

Draft proposed professional
capabilities
for registered Aboriginal and
Torres Strait Islander health
practitioners

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1. Introduction

The Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law), established the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) to begin national regulation of the profession from 1 July 2012. The Board is responsible for the regulation of Aboriginal and Torres Strait Islander health practitioners and established the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (the Accreditation Committee) under the National Law in July 2012.

Purpose of the *Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners*

The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner in Australia. They describe the threshold level of professional capability required for both initial and continuing registration.

Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners and accreditation of Aboriginal and Torres Strait Islander health practice programs of study

The Accreditation Committee is responsible for accrediting and monitoring education providers and Aboriginal and Torres Strait Islander health practice programs of study (programs). The Accreditation Committee assesses programs against accreditation standards developed by the Accreditation Committee and approved by the Board. The Accreditation Committee accredits programs that meet – and monitors programs to ensure they continue to meet – the accreditation standards.

The revised accreditation standards (2019 accreditation standards) require education providers to design and implement a program where learning outcomes and assessment tasks map to all the professional capabilities in this document. Accreditation of a program therefore assures the Board and the community that graduating students from the accredited Aboriginal and Torres Strait Islander health practice program have the knowledge, skills and professional attributes needed to safely and competently practise Aboriginal and Torres Strait Islander health practice in Australia.

The Board considers approving an accredited program as providing a qualification for registration purposes, based on its accreditation by the Accreditation Committee. The Board does not directly examine or assess the competence of applicants for registration who have completed their Aboriginal and Torres Strait Islander health practice education in Australia and hold an approved qualification.

Other uses of the *Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners*

The Board has statutory functions as a regulator of the Aboriginal and Torres Strait Islander health practice profession in Australia. One of the Board's statutory functions is "to register suitably qualified and competent persons in the health profession".¹ In addition to their use in accreditation, the professional capabilities in this document may be used by the Board as a reference point of threshold capability when exercising its statutory functions, including for:

- registration of individuals who completed an approved Aboriginal and Torres Strait Islander health practice program in Australia (see section headed "*Aboriginal and Torres Strait Islander health practice professional capabilities and accreditation of Aboriginal and Torres Strait Islander health practice education programs in Australia*" for more details)
- re-registration of individuals who were previously registered as an Aboriginal and Torres Strait Islander health practitioner in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example if the Board receives a complaint or notification about that registrant.

The professional capabilities may also be used:

- by education providers for the development of Aboriginal and Torres Strait Islander health practice curricula (learning and assessment), and

¹ Section 35(1)(a) of the National Law Act

- to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards that they can expect from Aboriginal and Torres Strait Islander health practitioners.

Aboriginal and Torres Strait Islander health practitioners working in a primary health care setting

Primary health care is the entry level to the health system and, as such, is usually a person's first encounter with the health system. It includes a broad range of activities and services, from health promotion and prevention, to treatment and management of acute and chronic conditions.²

While most Australians will receive primary care through their General Practitioner (GP) who often act as the access point for primary health care, an Aboriginal and Torres Strait Islander health practitioner is a critical 'first-port-of call' for Aboriginal and Torres Strait Islander Peoples. Most Aboriginal and Torres Strait Islander health practitioners will spend their day in a primary health care setting with health service providers in the public, private, non-government and Aboriginal Community Controlled Health sectors.

Health services in rural and remote Aboriginal and Torres Strait Islander communities are dependent on primary health care services, particularly those provided by Aboriginal and Torres Strait Islander health practitioners.

Scope of practice for Aboriginal and Torres Strait Islander health practitioners

The Aboriginal and Torres Strait Islander health worker and health practitioner workforce evolved from a need to provide culturally safe clinical and primary health care services to Aboriginal and Torres Strait Islander people whose health needs were not being met by mainstream services. Its emergence is also related to the need to address health service gaps, such as the need to provide geographically-accessible services to Aboriginal and Torres Strait Islander people. This profession has existed within Australia for over 40 years, with the inaugural National Aboriginal Health Worker conference being held in Darwin, Northern Territory in 1978.

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) has developed a '[National Framework for determining scope of practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce.](#)' The framework is a useful mechanism for defining and employing 'scope of practice' in the context of Aboriginal and Torres Strait Islander health practice.

The framework suggests that scope of practice can be referred to in two ways:

- a profession's scope of practice, and
- an individual's scope of practice

NATSIHWA developed the document to enable individual Aboriginal and Torres Strait Islander health workers and health practitioners to identify their scope of practice, and to support use of their full range of skills so that they, their colleagues and the people they care for are safe. The framework does not define exactly what each Aboriginal and Torres Strait Islander health worker and health practitioner can do, rather it is a tool for developing and identifying individual scope of practice based on a range of elements such as qualifications, experience, practice setting and jurisdictional context.

Cultural competence and cultural safety

While there are many professional capabilities to be a competent health practitioner, in Australia's multicultural society, cultural competence and cultural safety are particularly important.

Cultural competence is defined as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates - at all levels - the importance of culture, the assessment of cross-cultural

² 'Primary health care in Australia', see www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care. Accessed 19 March 2019.

relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.³

Aboriginal and Torres Strait Islander health practitioners in Australia must be able to work effectively with people from various cultures, that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture. A holistic, patient/client-centred approach to practice requires cultural competence.

