



## **SUBMISSION TO THE ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH PRACTICE BOARD OF AUSTRALIA CONSULTATION PAPER ON PROPOSED REGISTRATION STANDARDS FOR :**

- 1. Continuing professional development (CPD) and CPD Guidelines**
- 2. Criminal history**
- 3. English language skills**
- 4. Professional indemnity insurance (PII)**
- 5. Recency of practice**

**DATE: 10 October 2011**

### **Introduction**

Thank you for the opportunity of commenting on this important consultation draft paper. The Office of the Health Services Commissioner (HSC) is an impartial alternative health disputes resolution unit which receives and resolves complaints from users of health services with a view to improving the quality of services for everyone. The HSC is a State based independent statutory authority. HSC has jurisdiction over all health service providers whether they are registered or not.

#### **1. *Draft registration standard: Continuing professional development (CPD)***

HSC acknowledges that conditions in Victoria are very different from those pertaining to the Northern Territory. This specialised profession is a difficult area of work because of social disadvantage of the client group which will also be the experience of some of the health workers. I congratulate you for including them for registration. The three year renew period of the standards is supported.

The 20 hours of CPD per year appears to be relatively low. It is unclear why 20 hours was suggested.

Having a moratorium on auditing of CPD statements until 1 July 2015 may have the effect of delaying the application of this standard until the 2014-15 registration year. Consideration should be given to shortening this three year period. However HSC recognises the three year period maybe



necessary because of the remoteness of locations in which some of these workers will be employed and the fact that CPD opportunities may be limited for them.

A statement should be included to the effect CPD activities should relate to the registrant's field of practise.

## **2. Draft registration standard: Criminal history**

This is consistent with all other Boards and is sound. There may, however, need to be some leniency which acknowledges social disadvantage of ATSI communities which will apply to some indigenous health workers

## **3. Draft registration standard: English language skills**

Registrants may find it difficult to self-assess against this standard. Some objective measure against which the minimum level of proficiency should be reached would be an important addition to this standard. Standards similar to those proposed for the Chinese Medicine Board of Australia would be appropriate.

## **4. Draft registration standards: Professional indemnity insurance**

It may also be worth mentioning that failure to comply with the standard may be a breach of the national law and result in disciplinary action.

## **5. Draft registration standard: Recency of practice**

There is no minimum requirement within this standard. For example, the standard speaks about having practised within the profession within the last three years but that could mean anything from one day to continuously for the three years. A minimum requirement would be a welcome addition here.

## **6. Grandparenting registration standards**

These requirements are specific and appropriate.

## **7. Draft registration standard: Aboriginal and Torres Strait Islander**

These requirements are specific and appropriate.

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### **8. Eligibility for registration standard**

This standard is appropriate for the profession.

Please do not hesitate to contact me if you wish to discuss further on 8601 5216.

Beth Wilson  
**Health Services Commissioner**