

Consultation Paper

5 September 2011

Proposed mandatory registration standards:

- Continuing professional development (CPD)
- Criminal history
- English language skills
- Professional indemnity insurance (PII)
- Recency of practice

Other Board proposals:

- Grandparenting registration standard
- Aboriginal and/or Torres Strait Islander registration standard
- Eligibility for registration standard

Summary

The Northern Territory is the only jurisdiction that currently requires Aboriginal Health Workers to be registered. The relevant registration body in the Northern Territory is the Aboriginal Health Worker Board of the Northern Territory.

From 1 July 2012, Aboriginal and/or Torres Strait Islander health practitioners across Australia will be required to be registered under the National Registration and Accreditation Scheme (the National Scheme) for health professionals. The five mandatory standards, and other standards determined by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board), will apply to all registered Aboriginal and/or Torres Strait Islander health practitioners.

For the purposes of this paper the term 'Aboriginal and Torres Strait Islander health practitioner' refers to all Aboriginal and Torres Strait Island health professions with titles protected under Section 113 of the *Health Practitioner Regulation National Law Act* (the National Law): Aboriginal and Torres Strait Islander health practitioner, Aboriginal health practitioner, and Torres Strait Islander health practitioner.

Mandatory registration standards

Section 38 of the National Law as in force in each state and territory, requires the National Boards to develop and recommend to the Australian Health Workforce Ministerial Council (the Ministerial Council) five mandatory registration standards.

The National Law also requires the National Boards to undertake wide-ranging consultation on any proposed registration standards.

This consultation paper seeks feedback on the proposed mandatory registration standards for:

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

The five proposed mandatory registration standards that the Board must develop in accordance with the National Law are attached to this consultation paper (**Attachments 1 to 5**).

The Board's *Statement of Assessment against AHPRA's Procedures for Development of Registration Standards for the mandatory registration standards* is at **Attachment 6**.

Other Board proposals

Section 38 of the National Law, also enables the National Boards to develop and recommend to the Ministerial Council registration standards about any other issue relevant to the eligibility of individuals for registration in the profession or the suitability of individuals to competently and safely practise the profession.

The Board is therefore also consulting on three additional draft proposals (**Attachments 7 to 9**):

- (a) Grandparenting registration standard
- (b) Aboriginal and/or Torres Strait Islander registration standard
- (c) Eligibility for registration standard.

The Board's *Statements of Assessment against AHPRA's Procedures for Development of Registration Standards for the additional registration standards* are at **Attachment 10 to 12**.

Background

In July 2011, the Ministerial Council appointed the:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Medical Radiation Practice Board of Australia and
- Occupational Therapy Board of Australia

to begin work twelve months in advance of national registration commencing and to support the four 2012 professions move from state and territory based registration to national registration.

From 1 July 2012, each of the National Boards will have responsibility for the registration and regulation of their profession under the National Law.

However, before this can happen, a priority task for the four new National Boards is to develop and consult on proposed registration standards, including the five mandatory standards.

The National Boards' aim is to have the final mandatory registration standards submitted for approval to the Ministerial Council by December 2011, so that practitioners have time to familiarise themselves with the new national requirements for each of the four professions and to enable application for registration forms to be finalised in advance of the 1 July 2012 registration start date.

Submissions

The Aboriginal and Torres Strait Islander Health Practice Board is now seeking feedback on the draft mandatory registration standards and other board proposals – see **Attachments 1 to 12**.

Please provide written submissions by email, marked “Mandatory registration standards” to atsihpboardconsultation@ahpra.gov.au by close of business on **10 October 2011**.

Submissions by post should be addressed to the Executive Officer, Aboriginal and Torres Strait Islander Health Practice Board, AHPRA, GPO Box 9958, Melbourne, 3001.

The Board will publish the submissions on its interim website <http://www.ahpra.gov.au/NRAS.aspx> to encourage discussion and inform the community and stakeholders.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the reference. Before publication, we may remove personally identifying information from submissions.

The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission, or want us to treat all or part of it as confidential. A link to the National Law is available at www.ahpra.gov.au/Legislation-and-Publications.aspx.

September 2011

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

September 2011

Introduction

What the National Law requires

The National Law requires a registered health practitioner to undertake continuing professional development (CPD) as required by the Board and as set out in an approved registration standard for the profession (section 128).

When a practitioner renews their registration, he/she must make a declaration about whether the CPD requirements have been met for the preceding period of registration (section 109). The Board may decide not to renew the practitioner's registration if the CPD requirements are not met (section 112).

The CPD requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for CPD for registered Aboriginal and/or Torres Strait Islander health practitioners (section 38 of the National Law).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to CPD.

Specifically, **the Board seeks advice on the following questions:**

- 1.1 Is the requirement of 20 hours per annum adequate for practitioners to maintain competence as an Aboriginal or Torres Strait Islander health practitioner and meet the needs of the employer?
- 1.2 CPD will comprise of 'formal and informal activities. Should there be more 'formal' CPD time than 'informal' CPD time, and what should formal and informal CPD include?
- 1.3 Is it reasonable to expect people to keep a logbook of their CPD activities from the beginning of the introduction of the national scheme, or would it be better for this requirement to start 12 months after the beginning of the national scheme?
- 1.4 Should a logbook of CPD activities be kept for more, or less than three years?
- 1.5 Is it reasonable to gradually implement the requirements of the proposed CPD standard up until 2015?

