

# Aboriginal and Torres Strait Islander health practitioner regulation at work in Australia

**2014/15**

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Regulating Aboriginal and Torres Strait Islander  
health practitioners in the National Registration  
and Accreditation Scheme

## **Managing risk to the public**

Regulating Aboriginal  
and Torres Strait  
Islander health  
practitioners



Aboriginal and  
Torres Strait Islander  
Health Practice  
Board of Australia

AHPRA

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Aboriginal and Torres Strait Islander  
Health Practice Board in 2014/15  
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# Highlights

Grandparenting provisions came to an end on 30 June 2015

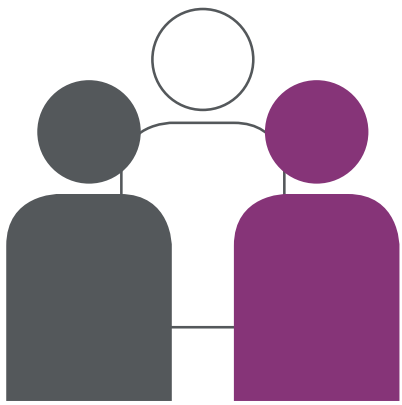
Audited Aboriginal and Torres Strait Islander health practitioners' adherence to the criminal history registration standard

# 391

registered Aboriginal and Torres Strait Islander health practitioners in Australia on 30 June 2015



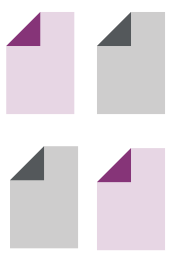
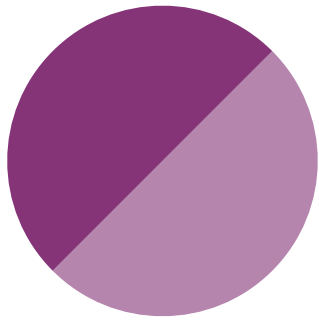
Approved the first three programs of study as providing a qualification that satisfies a graduate for general registration under the National Law



**14%** increase in number of registered Aboriginal and Torres Strait Islander health practitioners



**Seven** notifications about Aboriginal and Torres Strait Islander health practitioners nationally, compared to six in 2013/14



**Five** notifications lodged in the Northern Territory and **two** in Western Australia

**47.8%** of registrants are aged between 40 and 55



**Six** Aboriginal and Torres Strait Islander health practitioners under active monitoring on 30 June 2015

**60%** of closed notifications led to no further action

## About this report

**This report provides a profession-specific view of the Aboriginal and Torres Strait Islander Health Practice Board of Australia's work to manage risk to the public and regulate the profession in the public interest.**

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the 2014/15 [annual report](#) of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the AHPRA and National Boards' 2014/15 [annual report](#).

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# **Message from the Presiding Member, Aboriginal and Torres Strait Islander Health Practice Board of Australia**

**Over the last year the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) has worked to ensure that all eligible individuals were made aware of the end of the grandparenting provisions on 30 June 2015. These were special transitional provisions that provided a possible pathway to registration for existing practitioners who do not have contemporary, approved qualifications.**

The previously approved accreditation standard has now been applied by the Board's accreditation committee, and the Board approved the first three programs of study as providing a qualification that satisfies a graduate for general registration under section 53(a) of the Health Practitioner Regulation National Law (the National Law).

We successfully audited Aboriginal and Torres Strait Islander health practitioners' adherence to the criminal history registration standard, with reassuring results. The high number of compliant audit returns indicates that our registrants understand their responsibilities with regard to this registration standard.

Work has started on the revision of the registration standards, scheduled for review in 2015. The reviews will be undertaken in collaboration with the other professions that joined the National Scheme in 2012, and will draw upon the experience of the professions that joined the National Scheme in 2010, which have undertaken a recent review of these registration standards.

On behalf of the Board, I would like to express our gratitude to our many partners and supporters. The Board also wishes to thank AHPRA for its ongoing professional advice and support.



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

# Message from the Agency Management Committee Chair and the AHPRA CEO

**The National Boards work in partnership with AHPRA, to maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.**

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The 14 National Boards in the National Scheme have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



**Mr Martin Fletcher**  
Chief Executive Officer,  
AHPRA



**Mr Michael Gorton AM**  
Chair, Agency  
Management  
Committee

# Major outcomes and achievements 2014/15

## Accreditation

- ▶ The Board approved the first three programs of study under section 53(a) of the National Law. These programs provide a qualification that satisfies a graduate for general registration with the National Board.

## Registration

- ▶ Work has started on the revision of the registration standards, scheduled for review in 2015, for:
  - professional indemnity insurance arrangements
  - continuing professional development
  - recency of practice
  - English language skills, and
  - Aboriginal and/or Torres Strait Islander health practice registration standard.

## Compliance

- ▶ The Board audited Aboriginal and Torres Strait Islander health practitioners' adherence to the criminal history registration standard.

## Engagement

- ▶ The Board continued to forge links with its stakeholders and to encourage eligible people to apply for registration, particularly before the grandparenting provisions of the National Law expired on 30 June 2015.

## Delegations

- ▶ The Board is ably supported by the Northern Territory office of AHPRA. The Board meets regularly as the Registration and Notifications Committee as well, and it has built on its understanding of its role and how the functions are shared with AHPRA.

