns with NSW Health minimum Aboriginal Workforce composition targets as outlined in *Good Health - Great Jobs Aboriginal Workforce composition: Minimum targets for 2020-2021*, PD2016_053. Target to be updated to align with NSW Health minimum targets as required.

⁷ Participation rate to be calculated based on membership across 14 Councils, excluding participation rates of Aboriginal members in the Aboriginal and Torres Strait Islander Health Practice, to ensure a more representative target.

2. Increased Aboriginal participation in Councils, the HPCA and the NSW regulatory system

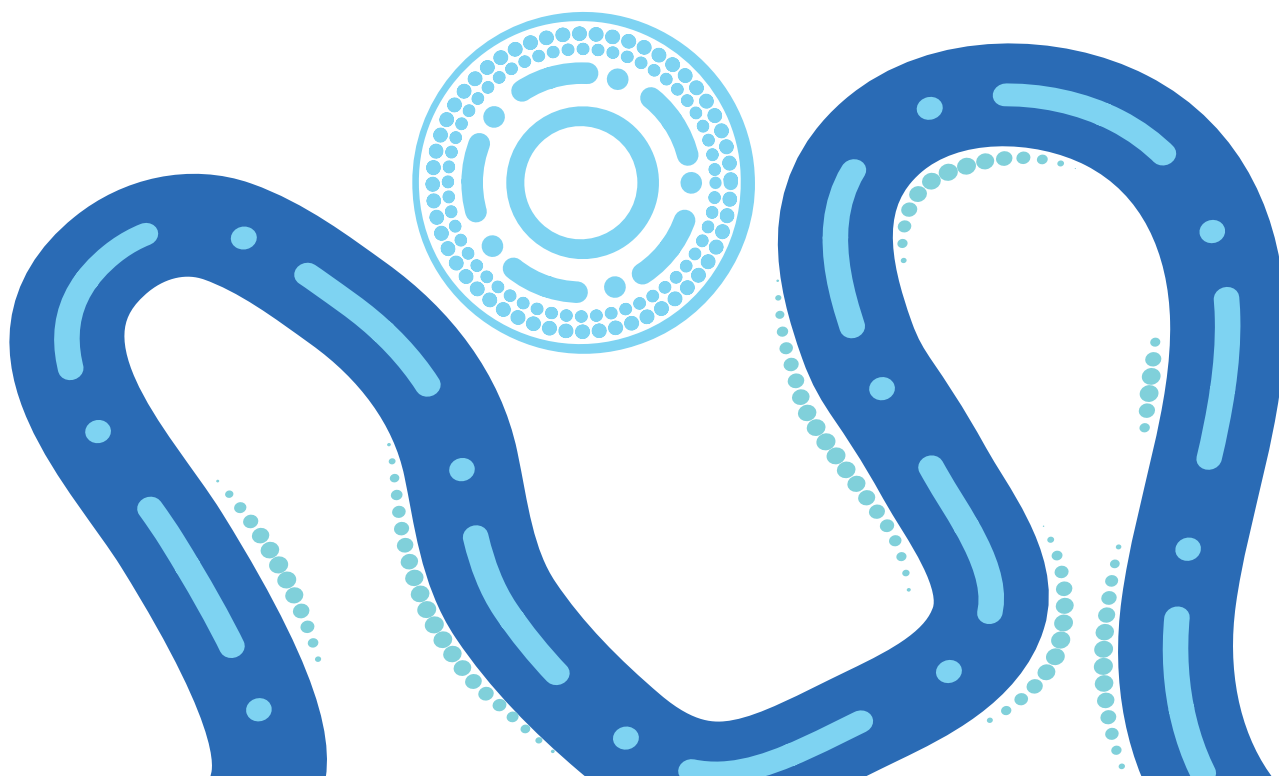
Objective	Why	Actions	Measures of success	Timeline
2.3 Increased understanding of the nature and scale of complaints (i) made by Aboriginal people (ii) made by health professionals who are Aboriginal (iii) made about health professionals who are Aboriginal (iv) relating to Aboriginal cultural safety concerns.	By specifically identifying and coding complaints relating to Aboriginal cultural safety, we will increase our understanding of the barriers Aboriginal people may experience when accessing health services. We can identify areas across healthcare practice where improvements are needed in the delivery of culturally safe healthcare.	2.3.1 Capture data on complaint forms about whether (i) the complainant identifies as Aboriginal (ii) the person the subject of the complaint identifies as Aboriginal (iii) the complaint is about an Aboriginal health professional (iv) the healthcare concern is about Aboriginal cultural safety.	2.3.1 Intake process including complaint forms amended to capture data about Aboriginal notifiers, health practitioners, patients, and concerns relating to cultural safety.	2.3.1 January 2024
	With this information, Councils can collaborate with stakeholders to respond to areas of concern and to support the professions through education and professional development.	2.3.2 Work with Ahpra, the HCCC, and the OHO to develop nationally consistent coding of cultural safety complaints and to improve data collection concerning cultural safety issues.	2.3.2 Ahpra, the HCCC and the OHO adopt nationally consistent coding of cultural safety complaints.	2.3.2 June 2024
		2.3.3 Report cultural safety complaints data every six months to Councils.	2.3.3. HPCA provides data report to Councils every six months.	2.3.3 June 2024
		2.3.4 Develop and provide training to HPCA staff on how to identify complaints that involve racism, and/or cultural safety issues.	2.3.4. Process developed, and relevant staff trained.	2.3.4 June 2024

