

Review of registration standards and guidelines for the Aboriginal and Torres Strait Islander Health Profession

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) welcomes the opportunity to provide feedback on the existing registration standards and guidelines.

As the national peak body, NATSIHWA represents all Aboriginal and Torres Strait Islander Health Workers, including the Aboriginal and/or Torres Strait Islander Health Practitioners across Australia. Membership numbers have been growing steadily over the past year and our current total number is 546 full members out of the national estimated total of 1256 (43.4%).

NATSIHWA, as part of its role, has been supporting the registration of the Aboriginal and Torres Strait Islander Health Workers through a number of mechanisms. One of the main national activities that this is carried out is the Professional Networking Forums that are held in each State and Territory and in remote, regional and urban locations. This provides an opportunity for a representative from either the ATSIHB and/or AHPRA to present information to the participants, many of whom are Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) and not yet registered as an Aboriginal and Torres Strait Islander Health Practitioner. The other communication mechanisms are through our website, newsletters and or email distribution.

The following feedback are comments from the ATSIHWs and ATSIHPs who have participated in the NATSIHWA Professional Networking Forums over the past year.

Professional Indemnity Insurance

There has not been any particular issues raised by ATSIHWs and/or ATSIHPs regarding this issue. One ATSIHW who works in a private practice has said she is covered by that private health organisation. It is assumed by the registered ATSIHP that professional Indemnity insurance is covered by their employer.

Recency of Practice

The issue around recency is a practice issue. The majority of the ATSIHWs and ATSIHPs are aware that there are separate Regulation within their own State and Territory's Poisons and Therapeutics Legislation Act in relation to the handling or administration of medications by the ATSIHPs. This Legislation is a great barrier to registration due to the only state that can fully practice is the Northern Territory. While there are some work that ATSIHPs can perform outside of this area, they feel that that they are also not being recognised for the clinical hours they are already doing to be accepted as part of their qualification in the Primary Health Care Certificate IV Practice. This is even a barrier towards registering under the Grand parenting standard too.

Registering is questioned about not being able to use their clinical skills in addition to the requirement of paying annual fees.

Some participants felt that the annual fee is high although this has been answered by representatives of AHPRA that it is lower than other professions. However it must be acknowledged that the salaries of ATSIHWs and ATSIHPs are paid the National minimum wage or in some cases, are paid above rates. This is considered low when additional monies is required to maintain registration.

Other feedback is about obtaining history of their practice from previous employers that could date back more than 3-5 years or longer. Representatives from AHPRA has advised to submit their registration papers and to continue to follow up previous employers and to keep AHPRA informed of their status.

Continuing Professional Development

Although medication administration is a core unit in the Certificate IV Aboriginal and Torres Strait Islander Primary Health Care Practice and the Diploma Aboriginal and Torres Strait Islander Health Care Practice, each state and territory has its own Regulation within their Poisons and Therapeutics Legislation ACT in regards to the handling, possession or administration of medications by Aboriginal and Torres Strait Islander Health Practitioners.

There has been some confusion on the CPD standard. Some ATSIHWs also acknowledge that they do not know all the standards and its impact on the registration process.

The main issues are around access to resources, limited training opportunities at their service and what activities are deemed to be CPD.

Some of the ATSIHWs feel that they are not totally supported by their workplace to undertake CPD. This is either due to not being able to fully practice that includes in the clinical area. Areas of previous practice before registration came into effect meant they are no longer able to practice which is now reflected in their job description. This, for some, translates to not being recognised for the role they used to play and that as a registered ATSIHP, has not provided benefits in the way of salary incentives or practice incentives.

In recording the CPD activity, some are familiar with record keeping and this is particularly for those who maintain their training records, accredited and non-accredited certificates. Participants at the NATSIHWA Professional Networking Forums are informed by NATSIHWA and the AHPRA representative that the Forums comply with the CPD standard, however evidence of attendance must be kept.

NATSIHWA has also received feedback that they are unaware of what programs are out there to attend to maintain CPD. It is felt that there are only a small number of health services who provide in house professional development however this may not be recognised as CPD and therefore, it is feared that no records are kept.

Other matters

In receiving feedback through the above stated mechanisms, NATSIHWA has also would like to record the following registration issues.

In earlier Professional Networking Forums earlier in 2014, the grand parenting standard was confusing to some ATSIHWs. This was in regards to that while they may register under this standard, they still would need to complete the PHC Certificate IV Practice after the expiry date. This was answered many times by the AHPRA representative and also NATSIHWA.

The recent forums towards end of 2014 and up to present, NATSIHWA encouraged ATSIHWs to register before the close of the grand parenting standard, even if all of their information had not been gathered. This was confirmed by AHPRA that once their application has been accepted into the system, a follow up would be made on the outstanding information and that it is recognised this may take some time to complete.