## Registration standards, policies and guidelines published

- ▶ Criminal history registration standard (revised standard), approved 17 March 2015.

## Priorities for the coming year

The Board continues to mature as more people join the profession. The review of the registration standards is a priority for the coming year. This will enable it to engage closely with stakeholders and, in so doing, promote an understanding of the requirements for the profession under the National Law.

# Board-specific registration, notifications, and monitoring and compliance data 2014/15

## Registration

At 30 June 2015, there were 391 Aboriginal and Torres Strait Islander health practitioners registered in Australia, an increase of 14% from the previous year. The Northern Territory is the state with the largest number of registered practitioners (215) and other than Victoria, which had one less practitioner this year, is the only jurisdiction to see a slight decline in registrant numbers in 2014/15. Registrant numbers increased in all other jurisdictions during this period. A large proportion (47.8%) of the registrants are aged between 40 and 55.

## Notifications

A total of seven notifications were received about Aboriginal and Torres Strait Islander health practitioners, compared with six received in 2013/14. Five of these notifications were lodged in the Northern Territory and two in Western Australia. Five cases were closed in 2014/15; three of these resulted in no further action and two resulted in conditions being imposed.

It is important to note that this year for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note that Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to the data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

## Monitoring and compliance

At 30 June 2015, there were six registrants under active monitoring.

**Table AT1: Registrant numbers at 30 June 2015**

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	4	54	215	47	13	3	7	47	1	391
2013/14	2	36	226	37	12	1	8	21		343
% change from prior year	100.00%	50.00%	-4.87%	27.03%	8.33%	200.00%	-12.50%	123.81%		13.99%

\*Principal place of practice

**Table AT2: Registered practitioners by age**

Aboriginal and Torres Strait Islander Health Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	14	25	35	49	61	65	61	48	19	13		1		391
2013/14	7	20	30	42	64	57	51	39	23	7	2	1		343

**Table AT3: Notifications received by state or territory**

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
Notifications received in 2014/15		5					2	7		7
Notifications received in 2013/14		6						6		6



Table AT4: Per cent of registrant base with notifications received, by state or territory										
Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15		2.3%					4.3%	2.1%		1.8%
2013/14		2.7%						2.0%		1.7%

Table AT5: Notifications closed in 2014/15, by state or territory										
Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15		4					1	5		5
2013/14		5						5		5

Table AT6: Stage at closure for notifications closed under the National Scheme (excluding NSW)		
Stage at closure	Total 2014/15	Total 2013/14
Assessment		3
Health or performance assessment	2	1
Investigation	3	1
<b>Total</b>	<b>5</b>	<b>5</b>

Table AT7: Outcome at closure for notifications closed under the National Scheme (excluding NSW)		
Outcome at closure	Total 2014/15	Total 2013/14
No further action	3	3
Caution or reprimand	2	
Impose conditions		2
<b>Total</b>	<b>5</b>	<b>5</b>

Table AT8: Active monitoring cases at 30 June 2015, by profession and stream					
Profession	Conduct	Health	Performance	Suitability / eligibility <sup>1</sup>	Total 2014/15
Aboriginal and Torres Strait Islander Health Practitioner	1	1	1	3	6

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

## Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

**Drug and alcohol screening** – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

**Health** – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

**Supervision** – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

**Mentoring** – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

**Chaperoning** – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

**Audit** – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

**Assessment** – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

**Practice and employment** – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

**Education and upskilling** – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

**Character** – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

## Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

# Working across the professions

**A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.**

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum national standards they expect of practitioners, regardless of where they practise in Australia. The Aboriginal and Torres Strait Islander Health Practice Board's English language skills registration standard is different from the other 13 health professions regulated under the National Law.

### **Five core registration standards for all 14 health professions regulated under the National Scheme**

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

The Aboriginal and Torres Strait Islander health profession has another registration standard that is different from the other regulated health professions' core registration standards: the Aboriginal and Torres Strait Islander registration standard. This standard ensures that only people who identify as aboriginal or Torres Strait islanders are eligible for registration.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary proceedings as evidence of what constitutes appropriate professional conduct for the profession.

## Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by the National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards. The Aboriginal and Torres Strait Islander Health Practice Board's English language skills registration standard is different from the other 13 National Boards'. It is undergoing review in 2015 and was not part of the other National Boards' consultation and review process. Stakeholders will be invited to participate in the discussion when the consultation on the revised English language standard for this profession commences.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

## Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts and partners, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

## Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

## Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

# Members of the Aboriginal and Torres Strait Islander Health Practice Board of Australia in 2014/15

Mr Bruce Davis (Presiding Member)  
Ms Clare Anderson  
Mr Bruce Brown  
Ms Linda Bunn  
Ms Karrina DeMasi  
Ms Sharon Milera  
Ms Renee Owen  
Mrs Lisa Penrith  
Ms Anita Phillips  
Mrs Jenny Poelina  
Ms Jane Schwager

During 2014/15, the Board was supported by Executive Officers Mr Gilbert Hennequin (until August 2014) and Ms Jillian Humphreys (from August 2014).

More information about the work of the Board is available at: [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au)

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Thank you to all AHPRA contributors.

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