The proposed registration standard for continuing professional development (CPD) is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Continuing professional development registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <<date>>.

Summary

All registered Aboriginal and/or Torres Strait Islander health practitioners who are engaged in any form of practice are required to participate regularly in continuing professional development (CPD) activities.

Scope of application

This standard will apply to all registered practitioners from 1 July 2015. It will not apply to those with student registration or non-practising registration.

All registered Aboriginal and/or Torres Strait Islander health practitioners will be required to undertake CPD activities and maintain records of their CPD activities from 1 July 2012. However, compliance with this standard will not be subject to audit prior to 1 July 2015 in recognition that CPD is a new requirement under national registration arrangements.

Requirements

1. All Aboriginal and/or Torres Strait Islander health practitioners will be asked to declare annually on renewal of registration that they have met the CPD standard set by the Board. This declaration may be subject to audit after 1 July 2015.

2. Registrants must participate in at least 20 hours of CPD per year as defined by the Board in the associated guideline.
3. Aboriginal and/or Torres Strait Islander health practitioners are required to ensure that their CPD activities are recorded in a log and to produce these records when the board requires them to do so as part of an audit investigation after 1 July 2015. Records must be kept for three years.
5. Where a practitioner has been registered for less than 12 months, a pro rata CPD points/hours requirement applies.

CPD activities should:

- a) have clear aims and objectives that meet the individual's requirements; and
- b) consider the needs of the employing organisation or local community and be purposeful and patient centred.

Some examples of CPD include:

Informal learning activities such as self-study of reference material, clinical case discussion with other health professionals and internet research AND

Formal learning activities, such as accredited courses, conferences, forums, seminars, undertaking research and presentation of work, online learning and in service programs.

Practitioners must maintain up-to-date records detailing all CPD undertaken.

Failure to comply

A failure to comply with this CPD standard is a breach of the legal requirement for registration and may constitute behaviour for which health, conduct, or performance action may be taken under the National Law s. 128(2).

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the registrant uses their skills and knowledge in their profession. For the purposes of this registration standard, practice is not restricted to the direct provision of clinical care. It also includes working in a direct non clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that

impact on safe, effective delivery of services in the profession and/or use their professional skills.

Review

This standard will be gradually implemented up until 1 July 2015. The Board will review this standard at least every three years.

2. Draft registration standard: Criminal history

September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board is required to check an applicant's criminal history before deciding an application for registration (section 79). All applicants for registration are required to declare if they have a criminal history as part of the application process. The Board may also, at any time, obtain a written report about a registered practitioner's criminal history – for example, as part of an audit, or to check a statement made by a registrant renewing his/her registration (section 135).

The Board may decide that an individual is not a suitable person to hold general registration, if in the Board's opinion, the individual is not an appropriate person to practise the profession, or it is not in the public interest for the individual to practise the profession, after the Board has had regard to the individual's criminal history to the extent that is relevant to his/her practice of the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the criminal history of applicants for registration, including the matters to be considered in deciding whether an individual's criminal history is relevant to the practice of the profession (section 38).

What the Board is consulting on

The Board is consulting on the Ministerial Council approved criminal history registration standard that was implemented at the start of the National Registration and Accreditation Scheme on 1 July 2010 for the original 10 professions. (The other 3 National Boards for the 2012 professions are also consulting on the same document).

This is the only mandatory registration standard that is the same for **all** ten National Boards. It was subject to wide-ranging consultation with stakeholders prior to approval by the Ministerial Council.

The Board considers it is important to have a consistent, fair, and transparent standard that enables all National Boards to make equitable decisions about whether a health practitioner's criminal history is relevant to the practice of their profession.

- 2.1 **The Board proposes** to seek Ministerial Council approval for this registration standard to apply to the Aboriginal and/or Torres Strait Islander health practitioner profession.
- 2.2 The Board would welcome any comments on this standard.

The proposed registration standard for criminal history is on the following page.

Aboriginal and Torres Strait Island Health Practice Board of Australia

Draft for Consultation

Criminal history registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law), with the approval taking effect from <<date>>.

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- a) convictions
- b) findings of guilt
- c) pending charges
- d) non-conviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a non conviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered

health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2012. The Board will review this standard at least every three years.

3. Draft registration standard: English language skills

September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Aboriginal and Torres Strait Islander health practitioner profession if in the Board's opinion, the individual's competency in speaking or otherwise communicating in English is not sufficient for the individual to practise the profession (section 55).

The Board is required to develop and recommend to the Ministerial Council, a registration standard setting out requirements for the English language skills that are necessary for an applicant to be suitable for registration in the Aboriginal and Torres Strait Islander health practitioner profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to English language skills.

Specifically, **the Board seeks advice on the following questions:**

- 3.1 If an applicant has obtained the proposed qualification set out in the "Eligibility for Registration Standard", is this enough to demonstrate English Language Proficiency?
- 3.2 If not, what other requirements do you think are needed to substantiate an applicant's English language proficiency?

The proposed registration standard for English language skills is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

English language skills registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <<date>>.

Summary

All applicants for Aboriginal and/or Torres Strait Islander health practitioner registration must be able to demonstrate they have an adequate command of the English language to the satisfaction of the Board.

Scope of application

This standard applies to all applicants for registration. It does not apply to students.

Requirements

English language competence can be demonstrated through written evidence that an applicant is English language literate which may include but is not limited to a certified copy of the relevant qualifications or equivalent as determined by the Board.

