



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

**NATIONAL FRAMEWORK FOR
DETERMINING SCOPE OF
PRACTICE FOR THE ABORIGINAL
AND/OR TORRES STRAIT ISLANDER
HEALTH WORKER /HEALTH
PRACTITIONER WORKFORCE**

DECEMBER 2016

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Introduction

The *National Framework for Determining Scope of Practice for the Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner Workforce* (The Framework) is designed to help identify and document the scope of practice of an individual Aboriginal and/or Torres Strait Islander Health Worker and/or an Aboriginal and/or Torres Strait Islander Health Practitioner.*

The Framework recognises that what an Aboriginal and/or Torres Strait Islander Health Worker and Aboriginal and/or Torres Strait Islander Health Practitioner does can vary depending on the job and situation they work in. The Framework is designed to help health professionals and their employers to work through these issues and develop and define their own individual scopes of practice. One of the key strengths of Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners is their expertise in linking people with the care they need based on a deep knowledge of what's available and what and how things work where they are.

This document is a guide. It does not define exactly what each Health Worker or Health Practitioner can do. The range of health care provided by Health Workers and Health Practitioners, as members of teams and independently, is very broad. It is also developing. The main idea of this document is to enable Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners to use their full range of skills so that they, their colleagues and the people they care for are safe.

The Framework commenced as a building block from the recommendations of the *'Growing Our Future': Final Report of the Aboriginal and/or Torres Strait Islander Health Worker Project December 2011*¹, and is the result of contributions from a range of stakeholders across the country. Refer to the inside cover for acknowledgement of some of those involved in the development of this document.

*NB. For the purpose of this document both Aboriginal and/or Torres Strait Islander Health Worker and Aboriginal and/or Torres Strait Islander Health Practitioner will be referred to herein as Health Worker/Health Practitioner. The Health Practitioner National Law, as in force in each state and territory (the National Law) protects the use of particular titles, rather than defining what a person can do in their job. Only those people who are registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) can use the titles: "Aboriginal Health Practitioner" "Torres Strait Islander Health Practitioner" or "Aboriginal and Torres Strait Islander Health Practitioner".

Overview of the Workforce

The Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner workforce evolved from a need to provide culturally safe clinical and primary health care services to Aboriginal and/or Torres Strait Islander people whose health needs were not being met by mainstream services. Health Workers/Health Practitioners are able to respond to local health needs and contexts and to perform a variety of different tasks depending on the services needed.²

This is reflected in the wide degree of variation that exists in Health Worker/Health Practitioner roles, definitions, scopes of practice, education standards and career pathways.

The Health Practitioner workforce is a relatively new profession, regulated under the National Registration and Accreditation Scheme (the National Scheme). The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) has been operational since 2012. Before, 2012 the profession was regulated only in the Northern Territory, but health ministers decided to by expand regulation of the profession across the country. The purpose of regulation is to protect the public. This means protecting Aboriginal and/or Torres Strait Islander peoples who we work with every day in whatever capacity that may be. This is done through setting standards that must be met in order for someone to become and remain registered. ATSIHPBA's role is to make sure everyone is working safely in whatever their job is (their chosen scope of practice), and not in telling the employer what sort of job it needs to be.

Health ministers agreed that national registration was required to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise are registered (www.ahpra.gov.au/About-AHPRA/What-we-do/Legislation.aspx). Refer to the section titled *'Authorised'* on page 7 for more details.



For examples of activities that can be included in a scope of practice for Health Workers and/or Health Practitioners check out the links below. Please note these documents deal specifically with whether the person is a Health Worker or a Health Practitioner:

- » www.health.nsw.gov.au/workforce/aboriginal/Pages/aboriginal-health-worker-guidelines.aspx Aboriginal Health Worker Guidelines for NSW Health (pg 14 Table 3. and pg 46 Attachment 2.)
- » www.health.qld.gov.au/qhpolicy/docs/gdl/qh-gdl-940.pdf Aboriginal and/or Torres Strait Islander Health Practitioner Clinical Governance Guideline (Appendix 1. pg 18 refers to types of activities based on Cert IV (Practice) qualification)



For more details regarding the Health Worker workforce go to:

- » www.health.gov.au/internet/main/publishing.nsf/Content/hwa-archived-publications (Australia's Health Workforce Series: Aboriginal and/or Torres Strait Islander Health Workers/Practitioners in focus; and Growing Our Future: Final Report of the Aboriginal and/or Torres Strait Islander health worker project)
- » The Aboriginal & Torres Strait Islander Health Worker Professional Practice Framework, 2012 www.natsihwa.org.au/content/publications

What is a Scope of Practice?