All health practitioners, including Aboriginal and Torres Strait Islander health practitioners, in Australia also require a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

The Board is part of the National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group (the Health Strategy Group) which published a *Statement of Intent* (the Statement) in July 2018. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient/client safety for Aboriginal and Torres Strait Islander Peoples is the norm. Patient/client safety includes the inextricably linked elements of clinical and cultural safety. The Health Strategy Group defines cultural safety as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples. The current definition of cultural safety is under review and any changes will be reflected in this document.

At the time of this draft, the Health Professions Accreditation Collaborative Forum was undertaking a collaborative project to determine how programs of study across all health professions prepare their graduates to support Aboriginal and Torres Strait Islander Peoples to achieve better health outcomes. As this project continues to develop a strategy, further content on cultural competence and cultural safety will be incorporated into the professional capabilities and the accreditation standards for Aboriginal and Torres Strait Islander health practice.

Format of the Professional capabilities for registered Aboriginal and Torres Strait Islander health practitioners

The professional capabilities in this document are organised into five domains that cover capabilities common to all Aboriginal and Torres Strait Islander health practitioners. Each domain consists of corresponding key capabilities and enabling components.

Domains

The domains are thematically arranged and describe the essential characteristics of a safe and competent registered Aboriginal and Torres Strait Islander health practitioner:

- Domain 1 Aboriginal and Torres Strait Islander health practitioner
- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Quality and risk manager

Each domain consists of corresponding key capabilities and enabling components.

Key capabilities

The key capabilities describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one consultation involving a patient/client interaction or treatment, practitioners are expected to demonstrate key capabilities from various domains.

³ Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate a breadth of capabilities to support overall performance.

Enabling components

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Safe and competent Aboriginal and Torres Strait Islander practitioners will demonstrate all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve clinical and professional performance.

Explanatory notes

Explanatory notes follow each domain and relate to some enabling components. They provide clarification and additional information.

Concept of threshold professional capability and competence

Professional capability is the ability to take appropriate and effective action to formulate and solve problems in both familiar and unfamiliar, complex and changing settings.⁴ Capability does not preclude the expression of competence, nor is capability a higher level of competence. Rather, competence is viewed as an essential part of being capable.

Competence refers to the knowledge and skills being applied consistently to the standard of performance required in the workplace.^{5,6} The definition of competence required for the job will change as the job role evolves.

Capable people have high levels of self-efficacy, know how to learn, work well with others and are creative.⁷ A practitioner's capability will expand and improve as they gain professional experience. Professional capability reflects how a practitioner uses their professional judgement, decision-making skills and experiential knowledge to apply their scientific and cultural knowledge, practical skills and ability in any given situation.

'Threshold professional capability' is used here to describe the capability level required to practise as a registered Aboriginal and Torres Strait Islander health practitioner in Australia. This is based on the premise that capability levels can be described on a continuum. The threshold represents the point on the continuum that delineates a minimum acceptable level of capability to practise as an Aboriginal and Torres Strait Islander health practitioner. This level is described as 'threshold professional capability' (see Figure 1).

Threshold professional capability is often referred to as 'entry-level competence' and is described from the perspective of an individual wishing to enter practice from below the threshold level of professional capability. This approach often describes capability in the context of the current requirements for graduates of education programs in Australia to enter practice. When threshold professional capability is described from this perspective, it frequently comprises task-oriented statements that identify the foundational abilities (knowledge, skills, attitudes, values and judgements) acquired in entry-level programs during development of the key capabilities necessary to practise as a registered Aboriginal and Torres Strait Islander health practitioner.

In contrast, the professional capabilities in this document describe the requirements for safe and competent Aboriginal and Torres Strait Islander health practice from the perspective of a registered Aboriginal and Torres Strait Islander health practitioner.

The key capabilities and enabling components in this document take into account the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into Aboriginal and Torres Strait Islander health practice relevant to the key capability. The

⁴ Davis L and Hase S (1999) 'Developing capable employees: the work activity briefing'. *Journal of Workplace Learning*. 8:35-42.

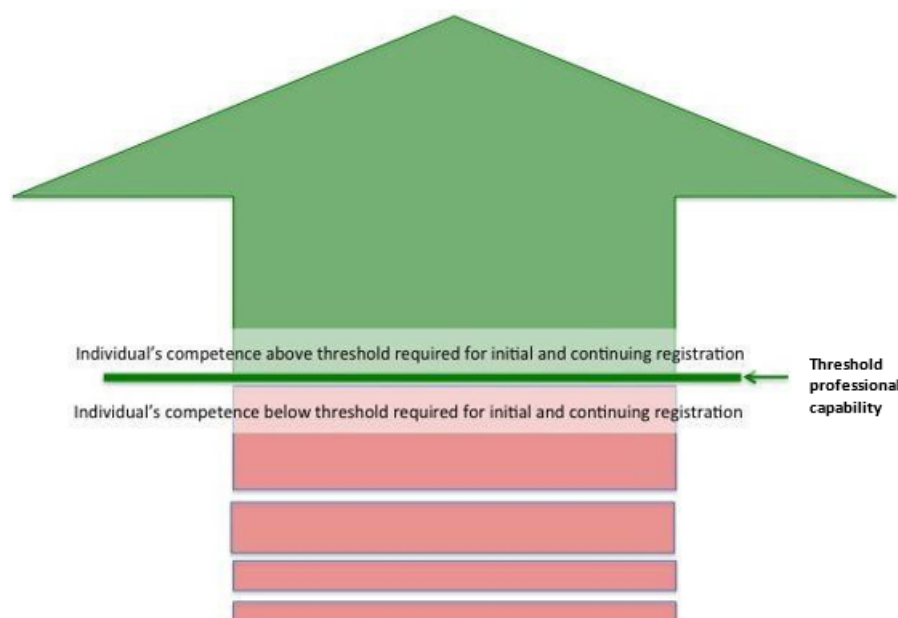
⁵ Department of Health and Human Services State of Victoria (2016). *Allied health: credentialing, competency and capability framework (revised edition)*. Melbourne: State of Victoria Department of Health and Human Services.