Aligns with

Strategy 14. Monitor and report patient safety and notifications.
National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

Objective 8.4 Enhance data collection to improve measurement of racism and cultural safety across the health system.
National Aboriginal and Torres Strait Islander Health Plan 2021-2031

Strategic Direction 2: Implementing what works and building the evidence - Implement quality improvement strategies in data collection (particularly identification of Aboriginal clients) and reporting related to Aboriginal people in all health system settings.
NSW Aboriginal Health Plan 2013-2023



2. Increased Aboriginal participation in Councils, the HPCA and the NSW regulatory system

Objective	Why	Actions	Measures of success	Timeline
2.4 Establish a mechanism to provide Aboriginal expertise to Councils and the HPCA.	Through establishing ways for us to listen and learn from Aboriginal insights and perspectives, we build collective knowledge and improve our capacity to create a culturally safe regulatory environment.	2.4.1 Establish Councils and HPCA Aboriginal Cultural Safety Advisory Group	2.4.1 Creation and adoption of co-designed Terms of Reference. Advisory group established	2.4.1 June 2023
	Enabling a mechanism for sharing of Aboriginal expertise is consistent with principles of self-determination. We recognise that the people most equipped to provide culturally safe services for Aboriginal people are Aboriginal people themselves, and we believe this applies to regulatory settings as well as clinical.	2.4.2 Establish regular engagement between the HPCA and the Centre for Aboriginal Health and other NSW Health stakeholders.	2.4.2 Agreed schedule of engagement with the Centre for Aboriginal Health (minimum of four formal engagements each year).	2.4.2 June 2023

Aligns with

Priority Reform 1: Formal partnerships and shared decision-making.
2022–2024 NSW Implementation Plan for Closing the Gap

Strategic Direction 6: Strengthening performance monitoring, management and accountability - Review the systems, policies and processes for governance in NSW Health and identify opportunities to strengthen responsibility and accountability for Aboriginal health.

NSW Aboriginal Health Plan 2013-2023

Objective 1.2

Embed mechanisms to support Aboriginal and Torres Strait Islander nation building to self-determine health and wellbeing.

National Aboriginal and Torres Strait Islander Health Plan 2021–2031

2.5 Working collaboratively to increase knowledge and awareness among the public and health practitioners about raising a cultural safety concern.

Aboriginal people may avoid making a complaint about culturally unsafe healthcare, due to fear of repercussions, distrust of the system, or due to lack of awareness of the process.