Other feedback relates to the criminal history questions. There were concerns that the types of criminal history and the length of time that is acceptable. ATSIHWs who spoke of past criminal history was afraid to register and chose not to register. This also was answered by the AHPRA representative that this should not be a barrier to registration and encouraged them to apply for registration. They would be followed up to the extent of matter. However, NATSIHWA felt that this was not fully understood by the ATSIHW.

All ATSIHWs were not aware that there are two RTOs that are accredited to become a program of study and what that meant to them. The information on the AHPRA which is also on NATSIHWA website provides further information about the program of study, particularly for those applying for registration after the expiry date of the grand parenting standard on 30 June 2015. ATSIHWs who are currently studying the PHC Certificate IV Practice are concerned that the Registered Training Organisation they are currently undertaking study with, may not be an accredited program of study and this would affect their completion of the Practice Certificate and may impact on their employment options.

Some ATSIHWs felt that completing the registration papers is a daunting task. However one ATSIHW spoke up at one of the NATSIHWA forums to say that while it was a little difficult to understand, it was not as daunting as first thought. Other ATSIHWs felt that there was not a number to ring for assistance.

NATSIHWA facilitated the attendance of AHPRA representative and or through teleconferences so that ATSIHWs could directly ask specific questions around the standards, particularly the registration process.

There has also been some feedback that there is salary incentives, no further recognition as a Health Practitioner and Drugs and Poisons Act are barriers to registration, per se.

Yours sincerely

Jenny Poelina

Chairperson of NATSIHWA

Date:

Review of registration standards and guidelines for the Aboriginal and Torres Strait Islander Health Practice profession

Three of the Ministerially-approved registration standards for Aboriginal and Torres Strait Islander Health Practice detail the requirements for:

- Professional Indemnity Insurance
- Recency of Practice, and
- Continuing Professional Development

and are due for a scheduled review having been in place for three years on 1 July 2015.

Three of the National Boards which commenced operations on 1 July 2012 (Aboriginal and Torres Strait Islander health practice, Chinese medicine and Occupational Therapy) will be working together to prepare for and conduct the review and the various consultation steps.

At the same time we will also undertake a review Continuing Professional Development guidelines and the Recency of Practice guidelines.

Part of the process will include research and analysis, and exploration of the strengths and weaknesses of the current registration standards.

As a key stakeholder, we specifically seek early feed-back from you about the existing registration standards and guidelines.

- Have you received many inquiries related to these standards and guidelines? If so, what sort of inquiries?

Feedback Was Atsihw/hp were unsure of the standards

- Have there been any documentation requirements which have been difficult?

Issues with the Ahpra registration process some ATSIHW were having trouble getting the documentation from previous employers re there recency of practise. A lot of paper required for AHPRA Registration. Some workers confused and difficult to locate documentation.

- Have there been any problems with understanding the standards and guidelines?

No issues identified, just the ATSIHW was unsure of the requirements. The feedback was the ATSIHW orkers were unsure of what the standards are and how it impacts the registration process.

- Have there been any problems complying with the standards and guidelines?

CPD has been a problem and the feedback was where we can get access to resources, limited training at their service and what was deemed CPD

- Do you have general feed-back about the implementation of these standards and guidelines?

My PD doesn't allow me to practise what I know in my service, I am in a program role and don't do any clinical component in my job currently

Registration of Aboriginal and Torres Strait Islander Health Practitioners

Susan Knight, representative from AHPRA, presented at the Rockhampton Forum. Some of the topics that raised discussions were:

1. Grand – parenting provision. ATSIHWs were encouraged to submit their application even if they did not have all the documentation. It would be in the system and AHPRA will follow up on the required documentation.
2. The process of completing documentation is daunting. Need support and can AHPRA assist
3. Criminal History. Some ATSIHWs were concerned about the type of criminal history, how long ago and so have not bothered to register.
4. Program of Study. Only two RTOs at present have approved programs of study.

Health workers asked:

- Why should Health Workers register as there are no positions available in Qld Health. Qld Health has not encouraged them to become health practitioners.
- No incentive to become register as there is no increase in salaries.
- No recognition of skills and there is no support for health workers to become health practitioners from Qld Health
- There is no opportunity to do the clinical hours attached to the Certificate 1V practice which is a barrier to registration
- How do they get recognition for the clinical hours they are already doing to be accepted as part of the Cert 1V or grand-parenting
- Why become registered and not be able to use your clinical skills and then you still need to keep paying annual fees.

SeniorPolicy Officer

From: Katrina Xanthos <Katrina.Xanthos@ahpra.gov.au>
Sent: Tuesday, 10 March 2015 2:09 PM
To: SeniorPolicy Officer
Subject: Review of registration standards and guidelines for the Aboriginal and Torres Strait Islander Health Practice profession

Follow Up Flag: Follow up
Flag Status: Flagged

10 March 2015

Ref. 2015/04 / OUT15/792

Tricia Elarde
Senior Policy Officer
National Aboriginal & Torres Strait Islander Health Worker Association (NATSIHWA)

By email: SeniorPolicyOfficer@natsihwa.org.au

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At the same time we will also undertake a review Continuing Professional Development guidelines and the Recency of Practice guidelines.