⁶ Australian Skills Quality Authority (2017). 'Users' guide to the standards for RTOs 2015', Canberra: Australian Government., see, www.asqa.gov.au/standards. Accessed on 20 November 2018.

⁷ Lester S (2014) 'Professional standards, competence and capability'. *Higher Education, Skills and Work-based Learning*. 4(1):31-43.

foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programs, are integrated in the abilities described by the key capabilities and enabling components.

Figure 1: Continuum of threshold professional capability



The diagram illustrates the concept of a line on the capability continuum delineating 'threshold professional capability'. The green arrow represents the capability on the continuum above the threshold. The red area represents gradations of capability on the continuum below the threshold. The line labelled 'threshold professional capability' is the lower margin of the green arrow – that is, the minimum level of capability required to practise safely and competently as a registered Aboriginal and Torres Strait Islander health practitioner in Australia.

Maintenance of professional capability

The professional capabilities are relevant throughout a registered Aboriginal and Torres Strait Islander health practitioner's career. Registered Aboriginal and Torres Strait Islander health practitioners need to maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional education.

Feedback and further information

The Accreditation Committee invites users of this document to provide feedback on this document.

Please email your comments and suggestions to the Accreditation Unit at accreditation.unit@ahpra.gov.au. The Accreditation Committee will review all feedback, which will inform any future refinements to this document.

2. Key capabilities and enabling components

Domain 1: Aboriginal and Torres Strait Islander health practitioner

This domain covers the knowledge, skills and capabilities an Aboriginal and Torres Strait Islander health practitioner requires to practise independently and provide safe, quality, patient/client-centred care in a range of varied settings, such as urban/rural/remote clinics, during home visits, at schools, aged-care facilities, maternal and child health clinics, on-site at work sheds, and in public hospitals.

Aboriginal and Torres Strait Islander health practitioners are usually located within an Aboriginal Community Controlled Health Organisation, a community health or an acute care setting, and provide primary health care services to the Aboriginal and/or Torres Strait Islander community. They are usually generalist workers or work within a specialised health field.

Aboriginal and Torres Strait Islander health practitioners work as a part of a multidisciplinary team and provide Aboriginal and Torres Strait Islander primary health care services including screening, assessment, brief intervention and referral, health education, early detection and intervention for health issues, and contribute to case planning and case management of Aboriginal and/or Torres Strait Islander patients/clients.

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
1. Assess the patient's/client's capacity to receive care.	<ul style="list-style-type: none">a. Identify factors, including cultural considerations, language and literacy levels or conditions that may affect the patient's/client's behaviour and/or capacity to consent to and undergo treatment.b. Identify patients/clients most at risk; including, but not limited to, those at risk of harm to themselves or others; those who are under the influence of drugs or alcohol; those with a mental illness; and those who may be immunosuppressed (undertaking treatment for cancer or blood-borne diseases).c. Perform a patient/client assessment and relevant treatment interventions in accordance with the patient/client and family need and choice, legislative requirements, registration standards, and codes and guidelines, including gaining informed consent. <p>Identify factors, including cultural considerations, language and literacy levels or conditions may include identifying a patient's/client's cultural background, cultural connection to land and country, and traditions and laws of which they follow/practice. It is also important to recognise that for Aboriginal and Torres Strait Islander patients/clients, English may be a second, third or fourth language.</p> <p>Patient/client capacity or behaviour may be influenced by pre-existing physical, physiological or psychological medical conditions, age, pregnancy, culture, English language skills, psycho-social and socio-economic factors and personal beliefs.</p>
2. Plan and perform a comprehensive, efficient, effective, culturally appropriate and patient/client-centred assessment and/or treatment.	<ul style="list-style-type: none">a. Plan an appropriate assessment drawing on applied knowledge of anatomy, physiology and associated microbiology, pathophysiology, pathology and pharmacology relevant to human health and function and determinants of health relevant to the patient's/client's impairments, activity limitations and participation restrictions.b. Explain to the patient/client, their family and relevant others the purpose of any assessment or treatment, any relevant risks and options for treatment.c. Analyse a patient's/client's response and information gathered during an assessment using clinical reasoning to identify any relationships