Further details around the Board's requirements in relation to this standard will be provided in an associated guideline.

Review

This standard will commence on 1 July 2012 date. The Board will review this standard at least every three years.

4. Draft registration standard: Professional indemnity insurance

September August 2011

Introduction

What the National Law requires

The National Law requires that a registered health practitioner must not practise their profession unless they have appropriate professional indemnity insurance (PII) arrangements in force. PII provides financial protection for health professionals in relation to any claims made against them as a result of providing professional services or treatments. The Board may, at any time in writing, require a registrant to give the Board evidence of that he/she has appropriate PII arrangements (section 129).

When a practitioner renews their registration, he/she must make a declaration that he/she has not practised the profession during the preceding period without having appropriate PII arrangements in place, and that he/she will not practise the profession unless appropriate PII arrangements are in place (section 109). The Board may decide not to renew the practitioner's registration if he/she failed to have appropriate PII arrangements in place for the preceding period of registration (section 112).

The PII requirements do not apply to a person granted 'non-practising' registration.

The Board is required to develop and recommend to the Ministerial Council, a registration standard about the requirements for PII arrangements for registered Aboriginal and/or Torres Strait Islander health practitioners (section 38).

What the Board is consulting on

The Board is therefore consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to PII.

Specifically, **the Board seeks advice on the following questions:**

- 4.1 Does the Professional Indemnity Insurance (PII) standard adequately describe the PII requirements?
- 4.2 What is the best way for an Aboriginal and or Torres Strait Islander health practitioner to demonstrate that they are covered by PII?
- 4.3 What should the Board require from Aboriginal and or Torres Strait Islander health practitioners to prove that appropriate PII arrangements are in place (for example a letter from their employer or the employers insurance policy number)

The proposed registration standard for professional indemnity insurance (PII) is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Professional Indemnity Insurance (PII) arrangements registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <<date>> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <<date>>.

Summary

Aboriginal and/or Torres Strait Islander health practitioners must not practise the profession unless they are covered in the conduct of their practice by appropriate Professional Indemnity Insurance (PII) arrangements in accordance with this standard.

Registrants can be covered by either individual insurance arrangements or third party insurance arrangements.

Initial registration and annual renewal of registration will require a declaration from the Aboriginal and/or Torres Strait Islander health practitioner that they are or will be covered for all aspects of practise for that period of registration.

It is usual for Aboriginal and/or Torres Strait Islander health practitioners who are not in private practice to be covered by their employer for PII. However, it is the responsibility of the individual registrant to check that appropriate PII arrangements are in place.

Scope of application

This standard applies to all Aboriginal and/or Torres Strait Islander health practitioners applying for initial registration or renewal of

their registration. It does not apply to student registrants or practitioners with non-practising registration.

Requirements

1. When applying for registration or renewal of registration, Aboriginal and/or Torres Strait Islander health practitioners will be required to declare that appropriate PII arrangements are, or will be in place, while they are practising the profession.
2. Aboriginal and/or Torres Strait Islander health practitioners will require professional indemnity insurance to cover the full scope of their practice, whether employed or self-employed and regardless of whether they are working in the private, non-government or public sector.
3. Aboriginal and/or Torres Strait Islander health practitioners who hold private insurance cover in their own name are required to retain documentary evidence of their insurance and to provide it to the Board on request.
4. Aboriginal and/or Torres Strait Islander health practitioners in a genuine employment or student relationship would be covered vicariously by the employer's or education institution's insurance. It is the Registrant's responsibility to understand the nature of the cover under which they are practising. Aboriginal and/or Torres Strait Islander health practitioners to whom this applies may be required by the Board in a limited number of circumstances to seek documentation from their employers, or education institutions to verify PII cover.
5. Aboriginal and/or Torres Strait Islander health practitioners must ensure they have adequate cover but this may differ according to an individual's scope of practice and risk. Where an Aboriginal and/or Torres Strait Islander health practitioner is working for someone other than themselves, they should seek written evidence from their employer that PII arrangements are in place.

6. The Board encourages practitioners who are assessing whether they have appropriate professional indemnity arrangements in place to consider:
 - (a) the practice setting and the type of services and care delivered;
 - (b) the patient or client group;
 - (c) advice from professional indemnity insurers, professional associations and industrial organisations; and
 - (d) current employment status.
7. Self-employed Aboriginal and/or Torres Strait Islander health practitioners are also required to have a minimum automatic reinstatement period, unlimited retroactivity and run-off cover.

It also includes using professional knowledge in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Notification means a notification to the national agency under the national Law, for example from a client or patient complaining about the conduct of a health practitioner.

Review

This standard applies from 1 July 2012. The Board will review this standard at least every three years.

Definitions

Professional indemnity insurance arrangements means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of or are a consequence of activities that were undertaken in the course of the practitioner's professional practice, prior to the date of the commencement of the insurance. This type of cover may be included in a PII policy or may need to be purchased separately.

Retroactive cover means arrangements that provide recognition for all past activities.

Practice means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practise is not restricted to the provision of direct clinical care.

5. Draft registration standard: Recency of practice

September 2011

Introduction

What the National Law requires

In accordance with the National Law, the Board may decide that an individual is not a suitable person to hold general registration in the Aboriginal and Torres Strait Islander health practitioner profession if the nature, extent, period and recency of any previous practice of the profession is not sufficient to meet the requirements specified in an approved registration standard relevant to the profession (section 55).