Through increased access to knowledge of the complaints process and role of Councils, we aim to increase the confidence of members of the public and health practitioners to raise their concerns about culturally unsafe health practice, knowing that Councils have increased cultural capability to respond respectfully and appropriately.

2.5.1 Collaborate with the HCCC, Ahpra, the OHO, NSW CAPO, and Aboriginal communities to co-design public awareness initiatives.

2.5.2 Improve our regulatory processes by making them more responsive to Aboriginal people.

2.5.1 Publish and promote material on our websites including information on how to make a complaint about cultural safety concerns.

2.5.2 Collaborate with regulatory partners to seek feedback from Aboriginal people who have made a healthcare complaint or received a complaint made about them, to identify areas of strength and for improvement.

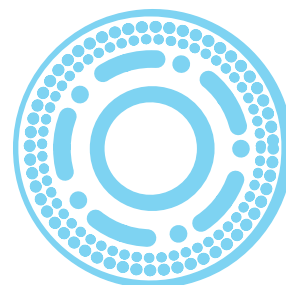
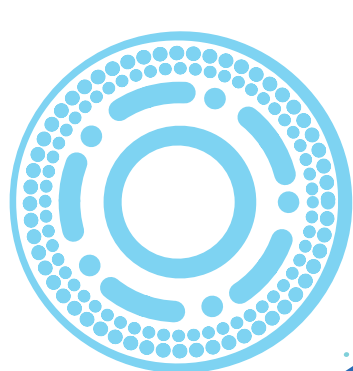
2.5.1 December 2023

2.5.2 June 2024

Aligns with

Priority Reform 3: Transforming government organisations - Government organisations and services are responsive to the needs of Aboriginal people.
NSW Implementation Plan for Closing the Gap 2022 – 2024

3.5 Close the gap by prioritising care and programs for Aboriginal people.
Future Health: Guiding the next decade of care in NSW 2022-2032



3. Collaboration

Through increased partnerships with Aboriginal stakeholders, we seek to ensure our work is guided and led by the voices of Aboriginal people.

Through working with stakeholders in the healthcare and regulatory system, we seek to:

- Build an evidence base about current and emerging areas of cultural safety in healthcare practice
- Share and implement best practice approaches to managing complaints from a culturally safe lens
- Identify opportunities for achieving efficiency and consistency in managing cultural safety improvements in the regulatory system.
- Increase opportunities to provide education and promote best practice on cultural safety in healthcare.

3. Collaboration				
Objective	Why	Actions	Measures of success	Timeline
3.1 Increase collaboration with Aboriginal community organisations, peak advocacy groups and representative bodies.	Collaborating with Aboriginal stakeholders upholds the principle of self-determination ⁸ for Aboriginal people.	3.1.1. Use the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool to identify opportunities for strengthening engagement with Aboriginal stakeholders.	3.1.1 Self-assessment completed and stakeholder engagement plan developed.	3.1.1 June 2023
	By collaborating with Aboriginal stakeholders, we seek to become more responsive to the needs and experiences of Aboriginal patients, clients and community members within the healthcare and regulatory system.	3.1.2 Establish relationships with Aboriginal stakeholders.	3.1.2 Formal relationship with the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO) ⁹ established.	3.1.2 December 2023
	We understand that listening to, learning from, and being informed by Aboriginal experiences and expertise, enables us to deliver culturally safe regulatory services.		Relationships established with Aboriginal stakeholders including - AH&MRC - peak advocacy groups for Aboriginal health and Aboriginal health practitioners (e.g. the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners) - NSW based Aboriginal Community Controlled Health Services (ACCHSs),	
Aligns with	Strategic Direction 1: Building trust through partnerships . NSW Aboriginal Health Plan 2013-2023 Priority Reform 1: Formal partnerships and shared decision-making. 2022–2024 NSW Implementation Plan for Closing the Gap National Safety and Quality Health Service Standards Objective 1.3 Embed the leadership of Aboriginal and Torres Strait Islander peak organisations in policymaking across jurisdictions. National Aboriginal and Torres Strait Islander Health Plan 2021–2031			

