

Guidelines for recency of practice



Aboriginal and
Torres Strait Islander
Health Practice
Board of Australia

Introduction

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has developed these guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law¹).

The purpose of the guidelines is to provide further information on recency of practice requirements outlined in the Board's *Recency of practice registration standard*. They explain the following:

- why recency of practice is important
- who the recency of practice standard applies to, and
- what documents practitioners will need to provide to demonstrate they have met the recency of practice requirements.

If you seek to register as an Aboriginal and Torres Strait Islander health practitioner, you should read these guidelines together with the *Recency of practice registration standard*, published under *Registration standards* on the Board website.

Who needs to use these guidelines?

The *Recency of practice registration standard* applies to all Aboriginal and Torres Strait Islander health applicants for new registration or renewal of registration, regardless of whether they work full-time or part-time or whether their work is paid or unpaid.

Background

The community has the right to expect that Aboriginal and Torres Strait Islander health practitioners will provide services that are appropriate, relevant and safe. Under the National Law, all practitioners applying for registration must demonstrate their practice is recent so they are able to provide services safely.

¹ The National Law is contained in the schedule to the Health Practitioner Regulation National Law Act 2009 (Qld)

Requirements

The Board may grant registration to practitioners who have practised the profession for:

1. At least three months full-time equivalent in the previous three years. Registration may be subject to conditions which may include, but are not limited to:
 - Successfully completing a first aid certificate.
 - Successfully completing an assessment by a training provider accredited by the Board against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). These units may include, but are not limited to:
 - Applied First Aid or HLTF301B
 - HLTAHW401B Assess Client Physical Wellbeing
 - HLTAHW402B Assess and Support Client Social and Emotional Wellbeing:
 - > Element 2 – Performance Criteria 1–10 Essential Skills and Essential Knowledge
 - HLTAHW404B Monitor Health Care
 - HLTAHW406B Work with Medicines
 - Working under the supervision of an Aboriginal and Torres Strait Islander health practitioner, registered nurse, registered midwife or medical practitioner.
 - Restricting the practitioner from undertaking specific practice.
2. At least six months full-time equivalent in the previous three to five years. Registration may be subject to conditions which may include, but are not limited to:
 - Successfully completing a first aid certificate.
 - Successfully completing an assessment by a training provider accredited by the Board against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). These units may include, but are not limited to:
 - Applied First Aid or HLTF301B
 - HLTAHW401B Assess Client Physical Wellbeing
 - HLTAHW402B Assess and Support Client Social and Emotional Wellbeing:
 - > Element 2 – Performance Criteria 1–10 Essential Skills and Essential Knowledge
 - HLTAHW404B Monitor Health Care
 - HLTAHW406B Work with Medicines
 - Working under the direct supervision of an Aboriginal and Torres Strait Islander health practitioner, registered nurse, registered midwife or medical practitioner.
 - Providing the Board with supervision reports at one month and then at six monthly intervals thereafter; or, within a timeframe as determined by the Board.
 - Restricting the practitioner from undertaking specific practice.
3. At least twelve months full-time equivalent in the previous five to ten years. Registration may be granted subject to conditions which may include, but are not limited to the following. Registration may also be refused subject to attaining the qualification required for registration.
 - Successfully completing a first aid certificate.
 - Successfully completing an assessment by a training provider accredited by the Board against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice). These units may include, but are not limited to:
 - Applied First Aid or HLTF301B
 - HLTAHW401B Assess Client Physical Wellbeing
 - HLTAHW402B Assess and Support Client Social and Emotional Wellbeing:
 - > Element 2 – Performance Criteria 1–10 Essential Skills and Essential Knowledge
 - HLTAHW404B Monitor Health Care
 - HLTAHW406B Work with Medicines
 - Working under a specified level of supervision of an Aboriginal and Torres Strait Islander health practitioner, registered nurse, registered midwife or medical practitioner.
 - Providing the Board with supervision reports at six monthly intervals or within a timeframe as determined by the Board from date of commencing employment.
 - Restricting the practitioner from undertaking specific practice.

1. Board monitoring of recency of practice

If you are:

- **A student** – students do not need to show recency of practice to the Board.
- **A new graduate** – you must apply for registration to practise for the first time within three years of graduating from your course, and will need to meet the recency of practice standard.
- **A practitioner applying for registration** – every year when an Aboriginal and Torres Strait Islander health practitioner applies for registration, they must make a declaration that they have met the Board's recency of practice requirements.
- **Returning to work after a break in registration** – a practitioner re-applying for registration after a period in which they have not been registered will be asked to provide documents that show whether they have been able to meet the recency of practice requirements. These documents must include, but are not limited to:
 - letters from at least two of the practitioner's supervisors outlining the position the practitioner held and describing the clinical activities they undertook in that role
 - a detailed résumé/curriculum vitae (CV), and
 - other documents that may be useful, such as position descriptions and records of continuing professional development activities.

2. Action by the Board

The Board (or its delegate) will consider each application for registration individually, and make one of the following decisions depending on the situation:

- grant full registration
- impose conditions on registration, or
- refuse registration.

For each application, the Board will consider factors such as:

- the length of time the practitioner has been absent from the profession
- what the practitioner has been doing during the absence
- the extent of practice experience prior to the lapse in registration, and
- any further training or study which has been undertaken.

The Board will give written notice of its decisions regarding renewal of registration and will allow 30 days for a written response to be provided.

The Board may request further evidence as required.

Definitions

An Aboriginal and Torres Strait Islander health practitioner is an individual registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles:

- Aboriginal health practitioner
- Aboriginal and Torres Strait Islander health practitioner, or
- Torres Strait Islander health practitioner.

Practice means any role, whether paid or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of these guidelines, practice is not restricted to the provision of direct clinical care. It also includes:

- working in a direct nonclinical relationship with clients
- working in management, administration, education, research, advisory, regulatory or policy development role, and
- any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional development activities means participation in formal learning activities, such as attendance at courses or conferences, as well as informal learning gained through experience and interaction with colleagues.

Attachments

Attachment A: Relevant sections of the National Law.

Date: 27 March 2012

Date of review: This guideline will be reviewed at least every three years

Last reviewed: 27 March 2012

Attachment A

Extract of relevant provisions from the Health Practitioner Regulation National Law Act 2009(QLD)

Division 3 Registration standards and codes and guidelines

Section 39 – Codes and guidelines

A National Board may develop and approve codes and guidelines—

- (a) *to provide guidance to the health practitioners it registers; and*
- (b) *about other matters relevant to the exercise of its functions.*

Example. *A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of Section 133.*

Section 40 – Consultation about registration standards, codes and guidelines

- (1) *If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.*
- (2) *A contravention of subsection (1) does not invalidate a registration standard, code or guideline.*
- (3) *The following must be published on a National Board's website—*
 - (a) *a registration standard developed by the Board and approved by the Ministerial Council;*
 - (b) *a code or guideline approved by the National Board.*
- (4) *An approved registration standard or a code or guideline takes effect—*
 - (a) *on the day it is published on the National Board's website; or*
 - (b) *if a later day is stated in the registration standard, code or guideline, on that day.*

Section 41 – Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner

registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.