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
	<p>between assessment findings and tailor the assessment appropriately.</p> <ul style="list-style-type: none"> d. Reflect on the patient's/client's presenting condition and information gathered during the assessment and use clinical reasoning to explore and explain the given medical diagnosis and/or causes of the presenting condition. e. Assist and support the patient/client, their family, other health professionals and relevant other persons to make informed health-care decisions by sharing information and explanations about the outcomes of the assessment and diagnosis and, where relevant, options for referral to other health professionals for further investigation. f. Safely and effectively treat the patient/client using agreed upon treatment procedures, protocols and best practice guidelines. g. Recognise and respond in an appropriate and timely way to a patient's/client's deteriorating condition; or inability to undergo a procedure consistent with duty of care and statutory requirements. h. Convey information in an appropriate and timely way, to a health practitioner involved in the immediate management of the patient/client when urgent and unexpected findings are identified to ensure appropriate escalation of care. i. Provide appropriate patient/client care before, during and after the assessment and/or treatment, and ensure that any recall and/or follow up is appropriately documented. j. Identify when emergency medical care is required and safely perform first aid and life support procedures. <p>Drawing on applied knowledge of anatomy, physiology and associated microbiology, pathophysiology, pathology and pharmacology may cover respiratory; circulatory; integumentary; digestive; genitourinary; endocrine; musculoskeletal, and nervous systems.</p> <p>Safely and effectively treating the patient/client includes providing physically and culturally safe primary health care to a patient/client as is appropriate to a particular primary health care service context.</p> <p>Recognising and responding to a patient's/client's deteriorating condition is expected to be consistent with the <i>National consensus statement: essential elements for recognising and responding to clinical deterioration</i>.</p> <p>Conveying information and escalating care when required is a key responsibility when an Aboriginal and Torres Strait Islander health practitioner identifies medically significant findings during an assessment. Information may be conveyed verbally or in writing, in line with relevant workplace protocols and other guidelines and protocols. Information is expected to be conveyed to the appropriate persons who may include other health practitioners, the patient/client and their family/carer(s)/guardian(s). Communication between health practitioners about the clinical status of a patient/client is expected to be recorded.</p> <p>Identifying urgent and unexpected findings includes recognising and applying knowledge of normal from abnormal findings during assessment and relating appearances to the patient's/client's clinical history.</p>

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
	<p>Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency medical services when needed and/or providing first aid to the patient/client.</p>
<p>3. Apply a patient/client-centred approach to practice.</p>	<ol style="list-style-type: none"> Facilitate the patient's/client's ability to discuss their needs and preferences in regard to treatment. Take patient/client experiences of health care into account during all stages of the assessment and respond appropriately to those experiences. Review the patient's/client's clinical history and current medical information to confirm the prescribed treatment is appropriate, drawing on knowledge of other treatment pathways. Employ appropriate Aboriginal and Torres Strait Islander primary health care in a way that enables and empowers patients/clients to participate in work and life roles. Ensure that patients/clients are not discriminated against on the basis of their age, culture, disability, gender, sexuality, social status, economic status, language or ethnicity, consistent with legislative requirements. <p>Clinical history may include patient/client records, records collected from national registers/databases, previous medical information collected from patients/clients, guardians or other family members during the current or previous treatment(s).</p>
<p>4. Collect and use clinical information appropriately.</p>	<ol style="list-style-type: none"> Understand and comply with legislative requirements and guidelines relating to data privacy; the ownership, storage, retention and destruction of patient/client records and other practice documentation. Collect patient/client information from new patients/clients and accurately record each patient's/client's history, any assessment, referrals and/or treatment provided to the patient/client, ensuring that the correct assessment and/or treatment is associated with the correct patient/client. Ensure that stored clinical information relating to the patient/client is associated with the correct patient/client and assessment and/or treatment and identify and respond appropriately to clinical information if it is incorrect. Manage clinical information appropriately and consider the workflow between the different clinical information management systems. Respond appropriately to data errors and/or system failures. Ensure clinical information is made available to the appropriate persons. <p>Legislative requirements and guidelines include health records guidelines within the Aboriginal and Torres Strait Islander Health Practice Board of Australia's <i>code of conduct</i>, and relevant state/territory and commonwealth legislation regarding privacy of data and the differences across states and territories.</p> <p>Clinical information management systems may include internal record systems, such as <i>Communicare</i>, red-flag systems for blood tests, and government databases such as <i>MyHealthRecord</i>.</p>

<p>Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>	<p>Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>
	<p>Managing clinical information includes understanding and following patient/client and assessment and/or treatment workflows, searching correctly (e.g. by patient/client, location, date etc.), understanding and following the folder structures.</p> <p>Responding to data errors and/or system failures includes troubleshooting and fixing errors where possible or reporting errors/failures to the systems administrator in a timely manner.</p>
<p>5. Supply and administer medicines safely and effectively.</p>	<ol style="list-style-type: none"> Understand and comply with legislative requirements and guidelines relating to safe and effective use of medicines. Consider the risks, precautions and contraindications of the use of medicines in practice informed by a patient's/client's current pathology status. Apply knowledge of pharmacokinetics, pharmacodynamics and the potential range of reactions to medicines. Safely and effectively supply and administer medicine to patients/clients in accordance with procedures. Ensure clear instruction is given to, and appropriate monitoring mechanisms are implemented for patients/clients to self-administer medication. Actively monitor the effects of medication and manage adverse reactions to medicines in accordance with protocols. Apply relevant document administration procedures in accordance with organisational and regulatory guidelines. <p>Legislative requirements and guidelines relating to safe and effective use of medicines relevant to practice may include state/territory and commonwealth legislation, including the relevant poisons and dangerous drugs act in each state and territory, regarding the supply and administration of medicines. It also includes understanding how pathological conditions may impact upon the delivery of some medicines.</p> <p>Safely and effectively administering medication includes being able to complete administration of medications via multiple methods and/or routes.</p> <p>Procedures for safe and effective delivery of medicines may include workplace procedures as well as the medication safety criteria within the <i>National Safety and Quality Health Service Standards (NSQHS Standards)</i>.⁸ Procedures may include confirming correct patient/client, dose, route, medication, time and documentation (Six Rights of Medication) etc.</p> <p>Actively monitoring the effects of medicines and manage adverse reactions may include directly monitoring and managing the patient/client, for example when delivering medicine by injection, or it may include retrospectively monitoring the effects of medicines on the patient's/client's follow-up visit (if conducted) and managing any adverse reactions by modifying the dose, for example.</p>

⁸ 'Medication Safety', see <https://www.nationalstandards.safetyandquality.gov.au/4.-medication-safety>. Accessed 19 March 2019.

