

**ATSIHRTONN'S Response to the
Aboriginal and Torres Strait Islander Health Practitioners Board of
Australia
Draft Registration Standards Consultation Paper**

Contents

Submission Purpose	1
ATSIHRTONN Contact Details.....	1
About ATSIHRTONN.....	2
Continuing Professional Development	3
Criminal History; English Language Skills.....	4
Professional Indemnity Insurance; Recency of Practice; Other Proposals	5
Grandparenting Registration Standard	6
Aboriginal and Torres Strait Islander Recognition	7, 8
Eligibility for Registration Standard	8

Submission Purpose

For the Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATSIHRTONN) to comment on the draft standards proposed for Aboriginal and/or Torres Strait Islander Health Practitioner Registration by The Board of the Aboriginal and Torres Strait Islander Health Practice

ATSIHRTONN Contact Details

Darrien Bromley
National Coordinator
PO Box 981
UNLEY SA 5061
Ph: 08 8273 7200
Fax: 08 8273 7299
Mobile: 0427 404 614
Email: darrien.bromley@ahcsa.org.au

The Aboriginal and Torres Strait Islander Health Registered Training Organisation National Network (ATISHRTONN) response to the Draft Registration Standards by the Aboriginal and Torres Strait Islander Health Practice Board of Australia

Following a request from The Aboriginal and Torres Strait Islander Health Practice Board of Australia (The Board) for a wide range of stakeholders to comment on the proposed registration standards, the ATSIHRTONN membership has developed a response to the questions covering the following standards:

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

We appreciate that the view of the membership will be critical to informing the final draft standards which the Board will submit to Health Ministers for approval later in 2011.

About ATSIHRTONN

ATSIHRTONN is a group of Aboriginal and/or Torres Strait Islander Community Controlled Registered Training Organisations (RTOs) which have created a collective designed to build the capacity of member RTOs to drive education and training delivery to the Aboriginal and Torres Strait Islander health workforce.

Across the states and territories of Australia, different approaches to education and training for Aboriginal Health Workers have been trialed over the last 25 years. Aboriginal and Torres Strait Islander community controlled health services have consistently found that Aboriginal Registered Training Organisations (RTOs) achieve better outcomes and provide more appropriate support structures.

ATSIHRTONN provides

- ❖ A mechanism for consistent, streamlined and collaborative approaches between Aboriginal Training Organisations in the planning and delivery of culturally relevant education and training in Aboriginal and/or Torres Strait Islander health across Australia.
- ❖ Advice to the National Aboriginal Community Controlled Health Organisation (NACCHO) Board on education and training matters.
- ❖ A central point of contact and advice for external stakeholders who are, or wish to be, involved with education and training in Aboriginal and/or Torres Strait Islander health, which may involve working in collaboration or partnership with ATSIHRTONN.

The ATSIHRTONN membership request that this submission be kept confidential and that The Board does not publish this response.

ATSIHRTONN's response to the questions relating to the proposed Registration Standards as outlined in The Boards Consultation Paper:

Continuing Professional Development

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?

From the ATSIHRTONN Membership, 20 hours is a reasonable requirement for Continuing Professional Development. It is also the belief that some practitioners may require more than 20 hours but agree with this minimum. There is also support that exclusions should allow for sickness, sorry business and maternity/parental leave.

1.2 CPD will comprise of formal and informal activities? Should there be more formal CPD time?

The membership has suggested that there be a minimum of 10 formal CPD points which would include accredited courses (expected to be delivered by the RTO membership), conferences, forums, seminars, undertaking research and presentation of work, online learning and in service programs. Another member has suggested that all 20 CPD points be formally acquired as listed above and that the minimum requirement should be for formal CPD time with qualified trainer/assessors and Aboriginal health specialists.

It is also suggested by the membership, that there should not be a requirement to specify informal CPD hours which covers such activities as self-study of reference material, clinical case discussion with other health professionals and internet research.

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?

It is reasonable to expect AHW to commence and maintain logbooks or portfolios from the introduction of the national scheme in July 2012. There is a suggestion that it would be better for training and practice to focus on the underpinning English Literacy and Numeracy skills and knowledge, within the first twelve months. Further the requirement of CPD point checking should start 12 months after the beginning of the scheme. That is, to introduce the CPD points checking 12 months after the introduction of the national scheme.

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

It is the belief of the membership that logbooks of CPD will not be kept for more than 3 years with a declaration acceptable when a practitioner renews their registration.

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

Yes it is reasonable to implement the CPD requirements over a period of time until 2015. This will also ensure an adequate preparation period for the RTO's to meet the increased learning needs of Health Workers who will be registered and will require ongoing formal Professional Development

Criminal History

2.1 We have no objection to the proposal to seek Ministerial Council Approval for this registration standard to apply to the ATSI Health Practitioner profession

2.2 We appreciate that each case will be decided on an individual basis.

NB. There is a suggestion from the membership that a process be introduced when a student enrolls in an Aboriginal Primary Health Care Qualification. As a network of RTO's, our members are responsible for training and assessing within the APHC Qualifications. It would be detrimental to the individual to not be aware of this requirement upon commencement of their studies.

It is also acknowledged that by requesting this process, an additional responsibility would be placed within the RTO membership and across other RTO's including TAFE to ensure that the student is aware and understands the implications of criminal history and the impact on the ability to register as an Aboriginal and/or Torres Strait Islander Health Practitioner.

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?

Obtaining the proposed qualification set out in the 'Eligibility for Registration Standard'; should be enough to demonstrate English Language Proficiency. Underpinning English Language, literacy and numeracy skills are built into each unit of the HLT07 Health Training Package. Consideration should be given to those who have been registered and operated competently in a remote health clinic where English is the second, third or fourth language.