3. Collaboration

Objective	Why	Actions	Measures of success	Timeline
3.2 Increase collaboration with stakeholders who manage complaints about health practitioners, including the HCCC, Ahpra, the OHO, and NSW Health.	<p>Collaborating with other stakeholders who manage complaints about health practitioners enables us to better understand current practice concerning cultural safety and to respond accordingly.</p> <p>Through collaborating we will identify ways to work consistently and efficiently toward shared goals of improving the accessibility and cultural safety of regulatory services.</p>	3.2.2 Establish a mechanism for stakeholders to regularly share consistent data relating to cultural safety complaints, and to establish best practice approaches to managing cultural safety complaints.	3.2.2 Stakeholders share information at minimum every six months.	3.2.2 June 2024
3.3 Increase the role of Councils in promoting best practice on cultural safety in healthcare.	<p>As regulators, Councils are uniquely positioned to support practitioners to adhere to professional codes of conduct, and to engage in continuing professional development and reflective practice.</p> <p>Through the complaints process, Councils receive contemporary information about the experiences of Aboriginal people in the healthcare system. Councils aim to identify and respond to areas of concern, and to celebrate and promote best practice in cultural safety in healthcare.</p> <p>Through communication, education and leadership, Councils aim to support practitioners to minimise the risk of culturally unsafe health practice occurring.</p>	<p>3.3.1 Launch Aboriginal Cultural Safety Strategy</p> <p>3.3.2 Conduct cross-Councils communications on cultural safety topics</p> <p>3.3.3 Distribute guidance for practitioners on cultural safety (such as complaint case studies, fact sheets, or newsletters).</p> <p>3.3.4 Collect data about cultural safety complaints to include in annual reports.</p> <p>3.3.5 Collaborate with education providers and professional associations to enhance cultural safety capabilities among registered health professions.</p>	<p>3.3.1 Strategy launched</p> <p>3.3.2 Deliver two communications annually (e.g. webinars, podcasts, newsletters).</p> <p>3.3.3 Cultural safety information for practitioners published on Council and HPCA websites.</p> <p>3.3.4 Complaints data published annually in Councils annual reports.</p> <p>3.3.5 Minimum of four engagements per year (such as meetings, presentations, or joint communications).</p>	<p>3.3.1 June 2023</p> <p>3.3.2 December 2023</p> <p>3.3.3 December 2023</p> <p>3.3.4 June 2024</p> <p>3.3.5 Four engagements between June 2023 – June 2024</p>

Aligns with

Strategic Direction 5: Providing culturally safe work environments and health services.
NSW Aboriginal Health Plan 2013-2023

⁸ [United Nations Declaration on the Rights of Indigenous Peoples](#). Article 4: Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

⁹ [NSW CAPO](#) is a collective of NSW peak bodies for Aboriginal Community-Controlled Organisations. CAPO provides a strong, independent, and coordinated voice to address issues affecting Aboriginal people in NSW. NSW CAPO has signed the National Agreement on Closing the Gap and works in partnership with the NSW Government to implement this Agreement in NSW.

Alignment with NSW and national frameworks

This Strategy delivers on the NSW Health Professional Councils and HPCA Joint Strategic Plan 2021-2024, Strategic Priority 3: Culture and Capability¹⁰. This Strategy aligns with various national and NSW frameworks concerning Aboriginal cultural safety in healthcare and the NSW Health workforce. The key frameworks that this Strategy aligns with and delivers on are:

Frameworks this Strategy aligns with	
National strategies	Organisation
National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025	Australian Health Practitioner Regulation Agency and National Boards
National Aboriginal and Torres Strait Islander Health Plan 2021-2031	Department of Health
The National Safety and Quality Health Service (NSQHS) Standards	Australian Commission on Safety and Quality in Health Care
National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031	Department of Health
Cultural Respect Framework 2016 -2026 for Aboriginal and Torres Strait Islander Health	Australian Health Ministers' Advisory Council
National Agreement on Closing the Gap July 2020	Australian Governments and the Coalition of Peaks
NSW strategies	Organisation
NSW Health Good Health -Great Jobs: Aboriginal Workforce Strategic Framework 2016 -2020	NSW Health
NSW Closing the Gap Implementation Plan 2022 -2024	NSW Government
Future Health: Guiding the next decade of care in NSW 2022-2032	NSW Health
NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool	NSW Health (Centre for Aboriginal Health)
NSW Aboriginal Health Plan 2013-2023	NSW Health (Ministry of Health)

¹⁰ [NSW Health Professional Councils and HPCA Joint Strategic Plan 2021-2024](#)

Monitoring and reporting

The HPCA is responsible for monitoring and reporting on the implementation of the Strategy through:

- Establishing the Councils and HPCA Aboriginal Cultural Safety Advisory Group.
- Providing progress reports to the Advisory Group each month and incorporating direction and feedback from the Advisory Group.
- Providing progress reports to Councils and the HPCA Audit and Risk Committee every six months.
- Providing progress reports in Councils and HPCA Annual Reports.



Glossary

ACCHS	Aboriginal Community Controlled Health Service
ACSQHC	Australian Commission on Safety and Quality in Health Care
Advisory Group	The Councils and HPCA Aboriginal Advisory Group
AH&MRC	Aboriginal Health and Medical Research Council of NSW
Aboriginal Health Practitioner	The term Aboriginal Health Practitioner refers to healthcare professionals who are registered by the Aboriginal and Torres Strait Islander Health Practice Board. Aboriginal Health Practitioners are primary healthcare professionals who are Aboriginal and/or Torres Strait Islander and who provide clinical care services to Aboriginal and Torres Strait Islander people and communities.
Aboriginal health professionals	In this Strategy, we use the phrase 'Aboriginal health professionals' to refer to individuals from all registered health professions, such as nurses or doctors, who are Aboriginal.
Ahpra and the National Boards	Australian Health Practitioner Regulation Agency and the 15 National Boards
ATSIHPBA	Aboriginal and Torres Strait Islander Health Practitioner Board of Australia
The Councils	<p>The 15 NSW Health Professional Councils:</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Practice • Chinese Medicine • Chiropractic • Dental • Medical • Medical Radiation Practice • Nursing and Midwifery • Occupational Therapy • Optometry • Osteopathy • Paramedicine • Pharmacy • Physiotherapy • Podiatry • Psychology
Cultural Safety	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism¹¹.</p>
HCCC	Health Care Complaints Commission
HPCA	Health Professional Councils Authority
National Law (NSW)	Health Practitioner Regulation National Law (NSW) No 86a
National Scheme	National Registration and Accreditation Scheme
NSQHS	The National Safety and Quality Health Service (NSQHS) Standards
NSW CAPO	The NSW Coalition of Aboriginal Peak Organisations
OHO	Office of the Health Ombudsman (QLD)
Working Group	The Councils and HPCA Aboriginal Cultural Safety Working Group

¹¹ Ahpra and National Boards, [The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)

Appendix 1: About the Aboriginal Cultural Safety Working Group

The Aboriginal Cultural Safety Working Group consists of participants identifying as Aboriginal, HPCA staff, and representatives from the Ministry of Health's Centre for Aboriginal Health.

The guiding principles of the group are consistent with NSW Health CORE values:

- **Collaborate** – we bring ideas together and we collaborate as equal partners with shared purpose.
- **Openness** – we conduct honest, transparent and open discussions that provide clear reasons for agreed actions.
- **Respect** – engage respectfully and seek to understand each other's viewpoints and experience.
- **Empowerment** – we empower ourselves and our teams to contribute to cultural safety in a meaningful way.