'Scope of practice' can be referred to in two ways:

1. a profession's scope of practice and
2. an individual's scope of practice.

The **scope of practice of a profession** is the full spectrum of roles, functions, responsibilities, activities and decision-making capacities which individuals who make up the profession are educated, competent and authorised as part of that profession to perform.

The **scope of practice of an individual** is that which the individual is educated, authorised and competent to perform, whether an individual is registered with ATSIHPBA or not.³

Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professionals is influenced by the wider environment, the specific setting, legislation, policy and educational attainment. The scope of practice is also influenced by whether the health professional works as part of a team, how the team works, standards and the health needs of the population.³ Scopes of practice change with developments in health care and practise and the changing situations health professionals face in providing care.

How to use this Framework

This document is designed to guide the development of scopes of practice for Health Workers/ Health Practitioners in each jurisdiction and/or health service. It is divided into two sections: the first section describes the key elements of a scope of practice; the second section, provides a step-by-step guide for health services, managers, and an individual Health Worker or Health Practitioner to work together to develop and/or review the Health Worker's or Health Practitioner's individual scope of practice. To assist with the development of an individual's scope of practice, a template is provided in Appendix 1: Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner.

SECTION 1

National Scope of Practice Framework – Key Elements

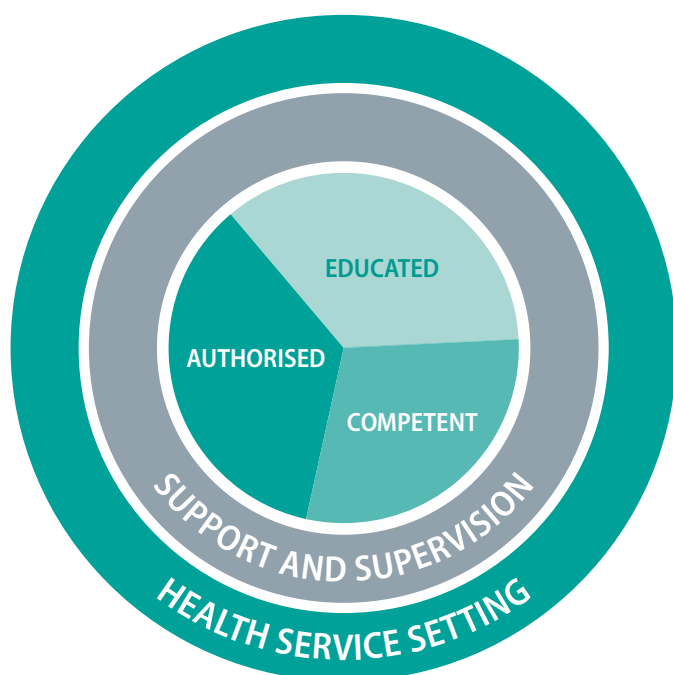
In this rapidly evolving health care environment Health Workers/Health Practitioners are continually incorporating new knowledge and skills into their practice and therefore scope of practice cannot be defined as a simple list of tasks or procedures.⁴

What Health Workers/Health Practitioners are able to do and what patients need from them will change. The Framework (See Figure 1) is designed to be flexible, so it can remain helpful when circumstances change. By providing a broad, principle-based definition, it allows individual Health Workers in any setting to reflect on their current scope of practice by comparing it to the definition below:

The scope of practice of a Health Worker/Health Practitioner is that which the person *is educated, authorised and competent to perform*. In accordance with this definition, a Health Worker's/Health Practitioner's scope of practice is influenced by:

- » their education and qualifications
- » their knowledge and skills (gained through accredited education/training and on the job training and experience)
- » their level of work experience
- » the type of role (e.g. Drug and Alcohol, Mental Health, Maternal and Infant Health etc)
- » the specific job requirements (determined by the needs of the health service and the local Aboriginal/Torres Strait Islander community)
- » the type and level of supervision and support they receive.
- » whether they are registered with the Aboriginal and/or Torres Strait Islander Health Practice board of Australia.⁴

Figure 1. National Scope of Practice Framework for the Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner Workforce.