From the September 2011 presentation by The Board Chair Peter PangQuee to ATSIHRTONN membership at the Aboriginal Health College in Sydney, it is understood that if Health Workers had completed Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care, then the Health Worker would be considered literate in English.

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

An English language literacy and numeracy report from a qualified trainer/assessor or literacy specialist may be of value to substantiate an applicant's English language proficiency as required in his or her workplace.

ATSIHRTONN also supports the response developed by the AHCSA (Aboriginal Health Council of South Australia). Please see attached document.

Professional Indemnity Insurance

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

Yes the membership believe that the standard adequately describes 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?

The best way for an ATSI Health Practitioner to demonstrate that they are covered by PII is to check with their employer and to declare that PII arrangements are or will be in place. A self-employed practitioner would provide evidence of their own PII on a yearly basis.

Alternatively, some of the membership have stated that it would be ideally better for health workers to be covered through their Union fees, however not all members are in Unions.

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)

It is the belief of the membership that it would be appropriate for The Board to require a letter from the Health Practitioner's employer or the employer's insurance policy number.

Recency of Practice

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

Some of the membership has stated that most of the timeframes in this draft recency of practice standards are reasonable. That the following standards are reasonable:

- a) Practitioners who have practiced in the profession within the previous three years are eligible for registration as determined by The Board
- b) Practitioners who have not practiced 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 practiced for more than five years but less than ten years will be assessed individually as determined by The Board

However, there should be some consideration given to Aboriginal and Torres Strait Islander Health Professionals returning to practice after an absence of more than ten years. It is suggested that Aboriginal Health Workers who have been absent from practice for more than ten years should also be given the opportunity to undertake a clinical competency assessment as determined by The Board. It is the belief of a member that there are a number of Aboriginal Health Workers not currently practicing in Central Australia who would be an asset to the profession if they could be considered on an individual basis.

Other Board Proposals

6. Assessment against AHPRA's procedures for development of registration standards.

The membership appreciate that The Board has procedures in place to ensure that the standards remain relevant.

Grandparenting registration standard

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

The responses to 'what are the practices being described as clinical' varies throughout all jurisdictions of the ATSIHRTONN membership due to the differences in State and Territory Poison Act Legislation which impact on Practice.

Some of ATSIHRTONN's membership did not provide feedback to this question. The ATSIHRTONN Secretariat has the view, that The Board would have an understanding of the Jurisdictional differences when it relates to clinical practice and would request that this knowledge be imparted when considering the Grandparenting Registration Standards and the impact on the membership.

The discussions that have occurred throughout the membership in relation to the above question are that: Nationally, the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care addresses the practices being described as 'clinical'. This is specific to the Northern Territory.

In jurisdictions including Victoria, there is very limited clinical practice including not administering injections.

Queensland as a whole is subject to the Qld Poisons Act. The Qld standards are not consistent with the standards in other states. Clinical practice is far more regulated and tends to focus on the Queensland Health Guidelines. Queensland Health only health workers in designated isolated locations can take up isolated practice. These Health Workers must have the Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care and Isolated practice endorsement (Run by Queensland Health). Community control is somewhat different but is still bound by Poisons Act. At this point no remote Aboriginal and Islander Community Controlled Health Services are operating as all are in rural, regional or urban centres.

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

In the Northern Territory, other clinical practice which should be considered in determining this standard are covered in the clinical components of the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care which are:

HLTAHW304A "undertake basic health assessments";
HLTHAW305A 'plan and implement basic health care';
HLTHAW308A 'assist with basic health screening, promotion and education services'

7.3 In considering other clinical practices do they meet the COAG principles for best practice regulation? For example:

Again, this question was answered by all members. Unnecessary competition is not an issue in Central Australia where there is a shortage of Aboriginal Health Workers and limited consumer choice on remote communities

7.4 What would you consider as appropriate evidence to verify clinical practice undertaken by a practitioner over the period described in this standard?

Appropriate evidence should include reports from an employer or clinic supervisor and from an RTO regarding current competency.

Aboriginal and/or Torres Strait Islander Recognition

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

A letter from a community organisation verified through a Board, an employer, or a Registered Training Organisation which accepts an individual to train in Aboriginal and/or Torres Strait Islander Primary Health Care Qualifications.

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

We accept the Board's statement of Assessment

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?

There has been much consideration around this topic with the ATSIHRTONN membership indicating support for different levels. The NT jurisdiction supports the idea that the Certificate IV qualification is an appropriate qualification level for registration. There is also support for Aboriginal Health Workers to be granted a provisional registration with Certificate III Aboriginal and/or Torres Strait Islander Primary Health Care Qualification. Membership would be keen to explore the idea of Aboriginal Health Workers with a Certificate III to have the opportunity of registering under the new National scheme.

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

The Membership request that consideration is given to the Certificate III in ATSI Primary Health Care to be recognised as a qualification for practice under the new National scheme.

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?

Does not result in unnecessary competition as there are very few community health workers providing true primary health care

Do they restrict consumer choice? Does not restrict consumer choice but in fact increase consumer choice. Though consumer choice may be limited in remote areas where there may not always be the literacy levels in English. The English levels may not be to the standard where the AHW can complete a Cert IV but may English proficiency to the level of a Cert III level

Are the costs reasonable in relation to the benefits to be achieved? The costs are minimal in relation to the benefits to be achieved

□ Are there procedures in place to ensure that the standards remain relevant?

The standards will remain relevant as long as State and Territory Health Departments and Aboriginal Community Controlled Health Organisations agree to employ community health workers to undertake primary health care in remote communities. Ideally this would be under the management of an Aboriginal Health Worker (Practitioner) from the local community.