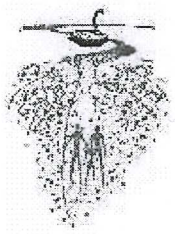

7th October 2011

Attention: Executive Officer
Aboriginal & Torres Strait Islander Health Practice Board
AHPRA
GPO Box 9958
Melbourne, 3001
Email: atsihpbaordconsultation@ahpra.gov.au

Submission to:
THE ATSIHP CONSULTATION PAPER DATED 5 SEPTEMBER 2011 ON PROPOSED MANDATORY REGISTRATION STANDARDS & OTHER BOARD PROPOSALS

Derbarl Yerrigan Health Services (DYHS), formerly known as the Perth Aboriginal Medical Service (PAMS), was established in 1973. The aims of the service are to provide an Aboriginal and Torres Strait Islander (ATSI) community controlled holistic health care network which develops, promotes and maintains Aboriginal and Torres Strait Islander people's; physical, spiritual, social, emotional, economic and cultural wellbeing.

The service currently comprises four sites, employs approximately 120 staff, 70% of which are of Aboriginal origin. These include running a residential hostel facility for dialysis clients through the Elizabeth Hansen Autumn Centre in Bayswater; and three General Service Clinics operating from East Perth, Mirrabooka and Maddington, which are supported by many additional specialised health programs. Client numbers and visits are increasing each year.

DYHS have held multiple workshops with its Aboriginal and Torres Strait Islander Health Workforce (AHW's) to garner their feedback and concerns surrounding the proposed standards as currently drafted. They are as follows:

DRAFT Registration Standard 1: Continuing Professional Development (CPD)
Whilst there was much discussion surrounding 'whom ' this standard applied to, for example, was the term inclusive of those who were classified as Certificate IV AHW's and working exclusively in community & environmental health as opposed to those who worked exclusively in clinical health. General consensus was given to:

- 20 hours per annum being adequate for practitioners to maintain competence as an ATSI health practitioner and meet the needs of the employer;
- The option of CPD comprising 50% formal and 50% informal activities;

- Keeping a logbook of CPD activities to start 12 months after the beginning of the national scheme, with the recommendation that the logbooks be made freely available from the ATSIHP board;
- Logbooks of CPD's to be kept for three years;
- The requirements of the proposed CPD standards to be gradually implemented up until 2015.

DRAFT Registration Standard 2: Criminal History
All 10 factors were considered reasonable

DRAFT Registration Standard 3: English Language Skills
It was agreed that if an applicant obtained the proposed qualification as set out in the "Eligibility for Registration Standard" and stipulated in (a)(b)(c) and (d) in pg 30 of the Consultation paper, it is enough to demonstrate English Language Proficiency. However, recognition needs to be applied over a wider scope to encompass bilingualism that is inclusive of cultural and geographical differences, for example, similar to that which is currently successfully operating in the Northern Territory.

DRAFT Registration Standard 4: Professional Indemnity Insurance (PII)
Again it was agreed that this standard adequately described the PII requirements and the best way for an ATSI health practitioner to demonstrate sufficient cover was for self-employed individuals to produce a copy of their PII and/or those employed to obtain a letter from their employer with the employer's PII details.

DRAFT Registration Standard 5: Recency of Practice
The AHW's felt this standard was ambiguous in that 'practised in a clinical area within the previous 3 years,' was not time qualified, for example, practised for a day or a week, a month or 6 months in every year etc. DYHS AHW's would like to have this standard clarified and re-circulated for further comment.

DRAFT Grand-parenting Registration Standard
Practices described as "clinical" in our jurisdiction are all those skill sets and standards relative in attaining a Certificate IV ATSI health care qualification, for example – screening, blood pressure, dressings etcetera.
Examples of other clinical practice that should be considered in determining this standard are giving injections, suturing, community ATSI health worker practices, health promotions, case management, mental health & counselling.
These other practices do not result in unnecessary competition; restrict consumer choice; are reasonable in cost and procedures are in place to ensure that the standards remain relevant – via hands on practice and administrative checks and balances.
Appropriate evidence to verify clinical practice undertaken by a practitioner over the period described in this standard could be an AHW's personal development plan through good Human Resource practices; Certificate IV practiced under supervision and/or recorded in CPD log books.

DRAFT Aboriginal and/or Torres Strait Islander Registration Standard
A certificate of aboriginality from a recognised ATSI organisation, for example DYHS Board of Directors or any other incorporated ATSI organisation would be considered an appropriate process for evidencing a practitioner as an Aboriginal and/or Torres Strait Islander person.

DRAFT Eligibility for Registration Standard

Certificate IV in ATSI Primary Health Care (practice) qualification is an appropriate level qualification for registration as an ATSI health practitioner. If the level was raised, many ATSI people would feel disempowered. This is viewed as a stepping stone to higher qualifications. Consideration should also be given to Cert III under supervision and working towards completion of Certificate IV within 12-18 months and a Diploma. This will not result in unnecessary competition; restrict consumer choice; be cost inhibitive and there would be measures in place to ensure that the standards remain relevant.

Conclusion:

As commented, the registration standards as outlined in this document, were, in some instances, ambiguous and confusing. The time allowed to consult and gather feedback from ATSI Primary Health Care workers was not conducive enough to allow for wider and deeper discussion. It was also disappointing that more effort was not made to simplify the language or content to allow for easier digestion and more meaningful understanding. Whilst we acknowledge the necessity for registration standards we are concerned that Certificate IV qualified ATSI community health workers who choose not to work in the clinical health arenas may be marginalised when these standards are adopted.

Yours sincerely

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