The Framework Elements

The Framework (Figure 1) comprises five key elements that each require consideration when developing or reviewing a scope of practice.

1. Educated – Qualifications and Training

It is important to consider, when developing scopes of practice, that Health Workers/Health Practitioners have a wide variety of qualifications – ranging from Certificate II level qualifications though to university degrees. Health Workers/Health Practitioners are also likely to have completed numerous other accredited training programs and endorsements.

Training and qualification requirements for Aboriginal and/or Torres Strait Islander Health Workers/Health Practitioners vary among jurisdictions and employers, however the minimum qualification is generally recognised to be a Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care.¹ Qualifications in Aboriginal and/or Torres Strait Islander Primary Health Care may be obtained as part of a traineeship or apprenticeship, and commonly require a combination of workplace training and training through a Registered Training Organisation.

The Aboriginal and/or Torres Strait Islander Primary Health Care qualification contains a generic course (covering a shared set of skills and competencies) at the Certificate II and Certificate III levels, and then branches into two separate streams at the Certificate IV and Diploma levels. The two streams are: 1) Aboriginal and/or Torres Strait Islander Primary Health Care, and 2) Aboriginal and/or Torres Strait Islander Primary Health Care Practice. These qualifications offer multiple elective streams and therefore the electives that Health Workers/Health Practitioners have completed as part of their Primary Health Care qualification will vary widely. In addition to these qualifications, there are also eight qualifications within the Public Health qualifications framework, which may be applicable to some workers.

The **Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA)** or the Board is responsible for approving education programs and education providers. To be approved by the Board, education providers and the programs they offer must be accredited as “approved programs of study” by the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee. Once the program and provider are accredited and approved their details are published on the ATSIHPBA website (www.atsihealthpracticeboard.gov.au). To register as a Health Practitioner, the person has to have gained a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Practice from an approved program of study.



More detailed information on the training qualifications can be found at: training.gov.au

A Health Worker's/Health Practitioner's scope of practice will also be influenced by their knowledge, skills and work experience. The health service will need to make an assessment of these, in addition to examining the person's qualifications. As with any health professional, recency of practice and continuing professional development are considered in the assessment of Health Worker/Health Practitioner competency.

To ensure that Health Workers/Health Practitioners are able to practise competently and safely, they must have recent practice in the fields in which they intend to work. The specific requirements for recency of practice depend on the type of work, the level of experience of the Health Worker/Health Practitioner and, if applicable, the length of absence from the field. Organisations need to have policies and procedures in place to ensure competencies are maintained.

Continuing professional development (CPD) is how all health professionals maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. Registered health professionals, including Health Practitioners, are required to participate regularly in CPD that is relevant to their scope of practice. This is in order to maintain, develop, update and enhance their knowledge, skills and performance and to deliver appropriate and safe care. Health Workers are not required by law to undertake CPD, but may be required to by their employer. It is important to undertake CPD to maintain and develop skills and safe practice. Also Health Workers/Health Practitioners should document their supervision and CPD plans, to reflect their scope of practice. Employers and others may have templates to assist with this.



For more information on the CPD and recency of practice for Health Practitioner Registration refer to: www.ahpra.gov.au/Registration/Registration-Standards/CPD.aspx www.ahpra.gov.au/Registration/Registration-Standards/Recency-of-practice

3. Authorised –Regulation, Legislation, & Policy

Scope of practice is also influenced by national, state and local legislation, regulations, policies, frameworks, guidelines, and protocols.

Relevance of National Registration

All health professionals, including Health Workers/Health Practitioners, have regulatory mechanisms which aim to support them to adequately protect the public. Generally these include regulatory requirements on employers, having identified position descriptions and supervision requirements. For Health Practitioners, in particular, these also include statutory responsibilities such as a code of conduct, formal complaints arrangements and CPD requirements.

In addition to these regulations, Health Practitioners are also registered with the Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA). ATSIHPBA sets standards for this group which need to be considered when determining scope of practice for a position or an individual.



