

## Submission from Nunkuwarrin Yunti

### Aboriginal and Torres Strait Islander Health Practice Board of Australia

#### Proposed draft National Standards for Registration

##### **Standard 1 Continuing Professional Development**

**Response:**

*20 hours of CPD per year was deemed suitable and should be introduced immediately i.e. July 2012 however to minimise the burden of change should be introduced incrementally until July 2015.  
Logbooks should be provided in either hardcopy and/or electronically to reduce the likelihood of misplacing it and the record should be kept for 3 years for auditing purposes.  
The Group recommended that CPD should consist of 50% of formal and 50% of informal training which should also include on the job training of specific tasks that require supervisor sign off.*

##### **Standard 2 Criminal History**

**Response:**

*Overall, participants agree with the Board that this must be pursued of all employees of health services. However in determining suitability of an applicant, the Board must be mindful of the fact that the ATSI community may experience over surveillance and criminalisation of a range of behaviours which may distort representation within the category considering the relevance of 'charges pending'.*

##### **Standard 3 English Language Skills**

**Response:**

*Participants agreed that it was more important that AHW's are overall proficient in language than just English.  
The communication skills required for the applicant must satisfy the ATF IV level, and the community in which they practice in.  
This could mean the AHW is proficient in a number of languages including English.  
A copy of Cert IV parchment is appropriate also employer reference is also acceptable.*

##### **Standard 4. Professional Indemnity Insurance (PII)**

**Response:**

*PII was explained adequately in this paper, however before rolling out the Standards, there should be other forms of communication i.e. workshops to completely demystify any concerns that AHW's may have.  
The appropriate form of evidence demonstrating cover should be a copy of either the employee or private practitioners PII.  
Participants felt that the term 'Non-Practicing' should be clearly defined as most feel that the definition of practicing included nearly any AHW performing non clinical work which lead to some confusion.  
Another point of interest was the availability of the Insurance industry to provide such cover as defined by the Standard.*

*The board may need to negotiate on behalf of the workforce to ensure appropriate cover is accessible and could provide a list of suitable companies.*

#### **Standard 5 Recency of Practice**

**Response:**

*Timeframes suggested is acceptable and considered generous, any worker away from the profession for more than 3 and above years must be deemed competent before returning to work.*

*The group wanted clarification on:*

- *What is sufficient practice?*
- *How will the 3-5 yrs applicants be assessed that is different than the 5-10 yr applicant?*
- *What does the assessment involve and who will perform this function?*

#### **Standard 6 Board statement of Assessment against AHPRA's procedures for development of registration standards**

**Response:**

*Agreed with all however Participants did not agree with introducing pro rata CDP for staff with less than 12 months employment.*

*All AHW's must do 20 hrs per year of CPD.*

#### **Standard 7 Grand parenting Registration Standards**

**Response:**

*Other practices that we consider clinical include*

- *Practice of narrative therapy*
- *SEWB assessment,*
- *Suicide risk assessment,*
- *co-morbidity assessment/screening tools,*
- *Use of The Indigenous Risk Impact Screen (IRIS)*
- *Brief Intervention*
- *use of stolen generation interviews/intake assessment*
- *Motivational Interviewing*
- *Participating in psychiatric/psychological collateral history/assessment*
- *Specialist communication skills*
- *Counselling*
- *Management of client referrals*
- *Health advise to individual, family health/SEWB advise which leads to immediate/intermediate health responses*
- *Minor procedures- suturing, administering injections, organising dosettes.*
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*In relation to the COAG principles, the suggested activities will not create an environment of competition between professions, but would rather be complimentary to each other. This would allow for more choice for the clients in terms of accessing a service and possible referrals to appropriate services thus would reduce the burden on AHW practice profession. This would sufficiently reduce the cost to both the workforce and the client i.e. reduced workload, enhanced collaborative client management, better multidisciplinary health care and faster recovery, thus benefits would outweigh costs. It would also ensure improved communication and enhance community confidence within the Aboriginal and Torres Strait Islander health workforce*

*Just to note that the practice of Narrative Therapy with the Aboriginal & Torres Strait Islanders community by suitable professionals can also claim Medicare rebates to better improve access to psychological/social and emotional well-being services.*

**Standard 8 Boards Assessment on AHPRA's requirements for creating the Grand parenting standard**

**Response:**

*Agree with the assessment*

**Standard 9: Aboriginal and Torres Strait Islander**

**Response:**

*Agree with the criteria. Evidence should be certificate with organisational seal of approval.*

**Standard 10 Assessment against AHPRA's criteria on the ATSI Standard**

**Response**

*Agree with board assessment.*

**Standard 11 Eligibility for registration**

**Response:**

*An applicant who is eligible for registration must satisfy the above criteria but should have more than HLTF301A –Apply First Aid qualification which is a single unit of competency. They should also possess a suitable qualification as defined above, ideally Cert IV in PHC ( practice or community care)*

*Yes Cert IV is appropriate. This is consistent with AQTF level IV and desirable characteristics an employer would be seeking in an applicant, these include an ability to work under limited supervision, may supervise trainees, apply extensive health knowledge to a range of complex situations that can be non-routine and be capable of developing new criteria and procedures for health practices.*

*Yes other qualifications should be considered. Other nationally and locally accredited qualifications that are consistent with AQTF level IV which include a range of HLTAHW units of competency from the national Aboriginal Torres Strait Islander training packages. This would include Cert IV and higher in ATSI PHC– Community care and Diploma of Narrative Approaches for Aboriginal al people, families, groups, and community.*

*The Community Services & Health Industry Skills Council (CS&HISC) reviews all training packages every 5 years.*

*Any qualification deemed equivalent by the Board should have some consideration for the HLTAHW units.*

**Standard 12 Assessment against AHPRA's criteria on the Eligibility for Registration Standard**

**Response:**

*Participants agreed with the overall assessment statement.*

**Summary:**

*In summary the participant accepted most of the elements of the standards and the 'assessment statements'. With suggestions raised which include:*

- CPD activities should include 50% each of Informal and formal activities with on the job training with supervisor sign off*
- Be mindful of those applicants who have charges pending that it could be argued that the ATSI community has a history of being over surveillance*
- Language proficiency skills relevant to the community the applicant works in.*
- The Board may need to engage with an educational strategy to demystify professional Indemnity Insurance and provide a list of suitable Insurance companies that are available to address this cover with this new workforce.*

- *All Health workers who are away from health duties for more than 3 years must demonstrate current competence before returning to duties. However need to be mindful that the Standard 5 Recency of Practice may inadvertently disadvantage female applicants.*
- *That all Aboriginal health Workers complete 20 hrs of CPD despite working for less than 12 months*
- *The need to consider a broader range of activities as clinical which may pertain to the Social & emotional wellbeing field.*
- *Proof of Aboriginality be Certificates endorsed by a relevant organisation*
- *A range of other accredited qualifications with consideration of relevant HLT/HLT/HLT units including the Cert IV Aboriginal & Torres Strait Islander Primary Health Care – Community Care stream qualifications and Diploma of Narrative Approaches for Aboriginal People. This would minimise completion, improve client choice and reduce the overall cost of health to the community. Relevance is ensured by national training package reviews*
- *That the eligibility for registration should include more than just the unit of competency HLTA301A – Apply First Aid. This should be additional training for those who already have relevant qualifications.*