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Domain 2: Professional and ethical practitioner

This domain covers practitioners' responsibility and commitment to the health and well-being of individual patients/clients and community through professional and ethical practice within the Australian medico-legal framework, high personal standards of behaviour, maintenance of personal health, and accountability to the profession and society. It also addresses their responsibility for ensuring that patient/client confidentiality and privacy is maintained at all times, while recognising the potential role as a patient/client advocate.

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
<p>1. Practise in an ethical and professional manner, consistent with relevant legislative and regulatory requirements.</p>	<ol style="list-style-type: none"> Understand and comply with legal responsibilities within Aboriginal and Torres Strait Islander health practice. Manage personal, mental and physical health to ensure fitness to practise. Follow mandatory and voluntary reporting obligations. Apply the Aboriginal and Torres Strait Islander Health Practice Board of Australia's standards, guidelines and <i>Code of conduct</i> to practice. Provide appropriate information to the patient/client regarding their care and implement appropriate methods to obtain informed consent. Apply knowledge and understanding of the Australian health care system to practice. Apply to practise the basic principles underpinning bio-ethics within Aboriginal and Torres Strait Islander health practice, and recognise and respond appropriately to ethical issues encountered in practice. Exercise appropriate levels of autonomy and professional judgement in a variety of Aboriginal and Torres Strait Islander health practice settings. <p>Legal responsibilities include responsibilities contained in relevant state/territory and commonwealth legislation and regulations, specific responsibilities to maintain confidentiality, confirm informed consent and exercise duty of care.</p> <p>Key elements of fitness to practise include competence, professionalism, including a sense of responsibility and accountability, self-awareness and professional values, sound mental health and the capacity to maintain health and wellbeing for practice.</p> <p>Reporting obligations are addressed in the Aboriginal and Torres Strait Islander Health Practice Board of Australia's <i>Guidelines for mandatory notifications</i>, and includes making a notification about the health (impairment), conduct or performance of a registered health practitioner that may be placing the public at risk, and about the Aboriginal and Torres Strait Islander health practitioner's own impairments to practise safely.</p> <p>Appropriate information provided to patients/clients may include explaining the implications of a treatment and/or explaining the considerations for people at risk such as those patients/clients with blood-borne diseases, undertaking chemotherapy, or suffering from mental illness. The information provided to patients/clients should encompass the collective views of the whole health care team to ensure the most optimal care is provided.</p> <p>Relevant aspects of the Australian health care system must include but are not limited to, knowledge of service provision arrangements, the structure and role of Medicare, private health insurance, workers</p>

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
	<p>compensation schemes, motor accident insurance schemes and related billing arrangements.</p> <p>Principles underpinning bio-ethics include respecting the rights of the individual, respecting the autonomy of the individual, causing no harm, and advancing the common good.</p>
<p>2. Ensure the patient/client and their family are treated dignity and care.</p>	<ol style="list-style-type: none"> a. Recognise and evaluate the socio-cultural factors that may influence patient/client attitudes and responses to Aboriginal and Torres Strait Islander health services. b. Apply the principles of cultural competence and cultural safety to practice. c. Recognise and respect Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health practice. d. Display appropriate professional behaviour in patient/client interactions. e. Communicate to ensure informed consent by the patient/client or family/carer/guardian. f. Identify and respect appropriate boundaries between patients/clients and health professionals. g. Advocate on behalf of the patient/client, including supporting the person's rights, health literacy and informed decisions. <p>Socio-cultural factors may include but are not limited to, those related to cultural and linguistic diversity, age, gender, disability, religion, socio-economic, geographic locations; and identifying as Aboriginal and/or Torres Strait Islander.</p> <p>Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively.</p> <p>A culturally competent system of care acknowledges and incorporates - at all levels - the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.</p> <p>Cultural safety is defined by the National Scheme's Aboriginal and Torres Strait Islander Health Strategy as the individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care for Aboriginal and Torres Strait Islander Peoples.</p> <p>Aboriginal and Torres Strait Islander Peoples' ways of knowing relates to entities of people, land, animals, plants, skies, waterways and climate. Aboriginal and Torres Strait Islander Peoples' ways of being is a concept about how to be respectful, responsible and accountable in</p>