Further information about eligibility, registration standards, and the programs of study approved by The Board can be found at: www.atsihealthpracticeboard.gov.au

Medication Administration for Aboriginal and/or Torres Strait Islander Health Practitioners – Relevant Legislation:

Although medication administration is a core unit in the Certificate IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice and the Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice, **each state and territory has its own legislation in regards to handling, possession and administration of medications which relate to the entire health workforce.** It is essential to refer to your local jurisdiction's legislation and policy when determining scope of practice in order to determine if an activity (particularly a clinical activity) is lawful.

At the time of writing this document, only the Northern Territory had legislation in place to support the administration of medications specifically by a Health Practitioner.^a

Code of Conduct

For Health Workers, their scope of practice will also be guided by relevant codes of conduct. In early 2015, all Australian State and Territory government health ministers agreed to a National Code of Conduct for healthcare workers (National Code).^b Since this time, codes have been established for New South Wales, Queensland, Victoria, South Australia and Western Australia, with the remaining jurisdictions due to have their codes established within two years.

The purpose of the National Code is to protect the public by setting minimum standards of conduct and practice for all unregistered health care workers. This code of conduct applies to the provision of health services by health care workers who are not required to be registered under the Health Practitioner Regulation National Law. This includes Health Workers, who are not Health Practitioners. This document can be found at www.aasw.asn.au/document/item/7356.



For details regarding Code of Conduct for registered Aboriginal and/or Torres Strait Islander Health Practitioners refer to www.atsihealthpracticeboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx

a. The Aboriginal and Torres Strait Islander Health Practitioner profession is relatively new and not all employers have changed job descriptions and titles to include these practitioners yet.

b. This National Code will apply to Aboriginal and/or Torres Strait Islander Health Workers. However, Aboriginal and/or Torres Strait Islander Health Practitioners will continue to be covered by the Aboriginal and Torres Strait Islander Health Practice Board's Code of Conduct.

4. Support and Supervision

The type of activities that a Health Worker or Health Practitioner can undertake depends on the type of supervision and support available.⁵ It is therefore important to ask when developing scopes of practice ‘**what type and level of supervision is required to fulfil the role?**’ and ‘**is this support and supervision available?**’ There are various forms of supervision including operational and clinical supervision.^c There are also a range of supports that a Health Worker or Health Practitioner may be able to access including professional support; mentoring support and cultural support.⁵ As mentioned above in the competency section, supervision, support and development needs should be included when documenting your individual scope of practice. Describing your plans for supervision within your scope of practice can assist to ensure the plans are agreed to and followed through. This plan can help provide increased feelings of support and ensure the development of skills.



For more information about supervision and support go to www.health.nsw.gov.au/workforce/aboriginal/Pages/aboriginal-health-worker-guidelines.aspx

5. Health Service Setting

In addition to understanding the Health Worker’s/Health Practitioner’s education, authorisations and competency, there are a range of other factors that influence scope of practice. Most importantly, the scope of practice will be influenced by the needs of the Aboriginal and/or Torres Strait Islander local community, including considering social determinants, and the needs of the health service. Other considerations that flow from these needs include; the skill mix of the team, the models of care and the job requirements. All these factors will influence the scope of practice for a Health Worker/Health Practitioner.

c. Operational supervision refers to day to day managerial supervision of a Health Worker/Health Practitioner to assist them in their performance of their duties and in meeting the policy and legislative requirements for employment (e.g. Performance development, orientation, rostering, mandatory training). Clinical supervision is for a Health Worker/Health Practitioner who works in a clinical role and aims to ensure client safety. It is often provided by a Registered Nurse, Doctor, Oral health professional or a Senior Aboriginal and/or Torres Strait Islander Health Practitioner.⁵

SECTION 2

Guide for Determining Individual Scope of Practice

Figure 2. Process for Determining Individual Scope of Practice



The following section describes a step-by-step guide for determining an individual Health Worker's/Health Practitioner's scope of practice.⁷ Figure 2 provides a summary of this process. A template titled "Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker /Health Practitioner" has also been provided in Appendix 1 to assist in working through this process.^d

1 Personal qualifications, experience and authorisations

Aim: To document individual Health Worker's/Health Practitioner's qualifications (education), experience (competencies) and authorisations.

- » Describe the Health Workers'/ Health Practitioners' qualifications, experience including specialities, and authorisations
- » Are they registered with the Aboriginal and/or Torres Strait Islander Health Practice Board of Australia? Are there any restrictions to this registration?

