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## Message from the Presiding Member

Welcome to the latest edition of the Aboriginal and Torres Strait Islander Health Practice Board of Australia newsletter, the first for 2017. We hope that the information included is helpful. We'd be happy to receive your feedback, including ideas on what you'd like to hear about from the Board.

The Board's job is to protect the public and our communities. It does this by making sure that only Aboriginal and Torres Strait Islander people who are appropriately qualified and eligible can be registered in the Aboriginal and Torres Strait Islander Health Practitioner profession. Two thirds of the Board's members are Aboriginal and Torres Strait Islander people who are registered practitioners. The Board works with AHPRA in registering people, as well as investigating complaints made about registered health practitioners.

It's important to remember that Aboriginal and Torres Strait Islander **Health Workers** play a vital role in our communities' healthcare, however, are different from Aboriginal and Torres Strait Islander **Health Practitioners** under the National Law. The Board registers only Aboriginal and/or Torres Strait Islander Health Practitioners – not Aboriginal and Torres Strait Islander Health Workers. This system has been in place for us since 2012. [NATSIHWA](#) has recently published a Scope of Practice document which helps explain the differences.

To be able to call yourself an **Aboriginal and/or Torres Strait Islander Health Practitioner**, you must be [registered](#) with the Board, and as you renew your registration at the end of November each year, you have to make a declaration that you've met the rules of being registered. You do this electronically (or by downloading and printing the form), by making an honest declaration to say that you've worked enough throughout the previous year(s) (called [Recency of practice](#)), have completed your required [continuing professional development](#) (there are lots of different ways to meet this requirement), and whether anything's changed, such as your address or criminal history. (Just because you've got a criminal history doesn't mean that you can't be a registered health practitioner. The Board just has to decide whether or not your particular story means that you might be a risk to the community. You must tell the Board if your criminal history changes as soon as it does.)

Some people ask us about what "scope of practice" means, saying, "Why should I be registered? What would I be able to do in my job that's different from what I'm employed to do now, or what else can or should I do now, like giving injections or doing clinical work? Won't I lose my registration if I don't do clinical work now?"

The short answer is that we don't tell you what you can and can't do in your scope of practice. For those of you who work for a health service, or work for someone else, it's your job that is your chosen scope of practice. Jobs can change and people can change jobs. As a registered health practitioner, you can make a difference in our community by applying the skills, knowledge and attitudes that you learned in order to become registered, and to stay registered.

'Practice' can mean clinical work, paperwork/organising, research and/or teaching, whether you're paid to do this work or not. It doesn't mean that you have to do clinical work, or that you have to do a certain amount of clinical work each year to stay registered. Your chosen scope of practice is whatever you do in your day-to-day job.

Whatever you do as your scope of practice, you must make sure that the continuing professional development that you do each year is about the sorts of things that you do in your practice. For example, if you give injections, you might do continuing professional development on topics that relate to that sort of clinical work. If you want to do clinical work and you haven't before, or not for a while, you must also make sure that your skills are up to date, through education and learning, and you are competent to do the job.

Wherever and whenever you are using your professional knowledge, skills and attitudes as a registered health practitioner, you are *practising*.

I'd like to highlight several important issues that are outlined in this newsletter. We're currently on the lookout for registered practitioner members to join us on the Board. If you'd like to help us make a difference in Aboriginal and Torres Strait Islander healthcare, as well as ensuring the community has access to a safe and competent healthcare workforce, please consider applying. Read on to find out more.

### Bruce Davis

Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia

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## Review of registration standards

The Board has completed the preliminary consultation phase of its review of registration standards in conjunction with the other National Boards that started under the National Scheme in 2012.

The registration standards that are being reviewed are:

- professional indemnity insurance arrangements
- continuing professional development
- recency of practice
- English language skills, and
- Aboriginal and/or Torres Strait Islander registration standard.

The next step is to consider the feedback, adjust the revised draft registration standards and guidelines as needed, and then publish them for public consultation, in 2017. The Board is keen to get your feedback on the proposed draft changes to the registration standards (some changes are small, some are major).

In the meantime, the currently published registration standards remain in force. Please [check our website](#) for updates and communiques on how you can have your say.

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## Aboriginal and Torres Strait Islander health practice regulation at work: Protecting the public in 2015/16

The Board has published a profession-specific annual report summary that looks into its work in Aboriginal and Torres Strait Islander health practice regulation and registration over the 12 months to 30 June 2016.

The report draws on data from [the 2015/16 annual report](#) by AHPRA and the National Boards. Individual state and territory summaries that give insights into each jurisdiction have also been published.

### Insights into the profession include:

- 587 Aboriginal and Torres Strait Islander health professionals were registered in 2015/16.
- Registration for the profession grew by 50% year on year (from 391 in 2014/15), making it the fastest growing profession within the National Scheme.
- Aboriginal and Torres Strait Islander health practitioners accounted for less than 0.1% of all registered health practitioners in Australia.
- 77% of these registrants are women; 23% are men.
- The Northern Territory was the principal place of practice for the majority of practitioners (210); Tasmania was home to the fewest (3).
- The age bracket with the most practitioners was 50–54 (106 registrants).
- 22 practitioners were under 25 years of age; four were over 70.
- 292 people registered as students of the profession, an increase of 109% year on year.
- As part of the registration process, 396 criminal history checks were carried out. Of 193 disclosable court outcomes, one required regulatory action.