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
	<p>relation to self and entities. Aboriginal and Torres Strait Islander Peoples' ways of doing is the lived expression of relatedness.⁹</p> <p>Appropriate behaviour includes behaviour that is non-discriminatory, empathetic and respects socio-cultural differences. It is expected to also reflect the cultural protocols and traditional systems existing within a specific workplace and/or community so as to ensure conduct is respectful of the specific geographic area in which primary health care is being delivered.</p>
3. Assume responsibility and accept accountability for professional decisions.	<ul style="list-style-type: none"> a. Recognise and respond appropriately to unsafe or unprofessional practice. b. Integrate organisational policies and guidelines with professional standards and apply to practice. c. Identify and practise within own scope of practice, knowledge and skills.
4. Advocate on behalf of the patient/client when appropriate.	<ul style="list-style-type: none"> a. Support and promote the rights and interests of patients/clients and their families, and engage with them to make informed decisions and represent their own interests. b. Support and promote both western medicine and alternative pathways for treatment, such as traditional healing/medicine. c. Recognise that for some patients/clients, traditional healing/medicine or alternative pathways for treatment would be the preferred method of initial treatment. d. Recognise when it is appropriate to intervene on behalf of the patient/client to advocate for their health, wellbeing and health care interests. e. Recognise when an alternative patient/client pathway is more appropriate and make recommendations to other practitioners. <p>Supporting and promoting alternative patient/client pathways is needed when it is recognised that the planned patient/client pathway may not provide the optimal outcome for the patient/client. Aboriginal and Torres Strait Islander health practitioners provide patient/client-centred care and advocate for the patient's/client's equitable access to effective treatment, other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness.</p>
5. Seek opportunities to progress the profession.	<ul style="list-style-type: none"> a. Participate in peer assessment, standard-setting and mentorship, and provide developmental support to other Aboriginal and Torres Strait Islander health practitioners and other members of the health care team. b. Use appropriate strategies to effectively supervise and mentor students in the work environment.

⁹ Martin K and Mirraboopa B (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research'. *Journal of Australian Studies*. 27(76):203-214.

Domain 3: Communicator and collaborator

This domain covers Aboriginal and Torres Strait Islander health practitioners' responsibility to communicate clearly, effectively, empathetically and appropriately with the patient/client and their family/carer(s)/guardian(s). It also addresses their responsibility to work effectively with other health practitioners to provide safe, high-quality, patient/client-centred care.

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
<p>1. Communicate clearly, effectively, empathetically and appropriately with the patient/client and their family, carer(s) or guardian(s).</p>	<ol style="list-style-type: none"> Establish rapport with the patient/client to gain understanding of their issues and perspectives. Communicate effectively with the patient/client (and at times beyond the patient/client) to collect information and convey information about the proposed assessment and/or treatment. Convey knowledge and procedural information in ways that engender demonstrated understanding, trust and confidence and respects patient/client confidentiality, privacy and dignity. Provide an opportunity for the patient/client to explore and to demonstrate their understanding of the purpose of the proposed assessment and/or treatment, the methods used and the usual patient/client experience. Identify likely communication barriers specific to individual patients/clients and/or their family/carer(s)/guardian(s) and implement strategies to avoid or overcome these. Engage in culturally appropriate, safe, empathetic and sensitive communication that facilitates trust and the building of respectful relationships with a range of Aboriginal and Torres Strait Islander Peoples, and those from culturally and linguistically diverse backgrounds. Make appropriate adjustments to communication style to suit the particular needs of the patient/client including a range of Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds. Make provisions to engage third parties to facilitate effective communication when required. Effectively communicate to the patient/client and their family about the role of government database systems such as <i>MyHealthRecord</i>. Obtain and document informed consent, explaining the purpose, risks and benefits of the proposed assessment and/or treatment. <p>Effective communication includes active listening, use of appropriate language and detail, use of appropriate verbal and non-verbal cues, and confirming that the other person has understood.</p> <p>Communication beyond patient/client may include with family, significant others, carers, interpreters, legal guardians and medical advocates.</p> <p>Communication barriers may arise due to the Aboriginal and Torres Strait Islander health practitioner's own culture and experience affecting their interpersonal style, or due to the culture and experience of the patient/client or their family/carer(s)/guardian(s). The capacity for the patient/client or family/carer(s)/guardian(s) to understand may be influenced by English language skills, health literacy, age, health status.</p>

<p>Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>	<p>Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>
	<p>Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved. A guide to the information that practitioners need to give to patients/clients is available in the National Health and Medical Research Council (NHMRC) publication <i>General guidelines for medical practitioners in providing information to patients/clients</i> (www.nhmrc.gov.au/).</p>
<p>2. Collaborate with other health practitioners.</p>	<ol style="list-style-type: none"> Establish and maintain effective and respectful working relationships with health practitioners. Understand, acknowledge and respect the skills, roles and responsibilities of health care team members and other service providers, and work effectively and collaboratively with them in the interests of the patient/client. Assist other health professionals to understand the role of the Aboriginal and Torres Strait Islander health practitioner within the health care team. Make recommendations to other members of the health care team about the suitability and application of the proposed treatment, when appropriate. Effectively advocate for the patient's/client's and their family's cultural needs to other members of the health care team when discussing treatment options, including relaying the importance of a patient's/client's connection to community and country. Effectively advocate for the patient's/client's and their family's cultural safety to other members of the health care team. Follow accepted protocols and procedures to provide relevant and timely verbal and written communication to other members of the health care team. <p>Health care team members may include registered health practitioners, accredited health professionals, and licensed and unlicensed health care workers.</p> <p>Making recommendations about the suitability and application of the proposed treatment includes understanding the risks and benefits to patients/clients of the treatment and requires effective collaboration with other members of the health care team. More experienced Aboriginal and Torres Strait Islander health practitioners may be expected to direct other members of the health care team when appropriate.</p> <p>Communicating and collaborating with other health practitioners may include referring patients/clients to other practitioners and/or working in a multidisciplinary team. When referring patients/clients, practitioners are expected to communicate verbally and/or in writing.</p>
<p>3. Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with non-Aboriginal and Torres Strait Islander Peoples.</p>	<ol style="list-style-type: none"> Recognise the influence of one's own cultural identity and the culture of the Australian health care system on perceptions of non-Aboriginal and Torres Strait Islander Peoples. Recognise different forms of cultural bias and associated stereotypes that impact on Aboriginal and Torres Strait Islander health, and practice in a culturally sensitive and inclusive manner. Where relevant, recognise the role of history and relationships between Aboriginal and Torres Strait Islander Peoples and white