2 Activities

Aim: To identify the activities of the role and assess them against the individuals' experience, education and abilities.

- » Review the Position Description (PD) – Consider if the roles, functions, activities, required skills, knowledge, qualifications and authorisations reflect the service setting and actual needs.
- » Using the PD as a guide, develop a list of activities that reflect the service setting, and service and community needs.⁸
- » Consider how the individual's experience, education and abilities match the PD

Refer to this list of activities as you go through the remaining steps.

3 Skill Mix of the Team

Aim: To identify the existing skill mix of the team.

- » Consider the skill mix of the team including the mix of qualifications.
- » The role relationship of Health Workers/Health Practitioners within the health care team will vary according to the context and the various skills/ experience of other team members.
- » Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups.
- » How does the skill mix of the team complement or overlap with the individual's skills and education?

^d This tool has been adapted from the Queensland Department of Health, Aboriginal and/or Torres Strait Islander Health Practitioner Clinical Governance Guidelines. Appendix Two: Practice Plan Template

4 Supervision and Support Requirements

Aim: To identify the supervision and support the individual Health Worker/Health Practitioner needs to do their job.

- » The types of activities a Health Worker can perform are dependent upon the type of supervision and support that is available.⁵
- » What are the Health Workers/Health Practitioners supervision and support needs?

5 Risk Management

Aim: To identify gaps between what the individual is expected to do and what their education, training experience and skills make it safe for them to do.

- » The Decision Making Framework will assist you to assess whether the Health Worker/Health Practitioner is trained, competent, ready, and supported to perform the listed activities. Where risks are not considered and managed it can be harmful for the patient, the Health Worker/Health Practitioner and the health service. One example of a tool to help you manage these risks is the Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health (see Appendix 2) which provides a process whereby a Health Worker's or Health Practitioner's scope of practice can

be rigorously considered against a range of criteria to ensure activities undertaken are safe, timely and meet the needs of the health service and the community.⁵ The Decision Making Framework should be read in conjunction with the full document *Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities in NSW Health*⁶ found at www.health.nsw.gov.au/workforce/aboriginal/Publications/decision-making-framework.pdf.

- » Check your list of activities against the Decision Making Framework and document where the individual's education, training, experience and skills are not appropriate for particular activities. Conduct skills assessment if necessary.

6 Scope of Practice

Aim: To have a scope of practice that:

- allows the individual to work to the extent of their education, training, experience and skill levels;
- supports the individual to gain experience and skills; but
- does not allow the individual to practise beyond the limits of what is supported by their education, training, experience and skill levels.

- » The Health Worker/Health Practitioner and their supervisor should discuss and determine the individual's scope of practice in the role, based on responses to Steps 1-5. (Document this discussion using the "Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner" in Appendix 1).
- » Although not exhaustive, develop and agree on a list of activities that can be undertaken by the individual in this particular role.
- » The Health Worker/Health Practitioner and their supervisor should:
 - Discuss and determine any particular practice conditions or exclusions; that is, activities which are outside their scope of practice and which should not be performed.
 - Identify the activities that require supervision and consultation (and the type; that is, direct, indirect, remote)

- Identify how the type of supervision may vary depending on the setting.
- Identify the activities that can be undertaken independently (and circumstances, if this applies).

a. Practice Restrictions and Exclusions:

Define any activities that are outside the scope of practice for the individual Health Worker/Health Practitioner (particularly those activities that may be within the practice scope for individuals in similar roles). These exclusions may be due to lack of experience; or waiting on completion of particular training/ education, or legislation or policy; or may be due to restrictions within the supervisor's practice scope. Similarly, it is important to define activities that may be within the scope of practice for the individual Health Worker/Health Practitioner, but which would not be within the scope of practice of other Health Workers or Health Practitioners.

b. Practice Referrals

Aim: To define the processes for practice referral.

- » The Health Worker/Health Practitioner and their supervisor should:
 - Discuss and agree upon an appropriate referral process and referral parameters, considering the scope of practice of the individual and the particular (clinical) setting.
 - Identify the process for practice referrals, and the conditions under which these would apply.
 - Identify the processes for escalating patient care, and the conditions under which these would apply.

Now that the scope of practice has been defined, the remaining steps will focus on defining a framework around supervision and development.

7 Continuing Professional Development

Aim: To have a profession that is supported by education and skills development.