Part of the process will include research and analysis, and exploration of the strengths and weaknesses of the current registration standards.

As a key stakeholder, we specifically seek early feed-back from you about the existing registration standards and guidelines.

1. Have you received many inquiries related to these standards and guidelines? If so, what sort of inquiries?
2. Have there been any documentation requirements which have been difficult?
3. Have there been any problems with understanding the standards and guidelines?
4. Have there been any problems complying with the standards and guidelines?
5. Do you have general feed-back about the implementation of these standards and guidelines?

The Board would be most grateful to receive a response from you by 5 June 2015.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bruce Davis', with a long horizontal stroke extending to the right.

Bruce Davis
Presiding Member
Aboriginal and Torres Strait Islander Health Practice Board of Australia

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Definitions

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:

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

Professional indemnity insurance arrangements means arrangements that secure, for the practitioner's professional practice, insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries, and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Practice means any role, whether remunerated or not, in which an individual uses their skills and knowledge as a health practitioner in their profession. For the purpose of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Review

This standard applies from 1 July 2012. The Board will review this standard at least every three years.

Authority

This standard was approved by the Australian Health Workforce Ministerial Council in December 2011 pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from 1 July 2012.

Summary

Aboriginal and Torres Strait Islander health practitioners must not practise the profession unless they are covered in the conduct of their practice by appropriate professional indemnity insurance arrangements in accordance with this standard.

Registrants can be covered by either individual insurance arrangements or third party insurance arrangements which may apply through employment or education institution insurance arrangements.

Initial registration and annual renewal of registration will require a declaration from the Aboriginal and Torres Strait Islander health practitioner that they are or will be covered for all aspects of practice for that period of registration.

It is usual for Aboriginal and Torres Strait Islander health practitioners who are not in private practice to be covered by their employer for professional indemnity insurance arrangements. However, it is the responsibility of the individual registrant to check that appropriate professional indemnity insurance arrangements are in place.

Scope of application

This standard applies to all Aboriginal and Torres Strait Islander health practitioners applying for initial registration or renewal of their registration. It does not apply to student registrants or practitioners with non-practising registration.

Requirements

1. When applying for registration or renewal of registration, Aboriginal and Torres Strait Islander health practitioners will be required to declare that appropriate professional indemnity insurance arrangements are, or will be, in place while they are practising the profession.
2. Aboriginal and Torres Strait Islander health practitioners will require professional indemnity insurance to cover the full scope of their practice, whether employed or self-employed, and regardless of whether they are working in the private, non-government or public sector.
3. Aboriginal and Torres Strait Islander health practitioners in a genuine employment relationship would usually be covered vicariously by their employer's professional indemnity insurance. It is the registrant's responsibility to understand the nature of the cover under which they are practising. Aboriginal and Torres Strait Islander health practitioners to whom this applies may be required by the Board in writing to provide documentation from their employers, or education institutions, to verify professional indemnity insurance arrangements.
4. Aboriginal and Torres Strait Islander health practitioners who hold private professional indemnity insurance cover in their own name are required to retain documentary evidence of their insurance and to provide it to the Board on request.
5. Aboriginal and Torres Strait Islander health practitioners must ensure they have adequate cover but this may differ according to an individual's scope of practice and risk. Where an Aboriginal and Torres Strait Islander health practitioner is working for someone other than themselves, they should seek written evidence from their employer that professional indemnity insurance arrangements are in place where appropriate.
6. The Board encourages practitioners who are assessing whether they have appropriate professional indemnity insurance arrangements in place to consider:
 - a) the practice setting and the type of services and care delivered
 - b) the patient or client group
 - c) advice from professional indemnity insurers, professional associations and industrial organisations and
 - d) current employment status.
7. The Aboriginal and Torres Strait Islander Health Practice Board may, as per section 129(2) of the National Law, at any time, by written notice, require a registered Aboriginal and Torres Strait health practitioner to give the Board evidence of appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.

Applicants will be required to declare that they meet this standard annually upon application for renewal.

The Board may audit compliance against this standard and may request evidence that this standard has been met.

4. Applicants who have completed their qualification more than two years prior to seeking initial registration may be required to demonstrate competency by:

- working under the direct supervision of an Aboriginal and Torres Strait Islander health practitioner, Registered Nurse, Registered Midwife or Medical Practitioner for a period of time or
- undertaking an assessment against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) or
- an assessment determined suitable by the Board.

Exemptions

Practitioners applying for or renewing non practising registration.

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

A First Aid Certificate means a first aid certificate or equivalent as determined by the Board.

A Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (practice) means the HLT43907 or equivalent as determined by the Board.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Clinical practice means direct clinical care of patients, using the current knowledge, skills and attitudes of the profession, whether remunerated or not, and regardless of job title.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than two years prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, their profession and can demonstrate that they practise the profession competently and safely.

Review

This standard will commence on 1 July 2012. The Board will review this standard at least every three years.