Also, when a practitioner renews their registration, he/she must make a declaration that he/she has met any recency of practice requirements set by the Board in an approved registration standard for the profession (section 109).

The Board is required to develop and recommend to the Ministerial Council, a registration standard about requirements in relation to the nature, extent, period and recency of any previous practice of the profession by applications for registration in the Aboriginal and Torres Strait Islander health practitioner profession (section 38).

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to recency of practice.

Specifically, **the Board seeks advice on the following question:**

- 5.1 Do you think the timeframes in this draft recency of practice standard are reasonable and if not why not?

The proposed registration standard for recency of practice is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Recency of practice registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

To ensure Aboriginal and/or Torres Strait Islander health practitioners are able to practise competently and safely. All Aboriginal and/or Torres Strait Islander health practitioners in Australia must be able to demonstrate recency of practice within their profession.

For Aboriginal and/or Torres Strait Islander health practitioners returning to practice, the specific requirement for recency of practice depends on the length of absence from the field.

Upon applying for initial registration or renewal of registration practitioners will be required to make a declaration about their recency of practice.

The Board has a mechanism for ensuring that Aboriginal and/or Torres Strait Islander health practitioners issued with Conditional Registration work within safe parameters, whilst working towards providing evidence of eligibility for full registration.

Scope of application

This standard applies to:

- a) all practitioners seeking registration in a practising category, endorsement of registration or renewal of registration.

- b) all applicants equally, whether they practise full time or part-time or whether the work is remunerated or not.

This standard does not apply to student registrants.

Requirements

Practitioners must demonstrate, to the satisfaction of the Board, that they have undertaken sufficient practice in their profession to maintain competence.

- (a) Practitioners applying for registration or renewal of registration are required to make a declaration that they have engaged in sufficient practice of their profession to meet the requirements of this standard.
- (b) If a practitioner is unable to make the declaration required, the Board may refuse their registration or renewal of registration or grant Conditional Registration subject to conditions.

An audit process that detects noncompliance with the standard will initiate follow up from the Board requesting evidence or demonstration of maintenance of skills and knowledge to practice competently during the relevant period.

All new graduate Aboriginal and/or Torres Strait Islander health practitioners must register as a practitioner within 3 years of graduating.

Aboriginal and/or Torres Strait Islander health practitioners must have practised in a clinical area within the previous 3 years or hold Conditional Registration that restricts them to working under supervision whilst undertaking an assessment of clinical competence as determined by the Board.

For Aboriginal and/or Torres Strait Islander health practitioners returning to practice after an absence from the profession the following provisions will apply:

- (a) Practitioners who have practised in the profession within the previous three years are eligible for registration as determined by the Board.

- (b) Practitioners who have not practised in the profession for the previous three to five years will be required to undertake clinical competency assessment as determined by the Board.
- (c) Practitioners who have not practised the profession for more than five years but less than ten years will be assessed individually as determined by the Board.
- (d) Practitioners who have not practised the profession for ten years or more will not be eligible for Registration and will need to undertake relevant studies that provide entitlement to registration.

Review

This standard will commence on 1 July 2012. The Board will review this standard at least every three years.

Exemptions

Practitioners applying for or renewing non practising registration.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Clinical practice means direct clinical care of patients, using the current knowledge, skills and attitudes of the profession, whether remunerated or not, and regardless of job title.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than one year prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in their profession and can demonstrate that they practice competently and safely

6. Board statement of assessment against AHPRA's procedures for development of registration standards

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

Below is the Aboriginal and Torres Strait Islander Health Practice Board of Australia's assessment of its proposed mandatory registration standards against the three elements outlined in the AHPRA procedures.

The proposed mandatory registration standards take into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed mandatory registration standards meet the objectives and guiding principles of the National Law. In particular, the Board notes that the development of the registration standards on these five matters is required under the National Law and is not at the Board's discretion.

The proposed mandatory registration standards meet the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 6 week public consultation process. This process includes the publication of the consultation paper and draft registration standards on its website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Aboriginal Health Worker Board of the Northern Territory, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed mandatory registration standards take into account the COAG principles for best practice regulation

Board assessment

In developing the draft mandatory registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community. The Board makes the following assessment specific to each of the five draft mandatory registration standards.

- The **Continuing Professional Development (CPD) Registration Standard** proposed imposes a reasonable requirement on registrants to undertake professional development activities to ensure that their skills and knowledge remain current and is consistent with the requirements of other health professional boards. Registrants are provided with choice about how to undertake CPD activities and how to demonstrate compliance with the standard. Recognising that practitioners registering as Aboriginal and/or Torres Strait Islander health practitioners will not have previously had to meet CPD requirements, this standard will not commence until 1 July 2015. This standard will not apply to student or non-practising registrants and will be subject to pro rata adjustments for practitioners who have been registered for less than 12 months.
- The **Criminal History Registration Standard** proposed is the same as the Ministerial Council approved registration standard that was implemented by the first 10 National Boards on 1 July 2010 and explains the factors that the Board will take into account in reviewing criminal history.

The approved registration standard was subject to wide-ranging public consultation in 2009 prior to the start of the scheme, and was largely consistent with the way state and territory registration boards assessed the criminal history of health practitioners in relation to registration matters across the 10 professions.