- Five notifications (complaints or concerns) were lodged about Aboriginal and Torres Strait Islander health practitioners during the year, equating to less than 1% of the profession.

To download this report, or to view the full 2015/16 annual report, [visit the AHPRA microsite](#).

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## National Scheme news

### Workshop on developing an Aboriginal and Torres Strait Islander Health Strategy

At their combined meeting in September 2016, the National Boards, AHPRA and accreditation authorities held their first workshop on how to best work together to support better health outcomes for Aboriginal and Torres Strait Islander people across all registered health professions.

The goal of the workshop was to identify the National Scheme's strategy and role in ensuring patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system. The first workshop was an initial discussion to identify the goals and possibilities of action in a strategy. It is expected that a further, larger summit will be convened to ensure engagement and alignment with other efforts.

See [the AHPRA website](#) for updates.

### Health workforce dataset released: Allied health fact sheets 2015

In partnership with the National Boards, AHPRA is responsible for the national registration process for 14 health professions. A subset of data from this annual registration process, together with data from a workforce survey that is voluntarily completed at the time of registration, forms the National Health Workforce Dataset (NHWDS).

The NHWDS includes demographic and professional practice information for registered health professionals and is de-identified before it can be made publicly available.

The NHWDS Allied Health 2015 data has recently been released as a series of fact sheets on each allied health profession, including Aboriginal and Torres Strait Islander practitioners across all allied health professions – see the [NHWDS allied health fact sheets 2015](#). They were published on a new-look website, the [Health Workforce Data website](#), by the Commonwealth Department of Health.

The fact sheets present information specific to each profession. Aggregate data are also accessible via the [Health Workforce Online Data Tool](#).

The data included are generated through Workforce Surveys, which are provided by AHPRA on behalf of the Department of Health to all health professionals as part of their yearly re-registration. Each survey is slightly different and is tailored to obtain data specific to that profession.

You can find the fact sheet on the Aboriginal and Torres Strait Islander health workforce on the [Publications page](#).

## AHPRA performance report October-December 2016

The October to December 2016 quarterly performance reports for AHPRA and the National Boards are now available.

The reports, which are part of an ongoing drive by AHPRA and the National Boards to increase their accountability and transparency, include data specific to each state and territory.

Each report covers AHPRA and the National Boards' main areas of activity:

- managing applications for registration as a health practitioner
- managing notifications about the health, performance and conduct of registered health practitioners and offences against the National Law, and
- monitoring health practitioners and students with restrictions on their registration.

The reports are available on the [Statistics page](#).

To provide feedback on the reports please email: [reportingfeedback@ahpra.gov.au](mailto:reportingfeedback@ahpra.gov.au).

## COAG Health Council meeting communiqué

The Federal and state and territory Health Ministers met in Melbourne on 24 March 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon Jill Hennessy. AHPRA CEO attended the Australian Health Workforce Ministerial Council (the Council) meeting which brings together all Health Ministers throughout Australia to provide oversight for the work of the National Accreditation and Registration Scheme (the National Scheme). AHPRA and National Boards provide a regular update to the Council on our work.

This meeting had a particular focus on the progress of amendments to the National Law which, among other things, will pave the way for the registration of paramedics from 2018 and a call for expressions of interest and nominations for first appointments to the National Board prior to this. Ministers also discussed further amendments to the National Law to increase the penalties for people holding out as registered practitioners.

The Council produces a communiqué from its meeting which can be accessed on [AHPRA's website](#).

## AHPRA online portal for complaints or concerns launches

AHPRA has launched a new online portal to the public offering a clearer and simpler process when making a complaint or raising a concern about registered health practitioners and students.

The portal is an additional channel available through the AHPRA [website](#). Alternatively, individuals can still call 1300 419 495 to make a complaint or raise a concern, while a PDF form also remains available for complainants.

The same standard applies to information and evidence regardless of whether the concern is raised online or by email, phone or form. The portal includes the requirement for a complainant to declare that the information provided in a complaint or concern is true and correct to the best of their knowledge.

The portal guides users to provide information that more readily enables proper assessment of their concerns. Automated correspondence is issued to all users of the portal, including a copy of their complaint or concern and advice that they will be contacted by a member of the AHPRA team within four days.

The portal is supported by website content about the way AHPRA manages complaints or concerns about health practitioners and students. Consultations revealed the term 'notification' is not commonly understood by the broader community. In response the term 'complaint or concern' replaces the term 'notification' in the portal and the website content.

Further enhancements will be made to the [Make a complaint portal](#) based on user feedback.

## New accreditation publications about costs and international accreditation systems

Two new papers have been published about key aspects of the accreditation functions under the National Registration and Accreditation Scheme (the National Scheme).

The papers provide a new analysis of accreditation costs and an international comparison of accreditation systems for registered health professions in comparable health systems.

To read more about the papers, visit the [news item](#) on the AHPRA website.

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## For more information

- Visit the [Board's website](#) for the mandatory registration standards, codes, guidelines and FAQ.
- Lodge [an online enquiry form](#).
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Bruce Davis, Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia, GPO Box 9958, Melbourne, VIC 3001.