Authority

This standard was approved by the Australian Health Workforce Ministerial Council in December 2011 pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from 1 July 2012.

Summary

To ensure Aboriginal and Torres Strait Islander health practitioners are able to practise competently and safely, all Aboriginal and Torres Strait Islander health practitioners must be able to demonstrate recency of practice within their profession.

For Aboriginal and Torres Strait Islander health practitioners returning to practice, the specific requirement for recency of practice depends on the length of absence from the field and the length of practice prior to absence.

Upon applying for initial registration or renewal of registration, practitioners will be required to make a declaration about their recency of practice.

Scope of application

This standard applies to:

- a) all applicants seeking registration in a practising category, or renewal of registration.
- b) all applicants equally, whether they practise full time or part-time or whether the work is remunerated or not.

This standard does not apply to student registrants or those with non practising registration.

Requirements

1. Applicants who have not practised for the previous three years

The Board may grant general registration with conditions to an applicant who is otherwise eligible for registration but has not practised for at least three months full time equivalent in the previous three years. The conditions may include, but are not limited to:

- successfully completing a first aid certificate
- successfully completing an assessment against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) and
- working under the supervision of an Aboriginal and Torres Strait Islander health practitioner,

Registered Nurse, Registered Midwife or Medical Practitioner.

2. Applicants who have not practised for the previous three to five years

The Board may grant registration with conditions to an applicant who is otherwise eligible for registration, but has not practised for at least six months full time equivalent in the previous three to five years. The conditions may include, but are not limited to:

- successfully completing a first aid certificate
- successfully completing an assessment against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
- 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

3. Applicants who have not practised for the previous five to ten years

The Board may grant registration with conditions to an applicant who has not practised for twelve months full time equivalent in the previous five to ten years.

The Board may also determine that the applicant is not eligible for registration and is required to meet the qualification level set by the Board.

Conditions may include, but are not limited to:

- successfully completing a first aid certificate
- successfully completing an assessment against the identified units within the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
- 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.

Authority

This standard was approved by the Australian Health Workforce Ministerial Council in December 2011 pursuant to the *Health Practitioner Regulation National Law Act*, as in force in each state and territory (the National Law), with approval taking effect from 1 July 2012.

Summary

All registered Aboriginal and Torres Strait Islander health practitioners are required to participate regularly in continuing professional development (CPD) activities.

All registered Aboriginal and Torres Strait Islander health practitioners will be required to undertake CPD activities and maintain records of their CPD activities from 1 July 2012.

Scope of application

This standard will apply to all registered practitioners from 1 July 2012. It will not apply to those with student registration or non-practising registration.

Requirements

1. All Aboriginal and Torres Strait Islander health practitioners will be asked to declare annually on renewal of registration that they have met the CPD standard set by the Board. This declaration may be subject to audit.
2. Practitioners must hold a current first aid certificate which includes cardio pulmonary resuscitation.
3. Practitioners must complete a minimum of 60 hours of CPD activities over a three year cycle, with a minimum of 10 hours in any one year.
4. Of the 60 hours over three years, at least 45 hours are required to be formal CPD activities. The remainder may consist of informal CPD activities.
5. Aboriginal and Torres Strait Islander health practitioners are required to ensure that their CPD activities are able to be recorded and these records produced when the Board requires them to do so as part of an audit investigation. A sample of how to record CPD activities is provided in the guideline for continuing professional development.
6. Records must be kept for four years.
7. CPD activities should be relevant to the context of the practitioner's practice and the employing organisation.

Some examples of CPD include, but are not limited to:

Formal learning activities such as accredited courses, conferences, forums, seminars, undertaking research and presentation of work, online learning and in-service workplace programs.

Informal learning activities such as self-study of reference material, clinical case discussion with other health professionals, and internet research.

Failure to comply

A failure to comply with this CPD standard is a breach of the National Law and may constitute behaviour for which health, conduct, or performance action may be taken under the National Law section 128(2).

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- Torres Strait Islander health practitioner.

Continuing professional development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the registrant uses their skills and knowledge in their profession. For the purposes of this registration standard, practice is not restricted to the direct provision of clinical care. It also includes working in a direct non clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Review and implementation

This standard will commence on 1 July 2012.

Prior to 1 July 2015, practitioners will be required to complete a minimum of 10 CPD hours in any one year and 60 hours in total over a three year cycle.

When a practitioner registers for the first time, or has his or her registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis.

During this period, the requirement for all practitioners to hold a current first aid certificate will continue to apply.

The Board will review this standard at least every three years.



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We've also provided information about the practitioner audit process, and news from AHPRA and the other National Boards in the National Registration and Accreditation Scheme (the National Scheme).

We welcome our newest Board members Bruce Brown, Linda Bunn and Anita Phillips. Bruce is a special counsel with the Canberra office of the law firm of King & Wood Mallesons and is one of the Board's community members. Linda is an Aboriginal Health Practitioner Coordinator at the Top End Health Service and is the Board's practitioner member from the Northern Territory. Anita is a consultant social work mentor/coach and trainer and a lecturer at the Australian Catholic University in Canberra, and is a community member on the Board.