The intent of having the same registration standard as the other 10 National Boards is to ensure that a consistent, transparent and equitable framework is applied to Board decisions on the sensitive matter of whether a person's criminal history is relevant to the practice of their profession. The Board considers that differing criminal history registration standards will risk imposing unjustified additional costs due to national processes needing to be changed to accommodate a different standard of criminal history for the profession and there may be an increased risk of inconsistent decisions being made due to the different requirements, which in turn may have a negative impact on a person seeking registration or may pose a risk to public safety.

- The **English Language Registration Standard** proposed is consistent with the English language requirement of the Aboriginal Health Worker Board of the Northern Territory. It is designed to ensure that all registered Aboriginal and/or Torres Strait Islander health practitioners have an adequate command of the English language to ensure the protection of the public. However, it is not designed to be so onerous that practitioners, for whom English is a second or third language, are disadvantaged.
- The **Professional Indemnity Insurance (PII) Registration Standard** proposed does not create a minimum quantitative requirement for the level of cover required for private practitioners to avoid raising costs in the market and potentially driving up overall costs for employers and private practitioners. The proposed standard recognises that the profession is largely employed in the public and government sectors but includes flexibility to enable private sector employment in the future. The Board has avoided imposing onerous documentation requirements on practitioners which has the potential to add to employer and/or practitioner costs and costs to consumers. The standard recognises that the amount of cover required may differ according to an individual's scope of practice and risk but requires all self-employed practitioners to have cover which includes a minimum reinstatement period, unlimited retroactivity and run-off cover.
- The **Recency of Practice Registration Standard** proposed does not impose costs on registrants or the public, but may involve some costs for the Board in monitoring compliance with the standard, in line with its role in protection of the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence and to protect the public. The standard also provides for ways that practitioners who have not met the recency of practice requirements can re-enter practice and encourages workforce participation. This standard is reflective of recency of practice requirements of the Aboriginal Health Worker Board of the Northern Territory.

Further, the Board specifically addresses the **four COAG principles** as follows:

- (a) The Board considered whether the draft mandatory registration standards may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standards do not restrict competition among health practitioners. Rather, the draft standards promote the public interest in ensuring that the public receive safe, high-quality health care and that practitioners are suitable to practise, maintain their skills and competence, are appropriately insured and have adequate English language skills.
- (b) The Board considered whether the draft mandatory registration standards result in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standards support consumer choice by ensuring that practitioners have the necessary skills, qualities and competence to practice safely.
- (c) The Board considered that the **overall costs** of the draft standards to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved**. While there are a number of requirements that a practitioner must satisfy to qualify for registration, this is consistent with the objectives and guiding principles for the National Registration and Accreditation Scheme and is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for protection of the public.
- (d) The Board has **procedures in place to ensure that the standards remain relevant** and in the public interest over time. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation. However, the Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.

7. Grandparenting registration standard

September 2011

Introduction

What the National Law enables

Special grandparenting provisions for registration are set out under Section 303 of the National Law. An individual may be eligible to apply for registration until 1 July 2015 even if the person does not hold an approved qualification for registration, but does have other relevant qualifications, training, or experience practising the profession.

The grandparenting provisions are broad. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that did not require registration) are not unjustly disadvantaged because they are not automatically transitioned to the national registration scheme as a state or territory registrant or because they do not hold an approved qualification.

It is important to note that all of the other eligibility for registration requirements set out in section 52 of the National Law apply to people seeking registration using the grandparenting provisions.

What the Board is consulting on

The Board is consulting on the following draft grandparenting registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to grandparenting provisions.

Specifically, **the Board seeks advice on the following questions:**

- 7.1 What are the practices being described as 'clinical' in your jurisdiction/state/territory/area?
- 7.2 What examples of other clinical practice should be considered in determining this standard?
- 7.3 In considering other clinical practices do they meet the COAG principles for best practice regulation? For example:
 - Do they result in unnecessary competition?
 - Do they restrict consumer choice?
 - Are the costs reasonable in relation to the benefits to be achieved?
 - Are there procedures in place to ensure that the standards remain relevant?
- 7.4 What would you consider as appropriate evidence to verify clinical practice undertaken by a practitioner over the period described in this standard?

The proposed registration standard for grandparenting is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Grandparenting Provisions Registration Standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from <date>.

Summary

The registration of practitioners who were registered with the Northern Territory Aboriginal Health Workers Board will automatically transition to the new national registration and accreditation scheme from 1 July 2012. Registration under the national scheme is required in all states and territories of Australia that have enacted the National Law.

Only those persons also meeting the five mandatory standards and the Aboriginal or Torres Strait Islander registration standard are eligible for registration as an Aboriginal and/or Torres Strait Islander health practitioner and able to use the protected title.

Individuals who apply for registration to the profession but do not hold the necessary academic qualifications as specified under the Eligibility for Registration Standard, may still be eligible for registration until 1 July 2015 if they meet the criteria outlined in this standard.

Scope of application

This standard applies to all applicants for general registration.