Key capabilities - <i>registered Aboriginal and Torres Strait Islander health practitioners are able to:</i>	Enabling components – <i>registered Aboriginal and Torres Strait Islander health practitioners are able to:</i>
	Australian society and how this has affected the inequitable distribution of privileges.

Domain 4: Lifelong learner

This domain covers Aboriginal and Torres Strait Islander health practitioners' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs with the objective of continuous improvement.

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
1. Manage issues and challenges through the application of critical thinking and reflective practice.	<ol style="list-style-type: none"> Identify the issue or challenge and the information that is required to respond. Find, appraise, analyse, interpret and apply evidence from the best available research to inform clinical reasoning and professional decision-making. Provide patient/client-centred care by carefully considering the purpose of any assessment and/or treatment, reviewing existing protocols and methods, reflecting on clinical challenges or experiences, and integrating knowledge and findings into practice. Recognise opportunities to contribute to the development of new knowledge through research and enquiry. <p>Issues or challenges are not limited to clinical issues or challenges. Aboriginal and Torres Strait Islander health practitioners are expected to identify and seek a solution for any issue or challenge they encounter.</p> <p>Evidence from the best available research is information from valid and clinically relevant research conducted using sound methodology.</p>
2. Identify ongoing professional learning needs and opportunities.	<ol style="list-style-type: none"> Comply with legal and professional responsibilities to undertake continuing professional development (CPD). Critically reflect on personal strengths and limitations to identify learning required to improve and adapt professional practice. Seek input from others to confirm learning needs of self and others to deliver improved patient/client outcomes. Plan and implement steps to address professional development needs. <p>Professional development may be provided by the professional community and the broader health care network and/or practice.</p>
3. Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander primary health care.	<ol style="list-style-type: none"> Apply knowledge of best practice in primary health care education, disease prevention, immunisation, early detection of health issues, and clinical presentation for Aboriginal and Torres Strait Islander Peoples. Apply knowledge of Aboriginal and Torres Strait Islander demographic and health statistics, as well as features of effective policies and strategies relative to Aboriginal and Torres Strait Islander Peoples in the context of primary health care.

Domain 5: Quality and risk manager

This domain covers Aboriginal and Torres Strait Islander health practitioners' responsibility to protect patients/clients, others and the environment from harm by managing and responding to the risks inherent in Aboriginal and Torres Strait Islander health practice. It also addresses their responsibility in providing safe, effective and high quality professional services, to ensure the safety of patients/clients and other service users.

Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:	Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:
<p>1. Perform Aboriginal and Torres Strait Islander health practice safely.</p>	<ul style="list-style-type: none"> a. Comply with relevant legislative and regulatory requirements, protocols and guidelines across jurisdictions. b. Apply principles of quality assurance and quality improvement to enhance the safety and quality of practice. c. Identify risks and implement effective and appropriate risk management systems and procedures. d. Recognise and report on near misses and their consequences, adverse events and relevant contributing factors, and implement learnings and/or changes to practice as a result. <p>Relevant legislative and regulatory requirements, protocols and guidelines include state/territory and Commonwealth legislation, regulation, protocols and guidelines, recognising that there may be differences across the states and territories, as well as relevant guidelines issued by the Aboriginal and Torres Strait Islander Health Practice Board of Australia.</p> <p>Risk management includes an understanding of relevant quality assurance frameworks and their application to practice.</p> <p>Recognising and reporting includes appropriately identifying the near miss or adverse event, notifying the relevant person(s), and recording it correctly, consistent with relevant protocols, organisational guidelines, procedures, legislative and regulatory requirements.</p>
<p>2. Protect and enhance patient/client safety.</p>	<ul style="list-style-type: none"> a. Follow patient/client identification procedures to confirm the correct patient/client. b. Review, communicate, record and manage patient/client information accurately, consistent with protocols, organisational guidelines, procedures, legislative and regulatory requirements for maintaining patient/client records. c. Identify and manage risks associated with patient/client transfer. d. Identify safe work practices to manage and improve infection prevention and control measures to help prevent infections, including during aseptic procedures. e. Apply the principles of cultural competence and cultural safety to ensure a culturally safe health care environment for the patient/client to undertake any assessment and/or treatment. f. Apply relevant quality frameworks to practice. <p>Patient/client identification procedures include using at least three recognised patient/client identifiers and may include procedures for transferring patients/clients from other health professionals. Procedures may be contained in national protocols published by the Australian</p>