Congratulations to Peter PangQuee, former Chair of the Board, who received the Individual Champion of Aboriginal Health award at the 2014 National Aboriginal and Torres Strait Islander Health Worker Association Awards in Canberra last year. These awards recognise the contributions of health workers, organisations and professionals. Peter was given the Individual Champion award for his influential work in the development and support of the Aboriginal and Torres Strait Islander health practice profession. This award was a great honour for Peter.

Peter finished his term as inaugural Chair of the Board in 2014. While we wait for advice on the incoming chair from health ministers, the Board has appointed me as the presiding member, to effectively act as chair – I am a practitioner member from Queensland.

Bruce Davis

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

Message from the Presiding Member

Welcome to the third edition of the Aboriginal and Torres Strait Islander Health Practice Board of Australia's (the National Board) newsletter. Previous issues can be found on the Board's [website](#). The Board will publish a newsletter regularly to provide you with information on issues affecting the Aboriginal and Torres Strait Islander health profession.



The end of the 'grandparenting' period when older qualifications and/or experience could be considered for qualifying to register as an Aboriginal and Torres Strait Islander health practitioner is very close. The grandparenting provisions of the National Law¹ expire on the 30 June 2015, after which time only those individuals who graduate from an approved program of study (that is, it has been assessed for accreditation and then approved by the Board) will be considered qualified for registration. You can read more in this issue.

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

Grandparenting is ending on 30 June 2015 – apply for registration NOW if you are eligible

Are you an Aboriginal and Torres Strait Islander health practitioner? Are you registered?

When Aboriginal and Torres Strait Islander health practice became a regulated health profession under the National Law, there were provisions in the law to allow for those people with older qualifications and/or experience, including those who were practising in the profession before 2012, to be able to register in the profession. **These provisions expire on 30 June 2015.**

The National Board's *Grandparenting and general registration eligibility registration standard* (the Grandparenting standard) allows practitioners who were practising before the national regulation of Aboriginal and Torres Strait Islander health practitioners to apply for registration with the Board. The *Grandparenting standard* expires on 30 June this year. If you

are working as an Aboriginal and Torres Strait Islander health professional we advise you to [register now](#) to avoid missing the 30 June deadline.

From 1 July 2015, the only way to become registered is to meet the Board's [registration standards](#), which includes holding a qualification (HLT40213 Certificate IV in Primary Health Care Practice) from an approved program of study. That is, the program of study that you graduate from must have been assessed for accreditation by the Board's Accreditation Committee and 'approved' by the Board when you apply for registration after 30 June 2015.

To find out more:

- go to our website at www.atsihealthpracticeboard.gov.au, or
- contact our customer service line on 1300 419 495.

Particularly, go to the [Registration standards](#) tab on our website to find out what the requirements are for becoming a registered Aboriginal and Torres Strait Islander health practitioner, and see the supporting FAQ under [Codes and guidelines](#).

Use of protected titles

To use the titles 'Aboriginal and Torres Strait Islander health practitioner', 'Aboriginal health practitioner', and 'Torres Strait Islander health practitioner', a practitioner must by law be registered with the National Board. Penalties exist if you are not registered with the Board and lead a person to believe that you are registered.

Call for applications for appointment to the Board: practitioner member from South Australia

The National Board is seeking applications for appointment to the Board as a practitioner member from South Australia. To be eligible for appointment you must hold current registration as an Aboriginal and/or Torres Strait Islander health practitioner and be from South Australia.

The Australian Health Workforce Ministerial Council (AHWMC) will also determine the new Chair of the Board from eligible practitioner members. You may also express interest in being considered for this role when you apply for the practitioner member vacancy on the Board.

National Board appointments are made by the AHWMC, under the National Law. Appointments are for up to three years as decided by the AHWMC.

More information about the roles and the application process is included in the application form and guide. These can be downloaded from the [Vacancies](#) page on the Board's website.

For general enquiries, email boardappoint@ahpra.gov.au or phone (03) 8708 9147.

Applications close 5.00pm AEST on **Wednesday 27 May 2015**.

Registration matters

Your feedback please: registration standards and guidelines

Three of the ministerially approved registration standards and guidelines for Aboriginal and Torres Strait Islander health practice detail the requirements for professional indemnity insurance (PII), recency of practice and continuing professional development (CPD). These registration standards are due for a scheduled review as they have been in place for three years on 1 July 2015.

Three of the National Boards that began operations on 1 July 2012 (Aboriginal and Torres Strait Islander health practice, Chinese medicine and occupational therapy) will be working together to prepare for and conduct the review and the various consultation steps.

At the same time we will also conduct a review of CPD guidelines and the recency of practice guidelines. Part of the process will include research and analysis, and exploration of the strengths and weaknesses of the current registration standards.