Requirements

All applicants must be qualified for registration in order to satisfy the eligibility requirements under s 52. Section 303 sets out the qualifications for general registration. An

individual who applies for registration as an Aboriginal and/or Torres Strait Islander health practitioner before 1 July 2015 may be qualified for general registration in the profession if the individual:

- (a) Satisfies s 303(1)(a): holds a qualification or has completed training in the profession, whether in the Northern Territory or elsewhere, that the National Board or its delegate considers to be adequate for the purposes of practising the profession. The National Board considers that Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice) or another equivalent qualification is adequate for the purposes of practising the profession; or,
- (b) Satisfies s 303(1)(b): holds a qualification or has completed training in the profession, whether in a participating jurisdiction or elsewhere, and has completed any further study, training or supervised practice in the profession required by the Board for the purposes of this section. For the purposes s 303(1)(b) the Board requires a Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice); or
- (c) Satisfies s 303(1)(c): has practised as a clinical Aboriginal and/or Torres Strait Islander health worker at any time between 1 July 2002 and 30 June 2012 for a consecutive period of 5 years or for any periods which together amount to 5 years.

The Board will also assess applicants who have previously been registered in the Northern Territory and have allowed their registration to lapse.

Review

This standard will commence on 1 July 2012 and cease on 1 July 2015.

8. Board statement of assessment against AHPRA's procedures for development of registration standards – *Grandparenting registration standard*

September 2011

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au.

Below is the Aboriginal and Torres Islander Health Practice Board of Australia's assessment of its proposed grandparenting registration standard against the three elements outlined in the AHPRA procedures.

The proposed grandparenting registration standard takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed grandparenting registration standard meets the objectives and guiding principles of the National Law. In particular, to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practice in a competent and ethical manner are registered; to enable the continuous development of a flexible, responsive, and sustainable Australian health workforce; and that the scheme is to operate in a transparent, accountable, efficient, effective and fair way.

The proposed standard meets the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 6 week public consultation process. This process includes the publication of the consultation paper and the draft registration standard on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Aboriginal Health Worker Board of the Northern Territory, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed standard takes into account the COAG principles for best practice regulation

Board assessment

In developing the draft grandparenting registration standard, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

The grandparenting registration standard sets out, for transparency, how the broad grandparenting provisions of section 303 of the National Law are to be applied to the Aboriginal and Torres Strait Islander health practitioner profession. The Board's decision to develop a registration standard means that the standard must be submitted for approval by the Ministerial Council; an approach that supports best practice regulation.

The Board specifically addresses the **four COAG principles** as follows:

- (a) The Board considered whether the draft grandparenting registration standard may result in an **unnecessary restriction of competition** among health practitioners. The draft registration standard does not restrict competition among health practitioners. Rather, the grandparenting registration standard is to provide clarity and certainty to practitioners who have the appropriate clinical skills and experience but may not otherwise be eligible to apply for general registration

because they do not hold an approved qualification. The intent is to ensure that practitioners who are legitimately practising the profession (particularly in those jurisdictions that do not currently require registration) are not unjustly disadvantaged because they are not registrants or do not hold a current qualification.

- (b) The Board considered whether the draft grandparenting registration standard results in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standard supports consumer choice by ensuring that practitioners who currently practise the profession, and who are suitably trained and qualified to practise in a competent and ethical way, are eligible to apply for national registration. A nationally registered practitioner will be able to practise the profession in any Australian state or territory.
- (c) The Board considered that the **overall costs** of the draft grandparenting registration standard to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved**. The Board considers that it is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession, for the protection of the public. The draft registration standard does not impose an additional cost burden – the National Law sets out the grandparenting provisions and this draft registration standard provides clarity and certainty in how the provision are to be applied for the benefit of the profession, the public and employers, including governments.
- (d) The Board has **procedures in place to ensure that the standard remains relevant and in the public interest over time**. The grandparenting provisions of section 303 of the National Law apply until on 1 July 2015. Therefore, this standard is time limited with an expiry date of 30 June 2015. The Board may choose to review an approved grandparenting registration standard at any time, for example if it is necessary to ensure the standard's continued relevance and workability.

8. Draft registration standard: Aboriginal and Torres Strait Islander

Draft at 31 August 2011

Introduction

What the National Law enables

Section 38 of the National Law enables National Boards to develop additional registration standards on issues such as the scope of practice of health practitioners registered in the profession and other issues which are relevant to the eligibility of individuals for registration in the profession or their suitability to competently and safely practise the profession.

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to being an Aboriginal and Torres Strait Islander person.

Specifically, **the Board seeks advice on the following question:**

- 9.1 What evidence do you consider is appropriate with regard to providing a practitioner is an Aboriginal and/or Torres Strait Islander person?

The proposed Aboriginal and/or Torres Strait Islander registration standard is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Aboriginal and/or Torres Strait Islander registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the Health Practitioner Regulation National Law (the National Law) as in force in each state or territory, with approval taking effect from <date>.

Summary

Only persons who are Aboriginal and/or Torres Strait Islander are eligible for registration as an Aboriginal and/or Torres Strait Islander health practitioner.

Scope of application

This standard applies to all applicants and all registered health practitioners.

Requirements

To be eligible for registration as an Aboriginal and/or Torres Strait Islander health practitioner a person must be:

- a) an Aboriginal and /or Torres Strait Islander person; and
- b) identify as an Aboriginal and /or Torres Strait Islander person; and
- c) be accepted as an Aboriginal and /or Torres Strait Islander person in the community in which he or she lives or did live.

The Board may seek further evidence of a registrant's claim to be an Aboriginal and/or Torres Strait Islander person. Further evidence may include, but is not limited to a letter, to the satisfaction of the Board, stating that a person is an Aboriginal or Torres Strait Islander or both and is accepted by a recognised Aboriginal and /or Torres Strait Islander organisation. The letter must carry the organisation's letterhead, hold the organisation's official seal and be dated and signed by a person authorised by the organisation.

