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## Message from the Presiding Member

Welcome to the May 2016 newsletter of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board).

The Board meets face-to-face four times a year, and almost every month all the Board members meet as the Registration and Notifications Committee (RNC), to consider applications for registration and complaints (notifications) about practitioners.

The Board has recently published its latest statistics on the numbers of registered Aboriginal and Torres Strait Islander health practitioners on our [website](#). There has been an increase in the number of registrants this year, a trend that we hope will continue.

Being a registered health practitioner gives you formal recognition as a member of a profession, and it ensures you have the right training to be a safe practitioner.

The primary role of the Board is to protect the public. It does this by making sure that only health practitioners who are suitably trained and qualified are working within the community.

### What does the Board do?

- The Board's role is to make sure everyone is working safely in whatever your job is (your scope of practice), and not in telling your employer what job you should have.

- The Board assesses programs of study and the training leading to the registration qualification. This means better delivery of education and training of Aboriginal and Torres Strait Islander people in the health sector.

### Who should register?

This is a new profession, so not all employers have changed job descriptions and titles to include registered health practitioners yet. It is important to remember that you don't have to change jobs once you are registered. You also don't have to change the nature of the work you are doing, as long as it fits in with the definition of practice for a health practitioner. For example, you don't have to give injections or do clinical work just because you're registered.

You should register if you:

- meet the Board's [registration standards](#), and
- hold one of these five Board-approved qualifications:
  - Batchelor Institute of Indigenous Tertiary Education, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
  - Marr Mooditj Training Incorporated (previously known as Marr Mooditj Foundation Inc), Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
  - TAFE NSW Riverina Institute, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
  - TAFE NSW Western Institute, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, or
  - Health Industry Training, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

More courses are being accredited and approved. Make sure you check the [Approved programs of study](#) page on the Board's website to see that your qualification is an *approved* qualification.

If you don't hold a qualification from an approved program of study, there is a risk that you may not be able to be registered.

### How do apply to be registered?

To become registered, you need to meet a number of [registration standards](#), which can be found on the Board's website.

Standards help ensure anyone receiving treatment from you is protected and receiving the best possible care.

### We're reviewing the registration standards

The existing registration standards have now been in place for three years and it's time to review them to ensure that they are fit for purpose and are understandable, so we will be publishing the proposed changes in a Consultation document soon and we would like your feedback.

Until all the feedback is considered, the documents are finalised and Health ministers have approved them, the existing standards remain in force.

Here's a summary of the proposed changes:

Registration standard	What you need to do now	Changes
Professional Indemnity Insurance arrangements (PII)  (Registration standard only. No guideline).	You need to make sure you have enough PII including adequate run-off cover.  Remember that unless you work for yourself it is likely that your employer has PII cover for you.	No big change.  Small change to the way the form looks to make it easier to read.
Continuing Professional Development (CPD)  (Registration standard and guideline).	60 hours of CPD over 3 years, with a minimum of 10 hours in one year. Must include 45 hours of formal CPD.  Must hold a current first aid certificate which includes resuscitation.	Big change.  20 hours of CPD per year, 5 hours must be interactive.  No current first aid certificate needed.
Recency of practice  (Registration standard and guideline).	What is needed depends on how long you have taken a break from practice.	Big change.  450 hours of practice over the last 3 years or 150 hours over the previous year.
English language skills  (Registration standard only. No guideline).	Must be able to show you can speak and write English well.  You can do this by doing a Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or a course like it.	Big change.  If you have a qualification from an <b>Approved program of study</b> it will meet the English language requirements. If you have been registered before and you are applying under section 53(d) of the National Law <sup>1</sup> , you can hold a Certificate IV qualification of any kind.
Aboriginal and Torres Strait Islander  (Registration standard only. No guideline).	Only Aboriginal and/or Torres Strait Islander people can register.	One change only.  As proof, you can provide a letter from a recognised Aboriginal and/or Torres Strait Islander organisation, using its letterhead and an official seal, if they have one. (This has changed because not all states/territories require an official seal).

<sup>1</sup>The Health Practitioner Regulation National Law, as in force in each state and territory.

## How do I have my say?

- You can answer the questions at the beginning of each draft registration standard in the consultation document when it's published.
- You can send an email with your comments to [jill.humphreys@ahpra.gov.au](mailto:jill.humphreys@ahpra.gov.au).
- You can ring the Executive Officer on 03 8708 9066 and talk to them.

## Join the Board

If you are registered as an Aboriginal and/or Torres Strait Islander health practitioner and you work in Western Australia, please think about applying for the practitioner member vacancy on our Board.

The Aboriginal and Torres Strait Islander Health Practitioner workforce is a relatively new profession regulated under the National Registration and Accreditation Scheme (the National Scheme). The Board has been operational since

2012. Before 2012, Aboriginal health workers were regulated only in the Northern Territory, but health ministers decided to expand this across the country. We have representatives – both practitioners and community members – from across Australia on our Board. Our main job is to protect the public. For us this means protecting the Aboriginal and Torres Strait Islander peoples who we work with every day in whatever capacity that may be. We do this through setting standards that must be met in order for someone to become and remain registered. We work in partnership with the Australian Health Practitioner Regulation Agency (AHPRA).