We are seeking the following feedback about the existing registration standards and guidelines:

1. Have there been any documentation requirements which have been difficult?
2. Have there been any problems with understanding the standards and guidelines?
3. Have there been any problems complying with the standards and guidelines?
4. Do you have general feedback about the implementation of these standards and guidelines?

The Board would be most grateful to receive a response from you by **5 June 2015**. Please send your feedback to atsihpboardconsultation@ahpra.gov.au.

Top tips for using the register

The [register of practitioners](#) is central to all of our work because it provides up-to-date information about every registered health practitioner. To help the public and employers get the most out of the register, we have developed [these tips](#). In particular, the tips remind anyone responsible for recruiting health practitioners how to use the register to verify a practitioner's registration status.

Latest registration figures

The Board collects and analyses data about Aboriginal and Torres Strait Islander health practitioner registrations. The Board shares the data and analyses each quarter on its [website](#).

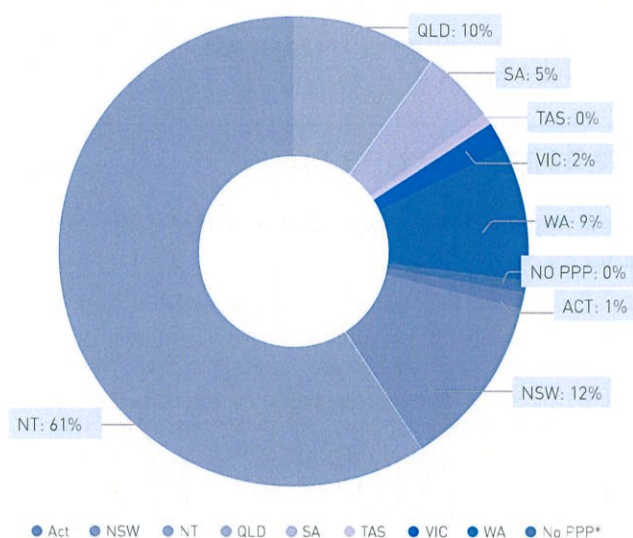
The data provided is:

- state and territory by registration type
- age by registration type, and
- gender by state and territory.

Snapshot of the profession

The National Board's latest quarterly data update shows there are 376 Aboriginal and Torres Strait Islander health practitioners registered in Australia (Table 1). Of these, 228 (61%) are in the Northern Territory. The second largest number of practitioners is in NSW, with 44 (12%).

Practitioners by state and territory (December 2014)



* Principal place of practice

Table 1: Aboriginal and Torres Strait Islander health practitioners – registration type by state and territory (December 2014)

Principal place of practice	ATSI health practitioners		Total Count
	General	Non-practising	
State	General	Non-practising	Total Count
ACT	4	-	4
NSW	44	-	44
NT	228	-	228
QLD	39	-	39
SA	17	-	17
TAS	1	-	1
VIC	9	-	9
WA	33	-	33
No PPP	1	-	1
Total	376		376

Table 2 shows the breakdown of practitioner numbers by age. Practitioners aged between 40 and 44 make up 18% of the total, with the next largest proportions being those aged 45–49 years (16%) and those aged 50–54 (14%).

Table 2: Aboriginal and Torres Strait Islander health practitioners – by age group (December 2014)

Age group	Count of registrants
U–25	10
25–29	22
25–29	37
35–39	44
40–44	68
45–49	61
50–54	55
55–59	44
60–64	24
65–69	8
70–74	2
75–79	1
80+	0

The percentage of practitioners by gender by state and territory is shown in Table 3.

Table 3: Aboriginal and Torres Strait Islander health practitioners – percentage by gender (December 2014)

Principal place of practice	ATSI health practitioners	
	Male	Female
State	Male	Female
ACT	50.00%	50.00%
NSW	22.73%	77.27%
NT	27.19%	72.81%
QLD	25.64%	74.36%
SA	23.53%	76.47%
TAS	-	100.00%
VIC	11.11%	88.89%
WA	18.18%	81.82%
No PPP	-	100.00%
Total	25.27%	74.73%

Data access and research

Access to the Board's de-identified data is guided by the National Law, the *Privacy Act 1988* (Cth) and various policies. Information on these opportunities and limitations is available on the AHPRA [website](#). The website includes a downloadable application form, should you wish to proceed.

If you need some clarification or further information, please contact our data access team by [email](#).

Who should be registered?

The National Law requires a practitioner to be registered if they wish to use one of the protected titles, or if their employer requires them to do so. The protected titles are:

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

A practitioner may be required to be registered as part of their employment requirements, even if the protected title is not used.

The current wording implies that an employer must have their staff use a protected title if that staff member is performing the functions of an Aboriginal and Torres Strait Islander health practitioner. In fact, an employer may call a job anything they like, but if the employer requires the practitioner to hold registration as an Aboriginal and Torres Strait Islander health practitioner as a requirement of the job, the practitioner must be registered to be employed. While the employer's requirements are not part of the National Law, it is another situation that may apply to a practitioner without using a protected title.