Review

This standard will commence on 1 July 2012. The Board will review this standard at least every three years.

9. Board statement of assessment against AHPRA's procedures for development of registration standards – *Aboriginal and Torres Strait Islander standard*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au.

Below is the Aboriginal and Torres Strait Islander Health Practice Board of Australia's assessment of its proposed Aboriginal and Torres Strait Islander registration standard against the three elements outlined in the AHPRA procedures.

The proposed Aboriginal and Torres Strait Islander registration standard takes into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed Aboriginal and Torres Strait Islander registration standard meets the objectives and guiding principles of the National Law.

The proposed standard meets the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 6 week public consultation process. This process includes the publication of a consultation paper and the draft registration standard on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Aboriginal Health Worker Board of the Northern Territory, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed standard takes into account the COAG principles for best practice regulation

Board assessment

In developing the draft Aboriginal and Torres Strait Islander registration standard for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community. However, the Board makes the following assessment specific to the draft Aboriginal and Torres Strait Islander registration standard. The standard proposed is consistent with the approach already taken by the Aboriginal Health Worker Board of the Northern Territory.

While the proposed standard does impose restrictions on who may register as an Aboriginal and/or Torres Strait Islander health practitioner, and thus restricts competition, it is widely recognised that being an Aboriginal and/or Torres Strait Islander person is fundamental to this role.

Aboriginal and Torres Strait Islander people in Australia have a higher level of sickness and mortality than other Australians. Aboriginal and Torres Strait Islanders also have a much lower life expectancy than other Australians. All Australian governments have made a commitment to improving the lives of Aboriginal and Torres Strait Islander people in a whole range of areas including health outcomes.

One of the key barriers to Aboriginal and Torres Strait Islander people accessing appropriate and necessary health services is a lack of cultural safety. Lack of trust in mainstream health practitioners has always been a fundamental driving force behind the development of the Aboriginal Health Worker role.

Aboriginal and Torres Strait Islander people are uniquely placed to bridge the cultural divide between

Aboriginal and Torres Strait Islander clients and other mainstream health care providers. This approach is consistent with *Closing the Gap*, a commitment by all Australian governments to improve the lives of Indigenous Australia. *Closing the Gap* recognises the importance of engagement and partnerships with Indigenous people and communities, building on their ideas, strengths and leadership to find sustainable solutions to long-standing problems.

Further, the draft standard proposed by the Board specifically addresses **the four COAG principles** as follows:

- (a) The Board considered whether the draft Aboriginal and Torres Strait Islander registration standard may result **in an unnecessary restriction of competition** among health practitioners and concluded that, while this standard will restrict competition, this is acceptable on the basis of the arguments outlined above. In addition, any costs associated with reducing competition by restricting eligibility for registration as an Aboriginal and/or Torres Strait Islander health practitioner to Aboriginal and Torres Strait Islander people are more than offset by the contribution Aboriginal and/or Torres Strait Islander health practitioners make to improving health outcomes for Aboriginal and Torres Strait Islander people.
- (b) The Board considered whether the draft Aboriginal and Torres Strait Islander registration standard results **in an unnecessary restriction of consumer choice**. However, rather than restricting consumer choice, this standard draft standard is consumer driven and will help to ensure that consumers are not deterred from accessing the appropriate and necessary health services they need.
- (c) The Board considered that the **overall costs of the draft standards to members of the public** and/or registrants and/or governments and concluded that these costs are appropriate when offset against the benefits that this standard contributes to.
- (d) The Board has procedures in place to ensure **that the standard remains relevant and in the public interest over time**. The standards will be reviewed within three years of its commencement, including assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

10. Eligibility for registration standard

Draft at 31 August 2011

Introduction

What the National Law enables

Section 38 of the National Law enables National Boards to develop additional registration standards on issues such as the scope of practice of health practitioners registered in the profession and other issues which are relevant to the eligibility of individuals for registration in the profession or their suitability to competently and safely practise the profession.

What the Board is consulting on

The Board is consulting on the following draft registration standard which sets out the proposed requirements of the Aboriginal and Torres Strait Islander Health Practice Board with respect to eligibility for registration.

Specifically, **the Board seeks advice on the following questions:**

- 11.1 Is the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice) qualification, an appropriate level qualification for registration as an Aboriginal and Torres Strait Islander health practitioner?
- 11.2 For the purpose of this standard, should consideration be given to other qualifications and clinical practices endorsements?
- 11.3 If another qualification is to be considered please provide comments and rationale giving consideration to the four COAG principles for best practice regulation. For example:
 - Do they result in unnecessary competition?
 - Do they restrict consumer choice?
 - Are the costs reasonable in relation to the benefits to be achieved?
 - Are there procedures in place to ensure that the standards remain relevant?

The proposed registration standard for eligibility for registration is on the following page.

Aboriginal and Torres Strait Islander Health Practice Board of Australia

Draft for Consultation

Eligibility for registration standard

Authority

This standard has been approved by the Australian Health Workforce Ministerial Council on <date> pursuant to the Health Practitioner Regulation National Law Act, as in force in each state or territory. The approval takes effect from <date>.

