



29/02/2012

**The Aboriginal and Torres Strait Islander Health
Practice Board of Australia (the Board) consultation
on the following:**

- Continuing Professional Development
- Grandparenting
- Recency of Practice

General Comments

Thank you for the opportunity of commenting on this important consultation paper. Improving the Aboriginal and Torres Strait Islander health workforce is fundamental to closing the gap in Aboriginal and Torres Strait Islander life expectancy. NACCHO and its Affiliates are determined to pursue a good outcome for our people from the proposed national health reforms.

There had been some major communication work undertaken in lobbying Aboriginal people from across all jurisdictions in regards to understanding the role of the Aboriginal and Torres Strait Islander Health Practitioner Board and the new role/title of Aboriginal and Torres Strait Islander Health Practitioner.

NACCHO is the national peak Aboriginal health body representing over 150 Aboriginal Community Controlled Health Services (ACCHS) throughout Australia. Therefore we believe NACCHO to be well placed to make informed comment in regards to this consultation. While our contribution in regards to changes are minimal we trust that you will give them due consideration.

We appreciate and respect the legislation requirements and constraints in regards to the items presented. We also appreciate that this consultation relates only to the guidelines as the standards have already been set.



Continuing Professional Development

These guidelines are specific and appropriate.

Grandparenting

Time frame for how long a person can hold registration under the Grandparenting clause should be included in these guidelines
The remainder of these guidelines is specific, and appropriate.

Recency of Practice

These guidelines are specific and appropriate.

Other Considerations

During consultation in regards to these guidelines the following issues were raised. We understand that the following issues are aside to this particular consultation but ask that the board give due consideration to the following:

- Registration in States or Territories where legislation prevents the Registered Practitioner from working with medicines. Registrations in these jurisdictions are not transferrable and/or come with conditions.
- Employers may choose not to have their Aboriginal Health Workers apply for Registration depending on the internal structure of their service, for example they may have nurses.
- In one jurisdiction services have taken responsibility for indemnity insurance of their Aboriginal Health Workers in regards to working with medicines, therefore there may be no incentive for these services to promote registration.

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- It is our understanding that Aboriginal Health Workers with Cert IV Primary Health Care (Practice) who are currently and legally working with medicines, may continue to carry out their duties under the title Aboriginal Health Worker and may choose not to register, will not be in breach of any legislation providing they do not use the title Aboriginal Health Practitioner.

It is our view that a communiqué addressing these issues would be appropriate in order to promote and enhance the Registration of Aboriginal Torres Strait Islander Health Practitioner.

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