Employers should consider whether the primary healthcare delivered by an unregistered health practitioner may place the safety of the public at risk. Employing a registered Aboriginal and Torres Strait Islander health practitioner provides assurance that the individual is suitably trained and qualified to practise in a competent and ethical manner.

See the National Board's website for [registration standards](#) and [application forms](#) for registration as an Aboriginal and Torres Strait Islander health practitioner.

Update on practitioner audit

All registered practitioners are required to comply with a range of registration standards that have been developed by the Board that registers them. The registration standards are published on each National Board's website under *Registration standards*.

AHPRA and the National Boards have developed a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. Audits of random samples of health practitioners from all professions will occur periodically throughout the year and began late last year.

Audits are an important part of the way that National Boards and AHPRA are better protecting the public by regularly checking the declarations made by a random sample of practitioners. Audits help to make sure that practitioners are meeting the standards they are required to meet and enhance the trust of the community in the profession by providing important assurances that practitioners are meeting their legal obligations.

What is the process?

The selection for audit is random. You may be audited at any time. If you are selected for audit you will be required to provide further information to support your registration declaration.

- You will receive an audit notice in the post, and a checklist that outlines what documentation you need to provide to demonstrate that you meet the standard being audited.

- You will have four weeks to provide the requested documentation to AHPRA.
- AHPRA will review your supporting documentation against the declaration you made in your last renewal application.
- AHPRA may request further information and/or refer cases of non-compliance to the National Board or its delegated committee for decision.
- You will be advised by letter of the outcome of the audit.

For further information, visit the [Audit page](#) on the National Board's website.

National Scheme news

New approach to international criminal history checks

As of 4 February 2015, National Boards and AHPRA have implemented a new procedure for checking international criminal history to provide greater public protection. This new approach requires [certain applicants and practitioners](#) to apply for an international criminal history check from an AHPRA-approved supplier. This approach aligns our international criminal history checks (IHC) with our domestic history checks and aims to be fair and reasonable for practitioners. It also provides the Australian community with greater assurance by implementing additional safeguards to manage risks to the public from someone's international criminal history.

The new process for checking international criminal history aims to strike a balance between public safety and regulatory burden for practitioners.

For more information, please read the [media release](#) on the Board's website.

Boards and AHPRA strengthen national drug screening

Mandatory hair testing will be routine for all registered health practitioners with substance-related impairment, under a screening protocol to be introduced by AHPRA and the National Boards.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing.

Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner's drug-taking history).

The protocol provides a clear framework across professions for AHPRA's advice to National Boards about the management of registered practitioners with drug-related impairment. It will make sure drug screening in the National Scheme is evidence based, effective and up to date.

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The proposed new protocol is published on AHPRA's website on the [Monitoring and compliance](#) page.

Call for views on our regulatory principles

National Boards and AHPRA are seeking feedback through an [online survey](#)* on the regulatory principles that were launched in July last year.

The *Regulatory principles* describe the National Boards and AHPRA's approach to regulation. The principles encourage a responsive, risk-based approach to regulation and support consistent, balanced decision-making. The aim of the principles is to foster a considered approach to regulation, reducing the risk of unnecessary and ineffective regulatory action, and focussing resources on areas where the result is harm minimisation. We are inviting members of the public, health consumers, health practitioners and all interested persons to share their views on our [regulatory principles](#) through this brief survey. The survey has 11 questions and should only take about five to ten minutes to complete.

The responses to these surveys will inform the ongoing implementation of the principles and how they could be further developed and improved.

Complete the survey by **9am Monday 18 May** by following the link above, or by pasting this address to your web browser: <https://www.surveymonkey.com/r/LXQTHHL>*

***Privacy:** When you click on this link, you will be taken to a survey on a third party website, hosted by SurveyMonkey. AHPRA is conducting the survey. The survey is anonymous. Responses to the survey will be used to review the *Regulatory principles* for the National Scheme. The information you provide will be handled in accordance with the privacy policies of Survey Monkey accessible [here](#). Information AHPRA obtains from the survey will be handled in accordance with our *Privacy policy* accessible [here](#).

AHPRA actions to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for us since early last year, when we commissioned the Health Issues Centre of Victoria (HIC) to undertake targeted research into the consumer experience when making a notification.

Since then we have made a raft of changes to address the issues this research raised, in particular to make our written communication clearer and easier to understand.

We recently started work on improving the practitioner experience of notifications. Earlier this month, senior leaders from AHPRA and the Medical Board of Australia (MBA) met Australian Medical Association (AMA) leaders about the way we manage notifications – including decision-making protocols, guidance and policies.

Key issues include the time it takes for a notification to go through the process; the tone and clarity of our communication; the need to better explain how the process works and why, and greater transparency wherever legally possible.

We will continue working on addressing the HIC's recommendations, and on other activities that will improve the overall experience of both consumers and practitioners who are the subject of a notification.

Our latest update on this work will be published soon on this page: [Improving our work](#).