Summary

An applicant seeking to be registered as an Aboriginal and/or Torres Strait Islander health practitioner must be able to demonstrate that they have attained a Certificate IV level qualification in Aboriginal and Torres Strait Islander Primary Health Care (Practice), or an equivalent qualification, which is recognised by the Board.

Scope of application

This standard applies to all applicants and all registered health practitioners applying for registration as an Aboriginal and/or Torres Strait Islander health practitioner. It does not apply to students.

Requirements

You are eligible for registration if you have the following in addition to the requirements set out in other standards relevant to the Aboriginal and Torres Strait Islander health practitioner profession:

- (a) Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Practice); or
- (b) Certificate III Aboriginal Health Work (Clinical) studies awarded in the Northern Territory prior to 30 June 2008; or

(c) Evidence of a qualification that is, in the opinion of the Board, equivalent to the qualification referred to in (a) above; or

(d) Evidence of completing the Apply First Aid qualification (HLTFA301B) within the last 3 years.

The Board will also assess applicants who have previously been registered in the Northern Territory and have allowed their registration to lapse.

Review

This standard will commence on 1 July 2012. The Board will review this standard at least every three years.

11. Board statement of assessment against AHPRA's procedures for development of registration standards – eligibility for registration standard

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

Below is the Aboriginal and Torres Strait Islander Health Practice Board of Australia's assessment of its proposed Eligibility for Registration standard against the three elements outlined in the AHPRA procedures.

The proposed mandatory registration standards take into account the objectives and guiding principles of the National Law (section 3)

Board assessment

The Board considers that its proposed Eligibility for Registration standard meets the objectives and guiding principles of the National Law.

The proposed mandatory registration standards meet the consultation requirements of the National Law

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking a 6 week public consultation process. This process includes the publication of the consultation paper and draft registration standard on the website. The Board has also drawn this paper to the attention of the 13 other National Boards, the Aboriginal Health Worker Board of the Northern Territory, professional associations and governments.

The Board will take into account the comments it receives when finalising its draft standards for submission to the Ministerial Council for approval.

The proposed Code of Practice registration standard takes into account the COAG principles for best practice regulation

Board assessment

In developing the draft Eligibility for Registration standard for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community. The Board makes the following assessment specific to the draft Eligibility for Registration standard.

One of the key objectives of the National Registration and Accreditation Scheme is to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. This draft standard reflects the requirements of the Aboriginal Health Worker Board of the Northern Territory which requires all Aboriginal Health Workers (AHW) to hold a Certificate IV level qualification in Aboriginal and Torres Strait Islander Primary Health Care (Practice). In the Northern Territory AHW is a protected title and refers to an Aboriginal or Torres Strait Islander person registered to practice by the Aboriginal Health Worker Board of the Northern Territory.

Given the wide range of experience and qualifications currently held by AHW, it will be important to ensure that eligibility for registration as an Aboriginal and/or Torres Strait Islander Health Practitioner under the National Registration and Accreditation Scheme reflects the criteria for inclusion in the National Registration and Accreditation Scheme (NRAS) as agreed by Health Ministers from all jurisdictions. This criteria was considered during the development of this draft standard.

Guidance on the type of practitioners who should be registered under the National Registration and Accreditation Scheme is provided in the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* (IGA) which was signed by all Health Ministers on 26 March 2008.

The IGA states that the following should be considered when assessing whether there is significant risk of harm to the health and safety of the public for a profession to be included in the National Registration and Accreditation Scheme:

1. the nature and severity of the risk to the client group;
2. the nature and severity of the risk to the wider public; and
3. the nature and severity of the risk to the practitioner.

According to the IGA, some of the areas which could be explored to identify the risk to public health and safety are:

- to what extent does the practice of the occupation involve the use of equipment;
- to what extent may the failure of a practitioner to practice in particular ways (that is follow certain procedures, observe certain standards, or attend to certain matters), result in a serious threat to public health and safety;
- are intrusive techniques used in the practice of the occupation, which can cause a serious, or life threatening danger;
- to what extent are certain substances used in the practice of the occupation, with particular emphasis on pharmacological compounds, dangerous chemicals or radioactive substances; and
- is there significant potential for practitioners to cause damage to the environment or to cause substantial public health and safety risk.

Further, the Board specifically addresses the four COAG principles as follows:

- (a) The Board considered whether the draft Eligibility for Registration standard may result in an **unnecessary restriction of competition** among health practitioners. To the contrary, the draft registration standard seeks to register only those Aboriginal and/or Torres Strait Islander health workers who undertake clinical procedures which may put the public at risk if not adequately regulated. The key aim of this draft standard is to ensure the public receives safe, high-quality health care and that practitioners are suitably qualified to practise.
- (b) The Board considered whether the draft Eligibility for Registration standard results in an **unnecessary restriction of consumer choice**. Rather than restricting consumer choice, the draft standard supports consumer choice by ensuring that practitioners have the necessary skills, qualities and competence to practice safely.
- (c) The Board considered that the **overall costs** of the draft standards to members of the public and/or registrants and/or governments **are reasonable in relation to the benefits to be achieved**. While there are specified qualifications that a practitioner must have to qualify for registration, this is consistent with the objectives and guiding principles for the National Registration and Accreditation Scheme and is appropriate to ensure that practitioners have the necessary qualities, knowledge and skill to practice the profession for the protection of the public.
- (d) The Board has **procedures in place to ensure that the standards remain relevant** and in the public interest over time. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation. However, the Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.