In developing the Strategy, the role of the group has been to:

- Ensure cultural safety in Council and HPCA practice is defined by Aboriginal peoples
- Ensure the perspectives of all Councils and the HPCA have been considered
- Ensure the Strategy and proposed actions are achievable, transparent, and efficient
- Ensure the Strategy is consistent with the cultural safety objectives of NSW Health, the NSW regulatory environment, and the National Registration and Accreditation Scheme (NRAS)
- Collaborate to determine and secure resourcing for proposed actions
- Securing endorsement of actions from the Councils and HPCA
- Ensure the Strategy proposes meaningful action and defines measures of success.

The group seeks to support a regulatory environment where cultural differences and strengths are recognised and responded to at all levels of the Councils and HPCA.

The current Aboriginal Cultural Safety Working Group recognises and acknowledges the previous Cultural Safety Working Party who undertook an initial body of work in 2020.

Membership of the Aboriginal Cultural Safety Working Group

Aboriginal and Torres Strait Islander Membership	Organisation
Rae Reed	Aboriginal and Torres Strait Islander Health Practice Council of NSW
Rae began her career in health over 30 years ago at Awabakal Aboriginal Medical Centre. Rae was one of the first Health Practitioners and Aboriginal hospital liaisons working extensively in Aboriginal Medical Services, hospitals, and community clinics of the NSW North coast.	
Peter Lang	Paramedicine Council of NSW
Peter has worked as a frontline paramedic and educator for the past 30 years drawing on his own experience and perspective to influence and lead change in the attitudes, assumptions and biases of developing health practitioners to provide culturally safe and patient centred care to rural and remote communities.	
Gay Lose	Centre for Aboriginal Health – NSW Health
Gay Lose is a NSW Aboriginal woman of the Stolen Generation. Gay was born on Gadigal Country and raised on Wallumedegal Country in Sydney. Gay has over 30 years' experience in education and health, in government and non-government, community and institutional settings with Aboriginal and non-Aboriginal people in clinical, project and managerial roles in NSW and Western Australia.	
Ebony Eulo	Health Education and Training (HETI)
Ebony has worked in Aboriginal health for over 15 years and holds a Bachelor of Health Science (Mental Health). Ebony is passionate about Aboriginal Health, our social and emotional wellbeing and how we can best deliver holistic culturally responsive care and education when living and working in two worlds (Aboriginal worldview, Western worldview).	
Liam Harte	SEE Partners Consultancy
Liam is a purpose-driven Indigenous Leader with extensive hands-on experience delivering strategic and targeted outcomes for communities in partnership with industry, government and academic sectors nationally.	
Susan Anderson	Centre for Aboriginal Health – NSW Health
Susan is an Aboriginal registered nurse, from the Gamilaroi lands (Werris Creek). She is the fourth born in a line of five strong women who have extensive experience working in the public services. Susan has a passion for Aboriginal Health and has been involved in workforce policy development (particularly for nurses, midwives and Aboriginal Health Workers) over the last 20 years at a national and NSW State level.	

Membership of the Aboriginal Cultural Safety Working Group

NSW Health Professional Councils membership

Greg Rickard OAM

Nursing and Midwifery Council of NSW

Greg Rickard has qualifications in nursing and management and has undertaken health leadership roles in the public and private sectors, in consulting, recruiting and academia. Greg is passionate about addressing health inequalities and social justice in Australia, in particular recognising the needs of First Nations' peoples and other minority groups.

Alan Morrison ASM

Paramedicine Council of NSW

Alan has worked as a clinician and health service manager for 27 years with a leadership focus of strategic development of healthcare systems involving paramedicine. He has also been involved in paramedicine tertiary education accreditation for 15 years.

Luke Taylor

Podiatry Council of NSW

Luke has worked as a clinician and health service manager for 20 years. He represented the Councils on the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy.