- » The Health Worker/Health Practitioner and supervisor should discuss aspirations and expectations. A Health Practitioner is required to engage in CPD as a condition of registration.^c It is important that the Health Practitioner discusses these requirements with their supervisor to ensure they are meeting these requirements. For more details, refer to www.atsihealthpracticeboard.gov.au/Registration-Standards/cpd.aspx.
- » Consider what CPD is available for the role and the individual.
- » Identify any educational and/or experience/skill requirements the individual needs to meet in order to work at full scope of practice (if limitations are identified).
- » Identify how the individual will be supported to gain this education/experience/skill set (and include supervisory arrangements).
- » Identify and define methods of amending the Practice Plan once any identified restriction requirements have been addressed.
- » Identify and define methods of conflict/dispute resolution.
- » Identify commencement and cessation dates for this plan.

8 Supervision arrangements

Aim: To have a profession that is supported with appropriate supervision.

- » Supervision plays a key role throughout the process of developing a Health Worker's or Health Practitioner's scope of practice.
- » Using the supervision and support needs described in Step 4, agree on a supervision structure (e.g. fortnightly meetings, including expected duration and location of the meetings).
- » Identify methods and arrangements for access to the clinical supervisor (or alternate) when an individual is not being directly supervised.

9 Agreement

- » Have all relevant parties agree and sign the individual's scope of practice, including the supervision and professional development plans?

10 Review and Update Scope of Practice, Supervision and Professional Development Plan

- » A Health Worker's or Health Practitioner's scope of practice is dynamic and the factors within each element can evolve over time. These changes can prompt a review of an agreed scope of practice.
- » The *Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner* should be reviewed incrementally (at least each year). The Health Worker's or Health Practitioner's line manager should be consulted in the development of this document, and should endorse the final plan.
- » Additional activities or levels of responsibility should be added to scope as the Health Worker or Health Practitioner becomes competent.
- » Ensure this new scope of practice and plan is communicated to relevant health care team members.

c. A registered Health Practitioner is required to do a minimum of 60 hours CPD over 3 years with at least 10 hours in any year. CPD activities must be relevant to the context of the practitioners' practice and the employing organisation.

APPENDIX 1

Tool for Determining Scope of Practice for an Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner

1	Personal details <i>Record the details of the Aboriginal and/or Torres Strait Islander Health Worker/Health Practitioner for whom this scope of practice is written</i>	
	Name:	
	Position:	
	Is the person registered with ATSIHPBA? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if No, please include qualifications below)</i>	
	OR Qualifications: <i>Include training organisations and year completed</i>	
	Experience: <i>Please provide details on all current and previous appointments held within the last five years (including names of organisations and dates of appointment)</i>	
	Authorisations: <i>Registration with Board of Australia. List any conditions etc. Please include your AHPRA Registration Number.</i>	
	Summary of skills/knowledge/ experience:	
Supervisor: <i>Include all supervisors e.g. clinical, operational</i>		
2	Activities <i>Using the PD as a guide, develop a list of activities that are reflective of the service and community needs. Highlight which of these activities are in line with the individual's experience, education and abilities.</i>	
3	Skill Mix of the team <i>Consider the skill and qualifications mix of the team. Some functions within the scope of practice of any profession may be shared with other individuals. Discuss this skill mix and any overlap.</i>	
4	Supervision and Support requirements <i>In consideration of this skill mix, briefly describe the Health Worker's/Health Practitioner's supervision requirements. The types of activities a Health Worker or Practitioner can perform is dependent upon the type of supervision and support that is available. Where a Health Worker or Health Practitioner is the supervisor or a sole practitioner, this should be noted. Please describe how supervision and support is provided.</i>	

5 Risk Management

Use the Decision Making Framework to determine the range of activities the Health Worker or Practitioner can undertake that are safe, timely and meet the needs of the health service and community. Document where, if any, the individual's education, training, experience and skills are not appropriate for particular activities.

6 Scope of Practice

The Health Worker or Practitioner and their supervisor should discuss and determine the Health Worker's/Health Practitioner's scope of practice in the role, based on responses to Questions 1-5. Use the space below to define the scope. This is not intended to be a complete list of activities or responsibilities, but should be indicative of the types of activities that the Health Worker or Practitioner may perform in the role.

