



Central Australian Aboriginal Congress Inc.

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Consultation Paper: Aboriginal and Torres Strait Islander Health Practice Board of Australia

Continual Professional Development (CPD)

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?

No, given that there is “formal” (e.g. Vaccine Provider Course) and “informal” (e.g. in house CQI sessions & associated training) already provided (at Congress) and equates to more than 20 hours.

There is a view that more CPD needs to be provided so current (NT) A/TSIHW practitioners are able to gain/maintain clinical confidence (competence).

It is also foreseen that A/TSIHW practitioners coming from interstate with same qualification will require more than 20 hrs of CPD per annum to “fill gaps” in skills and for contextualization of practice.

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?

A mix of both

- **Formal**
 - Vaccine Provider Course – “About Giving Vaccines”
 - Enrolment in a higher qualification (e.g. Cert IV to Diploma, etc)
 - Training relevant to current role/level of responsibility)
 - Mental Health First Aid
 - CPR Refresher
 - In service training

- **Informal**

- In house CQI sessions & associated training
- Cultural Awareness relevant to clinical practice

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?

At the beginning of the introduction of the national scheme.

(Definition of "log book" required in more detail)

Rather than a log book, A/TSIHWP's could keep portfolio of current qualifications, summarized in a staff matrix (documentation of skills relevant to the job role), copies kept in organization's Human Resources branch

Each time CPD is undertaken (or upon renewal of registration), staff matrix could be updated by employee and provided to HR.

1.4 Should a logbook of CPD activities be kept for more, or less than three years?

Yes, should be ongoing. Many formal qualifications (e.g Vaccine Provider and First Aid) require refreshers prior to expiry of 3 years.

1.5 Is it reasonable to gradually implement the requirements of the proposed CPD standard up until 2015?

Yes, so A/TSIHWP's can feel more comfortable with the standard. In addition, be provided with support to receive more CPD if they need during the transitional phase.

CRIMINAL HISTORY

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.

Stay aligned to the Ministerial Council approved criminal history standard for the intention to maintain 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”.

ENGLISH LANGUAGE SKILLS

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?

Yes, If applicant is capable of achieving qualification at Cert IV level (NT), calculating medications, undertaking SOAPF (Story, Observation, Assessment Plan & Follow up), reading test results, demonstrating proficiency in English and literacy. RTO responsibility to determine when student is in training (in addition to ELLN assessment upon enrolment) is at required standard of qualification and if not, support to enroll in lower qualification relevant to level, e.g. Cert II or III

3.2 If not, what other requirements do you think are needed to substantiate an applicant’s English language proficiency?

PROFESSIONAL INDEMNITY INSURANCE

4.1 Does the Professional Indemnity Insurance (PII) standard adequately describe the PII requirements?

Yes, raises awareness to look at organizational PII documents more closely and investigate what the insurance does cover in terms of the A/TSIPHWP role.

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?

PII document submitted from organization's Services Branch upon request.

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)

As above

REGENCY of PRACTICE

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

Yes, given the importance of clinical competence with a focus of working as a safe practitioner

GRANDPARENT REGISTRATION STANDARD

7.1 What are the practices being described as clinical in your jurisdiction/state/territory/area?

Jurisdiction

- Administering medications (up to schedule 3 – Poisons and Dangerous Drugs Schedule)
- Carrying out clinical skills from the Clinical Log Book implemented within the Northern Territory
- Alice Springs Hospital – Intensive Care unit, Mental Health, Clinic 34, Management, Education,

Area (CAAC)

- Clinical (acute care)
- Frail, Aged & Disabled Program (which includes renal, palliative care, other chronic diseases)
- Education and Training (training HLT43907 – Cert IV in A/TSIPHP)
- Ingkintja (Male Health)
- Alukura (Women's Health)
- Pharmacy
- Emergency Care
- Eye and Ear Health Programs
- Healthy Kids Program
- Healthy Lifestyle & Smoking Cessation Program
- Diabetic Care
- Alcohol and other Drugs
- Management of stores (dressings, medical equipment, quality control, etc)
- Bush Mobile Program

7.2 What examples of other clinical practice should be considered in determining this standard?

- Rehabilitation
- Remote Area work

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? – Competition – A/TSIHWP from NT administering medications versus A/TSIWP not practically trained in administration of medications. The competition is deemed as “necessary” due to concern of safety of care to client.

- Do they restrict consumer choice?** – Given the above explanation, yes.
- Are the costs reasonable in relation to the benefits to be achieved?** – Yes, in the interests of safety of client care.
- Are there procedures in place to ensure that the standards remain relevant?** – Current NT Legislation and Registration, but not nation wide.

7.4 What would you consider as appropriate evidence to verify clinical practice undertaken by a practitioner over the period described in this standard? - Relevant qualifications and experience in this instance medications and clinical care.

Draft registration standard: Aboriginal and Torres Strait Islander

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

- Proof of Aboriginality endorsed by Community or local Land Council

Eligibility for registration standard

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?

Yes!

11.2 For the purpose of this standard, should consideration be given to other qualifications and clinical practices endorsements?

Other qualifications, skills and experience should be recognized and those individuals be taken through RPL and supported to up skill to the Cert IV qualification

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?**