Health ministers to consider National Scheme review report in August

Federal and state and territory health ministers will respond to the report of the review of the National Scheme in August this year.

Ministers met in mid-April at the COAG Health Council to discuss a range of national health issues, including the final report of the National Registration and Accreditation Scheme (NRAS) Review. The independent review was conducted by Kim Snowball, the former Director General of Health in WA. It involved an extensive consultation process that included more than 230 written submissions and more than 1,000 individuals participating in consultation forums in each capital city.

The review aimed to identify what was working well in the National Scheme and opportunities to improve and strengthen our work to protect the public and facilitate access to health services. According to the report of the meeting, health ministers will consider the recommendations from the NRAS Review and discuss them further at their meeting in August 2015.

The *COAG Health Council communiqué* is available on the [COAG Health Council website](#).

Security alert – keep your web browser updated

AHPRA and the National Boards are making changes to their websites to make sure that your information is kept safe.

From early April 2015, anyone using Internet Explorer version 6 (or an older version) to view our websites is likely to experience difficulty accessing our web pages and our online services.

To avoid an interruption to service, we recommend you [upgrade to the newest version of Internet Explorer immediately](#). It is available for free from Microsoft.

If you are using a new version of Internet Explorer and are still having difficulty accessing our sites please contact us to report your experience:

Call **1300 419 495** Monday to Friday, 9:00am – 5:00pm (Australian Eastern Standard Time).

If you are using Internet Explorer 6 we recommend you read our latest [security announcement](#) on the AHPRA website.

Keep in touch with the Board

- Visit our website at www.atsihealthpracticeboard.gov.au for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on the bottom of every page.
- For registration enquiries call 1300 419 495 (from within Australia).
- Address mail correspondence to: Aboriginal and Torres Strait Islander Health Practice Board of Australia, GPO Box 9958, Melbourne VIC 3001.

SeniorPolicy Officer

From: Katrina Xanthos <Katrina.Xanthos@ahpra.gov.au>
Sent: Tuesday, 10 March 2015 2:09 PM
To: SeniorPolicy Officer
Subject: Review of registration standards and guidelines for the Aboriginal and Torres Strait Islander Health Practice profession

Follow Up Flag: Follow up
Due By: Sunday, 3 May 2015 11:30 AM
Flag Status: Flagged

10 March 2015

Ref. 2015/04 / OUT15/792

Tricia Elarde
Senior Policy Officer
National Aboriginal & Torres Strait Islander Health Worker Association (NATSIHWA)

By email: SeniorPolicyOfficer@natsihwa.org.au

Review of registration standards and guidelines for the Aboriginal and Torres Strait Islander Health Practice profession

Three of the Ministerially-approved registration standards for Aboriginal and Torres Strait Islander Health Practice detail the requirements for:

- Professional Indemnity Insurance
- Recency of Practice, and
- Continuing Professional Development

and are due for a scheduled review having been in place for three years on 1 July 2015.

Three of the National Boards which commenced operations on 1 July 2012 (Aboriginal and Torres Strait Islander health practice, Chinese medicine and Occupational Therapy) will be working together to prepare for and conduct the review and the various consultation steps.

At the same time we will also undertake a review Continuing Professional Development guidelines and the Recency of Practice guidelines.

Part of the process will include research and analysis, and exploration of the strengths and weaknesses of the current registration standards.

As a key stakeholder, we specifically seek early feed-back from you about the existing registration standards and guidelines.

1. Have you received many inquiries related to these standards and guidelines? If so, what sort of inquiries?
2. Have there been any documentation requirements which have been difficult?
3. Have there been any problems with understanding the standards and guidelines?
4. Have there been any problems complying with the standards and guidelines?
5. Do you have general feed-back about the implementation of these standards and guidelines?

The Board would be most grateful to receive a response from you by 5 June 2015.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Bruce Davis', with a horizontal line extending to the right.

Bruce Davis
Presiding Member
Aboriginal and Torres Strait Islander Health Practice Board of Australia

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

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As a key stakeholder, we specifically seek early feed-back from you about the existing registration standards and guidelines.

- Have you received many inquiries related to these standards and guidelines? If so, what sort of inquiries?

Feedback Was Atsihw/hp were unsure of the standards

- Have there been any documentation requirements which have been difficult?

Issues with the Ahpra registration process some ATSIHW were having trouble getting the documentation from previous employers re there recency of practise. A lot of paper required for AHPRA Registration. Some workers confused and difficult to locate documentation.

- Have there been any problems with understanding the standards and guidelines?

No issues identified, just the ATSIHW was unsure of the requirements. The feedback was the ATSIHW orkers were unsure of what the standards are and how it impacts the registration process.

- Have there been any problems complying with the standards and guidelines?

CPD has been a problem and the feedback was where we can get access to resources, limited training at their service and what was deemed CPD

- Do you have general feed-back about the implementation of these standards and guidelines?

My PD doesn't allow me to practise what I know in my service, I am in a program role and don't do any clinical component in my job currently