6a Practice Restrictions and Exclusions:

The Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner and their supervisor should discuss and determine any particular practice restrictions or exclusions; that is, activities which are outside their scope of practice and which should not be performed.

6b Practice Referrals

The Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner and their supervisor should discuss and agree upon an appropriate referral process and referral parameters, considering the scope of practice and the particular (clinical) setting.

If the Health Worker or Health Practitioner is working in a clinical setting, discuss: Clinical assessment process for determining need for referral:

Types of clinical tasks likely to be referred:

Practitioners to whom clinical referrals are likely to be made:

Agreed referral process:

7 Continuing Professional Development

The Health Worker or Practitioner and supervisor should discuss aspirations and expectations. Use this section to record agreements about practice objectives and professional development needs (including legislated CPD requirements). Discuss how this CPD can address restrictions in scope of practice. If registered with ATSIHPBA, review and discuss the Health Practitioner's CPD plan and logbook to ensure that it aligns with the chosen scope of practice and modify future plans to fit the role if necessary.

Practice objectives over the next 12 months:

Development priorities; that is, experience and/or competencies that the Health Worker or Practitioner needs to develop in order to achieve practice objective:

Specific plans to achieve development priorities (Supervised practice; Continuing Professional Development (CPD); Practice assessment):

8 Supervision arrangements

Using the supervision and support needs described in Q4, agree on a Supervision Structure (e.g. fortnightly meetings etc. including expected duration and location of the meetings).

9 Agreement

Health Worker or Practitioner name:

Signed:

Date:

Supervisor Name:

Signed:

Date:

Line Manager Name:

Signed:

Date:

APPENDIX 2

Decision Making Tool

Decision Making Framework for Aboriginal Health Workers Undertaking Clinical Activities

Desired Client Outcomes	The performance of the clinical activity by an Aboriginal Health Worker will achieve the desired client outcomes , and the client consents, if at all possible, to the clinical activity being performed by an Aboriginal Health Worker
Lawful	The performance of the clinical activity by an Aboriginal Health Worker is lawful (legislation, common law)
Organisational /Cultural Support	There is organisational and cultural support in the form of state and local policies/guidelines/protocols for the performance of this clinical activity by an Aboriginal Health Worker (for Aboriginal Health Worker trainees, support from the educational institution for this activity to be delegated to students should also be established)
Organisational /Cultural Safety Support	There is organisational and cultural safety support in the form of national, state and local policies/frameworks/guidelines/OH&S practices and protocols for Aboriginal Health Workers performing clinical activities. Organisations have a responsibility to ensure Aboriginal Health Workers delivering such activities are also supported by all professionals including Senior Aboriginal Health Workers and Aboriginal professionals in a culturally safe health care and work environment. Note: A support process for Aboriginal Health Worker trainees should be established by educational institutions providing clinical activity training.
Professional Consensus	There is professional consensus (i.e. support from a professional group – nursing/midwifery profession, allied health profession, oral health or medical profession) and evidence for the performance of this clinical activity by an Aboriginal Health Worker
Competent	The Aboriginal Health Worker is competent (i.e. has the necessary qualification, education, experience and skill) to perform the clinical activity safely
Assessed	The Aboriginal Health Worker's competence in relation to the clinical activity has been assessed by a relevant health professional (i.e. Registered Nurse/ Midwife, Allied Health Professional, Oral Health Professional or Doctor)
Ready	The Aboriginal Health Worker is ready (prepared and confident) to perform the clinical activity and understands their level of accountability for the clinical activity and knows who to ask for assistance and to whom they report
Clinical Supervision and Support	There is a Registered Nurse/Midwife, Allied Health Professional , Oral Health Professional or Doctor available to provide the required level of clinical supervision and support , including education
Reflection and Evaluation	The Aboriginal Health Worker must undergo a process of reflective practice/performance development to ensure that the Aboriginal Health Worker remains clinically competent and the Clients health outcome is monitored

This Tool should be read in conjunction with the full document *Decision Making Framework for Aboriginal Health Workers undertaking clinical activities in NSW Health*.⁶

Please Note: This Tool is reproduced as it appears in the original document. While the document references Aboriginal Health Workers, it may equally be of value to Torres Strait Islander Health Workers and for Aboriginal and Torres Strait Islander Health Practitioners.

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