<p>Key capabilities - registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>	<p>Enabling components – registered Aboriginal and Torres Strait Islander health practitioners are able to:</p>
	<p>Commission on Safety and Quality in Health Care¹⁰, relevant state/territory and commonwealth guidance materials, and workplace materials.</p> <p>Infection control risk management includes managing transmission modes of hospital-acquired infections (host, agent and environment); preventing the transmission including effective hand hygiene; implementing NHMRC <i>Australian guidelines for the prevention and control of infection in health care</i> (2010)¹¹; and health care-associated infection criteria within the <i>National Safety and Quality Health Service (NSQHS) standards</i>.¹²</p> <p>Quality frameworks may include workplace specific frameworks, relevant jurisdiction publications, and frameworks relevant to the context of practice such as the <i>Australian Safety and Quality Framework for Health Care</i> published by the Australian Commission on Safety and Quality in Health Care.</p>
<p>3. Implement quality assurance processes throughout the patient/client journey.</p>	<ol style="list-style-type: none"> Consider any precautions and contraindications prior to providing care to the patient/client, and manage and mitigate any risks that may arise. Check and confirm that all equipment is in good order and condition and compliant with relevant safety and quality standards. Identify and take action to address risks associated with equipment that is in unacceptable condition and does not comply with relevant safety and quality standards. Follow protocols to record and report non-conformance of all equipment. <p>Equipment includes all primary equipment and related accessory equipment (instruments) used to treat a patient/client.</p> <p>Good order may be achieved by following cleaning and hygiene protocols, machine calibration protocols, and acceptable operating standards. Issues affecting the functioning of equipment are to be fully resolved prior to treating patients/clients, in line with any relevant protocols, procedures and workplace materials.</p>
<p>4. Maintain safety of the workplace and associated environments.</p>	<ol style="list-style-type: none"> Identify safety hazards in the workplace and respond to incidents in a timely and appropriate manner, according to protocols and procedures. Report, and follow up, on all incidents in accordance with relevant requirements. Manage the environmental risks of the clinical practice setting. Apply the principles of cultural competence and cultural safety to ensure a culturally safe work environment. <p>Incident reporting requirements may be identified in protocols, procedures and workplace materials, and may include legal requirements</p>

¹⁰ *Australian Safety and Quality Framework for Health Care*, see <https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>. Accessed 15 February 2019.

¹¹ NHMRC *Australian guidelines for the prevention and control of infection in healthcare* (2010), see <https://nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2010>. Accessed 19 March 2019.

¹² 'Preventing and Controlling Healthcare-Associated Infection', see www.nationalstandards.safetyandquality.gov.au/3.-healthcare-associated-infection. Accessed on 15 February 2019.

Key capabilities - <i>registered Aboriginal and Torres Strait Islander health practitioners are able to:</i>	Enabling components – <i>registered Aboriginal and Torres Strait Islander health practitioners are able to:</i>
	identified in relevant state/territory and commonwealth legislation and regulations.

Glossary

Aboriginal and Torres Strait Islander health practitioner	<p>Aboriginal and Torres Strait Islander health practitioner means a person registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles:</p> <ul style="list-style-type: none"> • Aboriginal Health Practitioner • Aboriginal and Torres Strait Islander Health Practitioner, or • Torres Strait Islander Health Practitioner.
Accreditation Committee	<p>Appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board), the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (Accreditation Committee) is responsible for implementing and administering accreditation functions under the National Law.</p>
Accreditation standards	<p>Used to assess whether a program of study, and the education provider that provides the program provide persons who complete the program with the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander health practitioner</p>
Adverse events	<p>Adverse events are unintended and sometimes harmful occurrences associated with the use of a medicine or medical device (collectively known as therapeutic goods). Adverse events include side effects to medicines and problems or incidents involving medical devices.¹³</p>
Common good	<p>Those facilities – whether material, cultural or institutional -- that the members of a community provide to all members to fulfil a relational obligation they all have to care for certain interests that they have in common.¹⁴</p>
Education provider	<p>The term used by National Law to describe registration training organisations (RTOs); universities; tertiary education institutions or other institutions or organisations that provide vocational training; or specialist medical colleges or health professional colleges.</p>
Enabling components	<p>Describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Aboriginal and Torres Strait Islander health practitioners are expected to demonstrate all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting and synthesising new knowledge and skills gained from experience to continually improve performance.</p>
Impairment	<p>The term “impairment” has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner’s capacity to practise or a student’s capacity to undertake clinical training. That is, a person’s physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (includes its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner’s capacity to practise or a student’s capacity to undertake clinical training.¹⁵</p>
Jurisdiction	<p>In the context of the Australian health care system, a jurisdiction refers to the commonwealth or a state or territory.</p>

¹³ Adapted from Australian Government Department of Health’s Therapeutic Goods Administration, ‘Reporting adverse events’, see www.tga.gov.au/reporting-adverse-events. Accessed on 15 February 2019.

¹⁴ ‘The Common Good’, see www.plato.stanford.edu/entries/common-good. Accessed on 15 February 2019.

¹⁵ Section 143(1) of the National Law.

Key capabilities	Describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance.
Learning outcomes	The expression of the set of knowledge and skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. ¹⁶
Program of study	A program of study consists of a set of structured units or subjects provided by an education provider. The term 'course' is used by many education providers.

¹⁶ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed on 15 February 2019.

List of acronyms

CPD	Continuing professional development
GP	General Practitioner
HPACF	Health Professions Accreditation Collaborative Forum
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association
NHMRC	National Health and Medical Research Council
NSQHS	National Safety and Quality Health Service
RTO	Registered Training Organisation