Annette Ruhotas Morgan

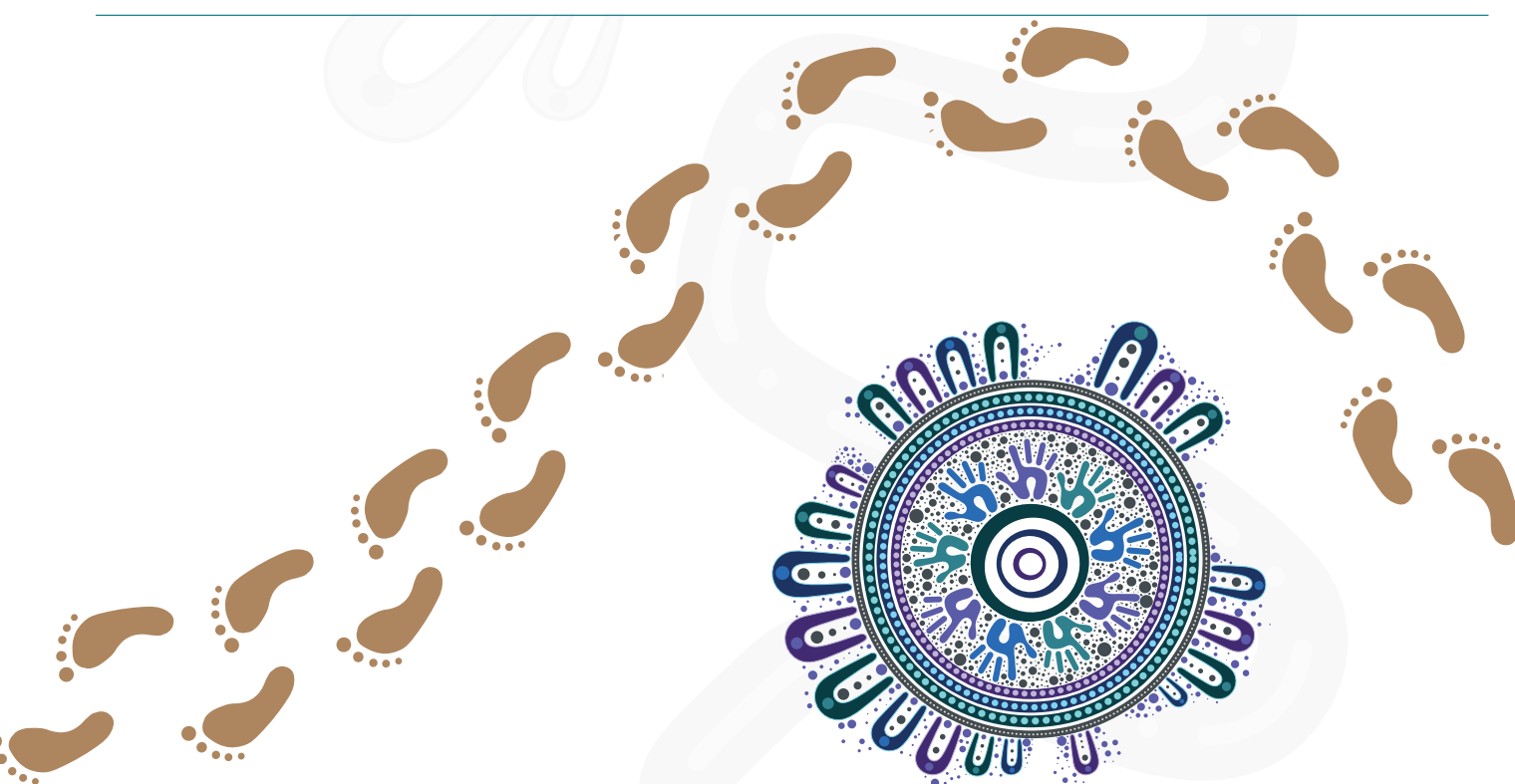
Medical Council of NSW

Annette is an experienced consumer and community involvement representative with expertise in governance, social sustainability and a background in Civil Engineering. She serves on several local, State and National Health entities, sharing her strong commitment to social justice and equity for all.

Health Professional Councils Authority

Ameer Tadros

Director, HPCA





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