The Board sits four times a year, usually in Melbourne but sometimes in Darwin. It's an important role and it can take up some of your time. So you will need your workplace to agree to support you to do this work. But if you are appointed by the Australian health ministers, you will have an opportunity to contribute to the improvement of the health of our communities. You will be reimbursed for the work you do for the Board.

Applications close Monday 18 April 2016.

For more information, see the [Vacancies](#) section on the Board's website or the [Recruitment](#) section on AHPRA's website.

**Lisa Penrith**

Presiding member, Aboriginal and Torres Strait Islander Health Practice Board of Australia

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## National Scheme news

### National drug screening protocol now in place

There are health practitioners with a history of substance misuse who have restrictions placed on their registration. These restrictions are generally designed to keep the public safe while the practitioner remains in practice.

When restrictions are placed on a health practitioner's registration, AHPRA monitors the practitioner to make sure they are complying with the restrictions. This process is referred to as 'monitoring and compliance'.

From November 2015, all health practitioners who have restrictions placed on their registration by their National Board as a result of past substance misuse will have routine quarterly hair testing, in addition to random urine testing. Routine hair testing provides additional information about the use of a wide range of drugs, over a longer time period. It therefore provides greater assurance to the Board that the practitioner is not impaired as a result of ongoing substance misuse.

The introduction of routine hair testing is based on expert advice about modern drug screening methods. Using contemporary scientific evidence and the advice of an expert panel, National Boards and AHPRA will manage the risk associated with practitioners with a history of substance misuse.

For more information, see the [news item](#) on AHPRA's website.

### New video outlines objectives and role of the National Scheme

A new video (with an accompanying infographic) explaining the Australia-wide scheme that is in place to protect members of the public has recently been launched by AHPRA.

Aimed mainly at the community, the video outlines how AHPRA, working in partnership with the 14 National Boards, helps regulate Australia's 630,000-plus registered health practitioners through a national scheme.

[The video](#) explains how the National Scheme works and how patients are protected.

Both resources are available on the [What we do](#) page of the AHPRA website. The video can also be watched on AHPRA's [YouTube channel](#).

### Employer obligations: new awareness campaign

AHPRA has published a [news item](#) that outlines employers' obligations, and has ads running on LinkedIn and Facebook. This is the first step in the campaign, with many more activities to follow, including direct mail, paid print advertising, and in-language advertising (for the public campaign).

The campaign will be rolled out in stages and has three target audiences and objectives:

1. Employers – check the [register](#) before employing someone, keep up to date with changes to registrations, make mandatory reports when required.
2. Practitioners – know your obligations as a registered health practitioner.
3. Public – check to see if your practitioner is registered.

More information is available in the AHPRA [news item](#).

### State and territory summaries now available – annual report 2014/15

State and territory summaries of the annual report are now available on the [AHPRA website](#). The summaries provide a view of national data about our work to keep the public safe through a state or territory lens. We provide national comparisons to show how the state or territory compares with the national average and where possible, we provide two years of data, to identify and track trends over time.

More comprehensive data are in the [2014/15 annual report](#) of AHPRA and the National Boards which was published in November 2015. The annual report also includes more detailed profession-specific information.

The 14 National Boards have also published individual profession profiles. To read the [profession profile](#) on the Aboriginal and Torres Strait Islander Health Practice Board go to the website.

### Dangers of button battery ingestion

From time to time the National Boards are asked to publicise important public health messages for health practitioners.

The Queensland Coroner's recent report into the death of a four-year-old girl, who died after swallowing a two-centimetre button battery, has highlighted the need for health practitioners to be aware of the dangers these products present to patients if ingested, and to be better equipped to handle suspected cases.

When swallowed, lithium button batteries (also known as 'disc batteries') can become lodged in the oesophagus and the residual charge can cause electrolysis. This burns through tissue causing severe, irreversible damage.

Recognising battery ingestion can be difficult if the ingestion is not witnessed, as the child may present with non-specific symptoms such as poor feeding, irritability, fever, vomiting, drooling or cough. The ingestion of disc batteries requires urgent intervention.

Further information is available from the [ACCC](#) or advice can be obtained by ringing the Poisons Information Centre in Australia on 13 11 26.

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## Keep in touch with the Board

- Call AHPRA on 1300 419 495 if you have any questions, need help filling in forms, or are having trouble explaining to your employer about requirements, you can ask them to call this number
- The Board's [website](#) has information on [registration forms](#), [registration standards, codes and guidelines](#), and [news](#). If you have already lodged your application, you may call the registration officer responsible for Aboriginal and Torres Strait Islander health practitioner applications directly on 08 8901 8527.
- To contact the Board, please call Jill Humphreys on 03 8708 9066 or send an email to [jill.humphreys@ahpra.gov.au](mailto:jill.humphreys@ahpra.gov.au).