

Mandatory Registration Standards

TO: Aboriginal and Torres Strait Islander Health Practice Board of Australia

Regarding Consultation Paper, 5 September 2011

Submission from Central Australian Remote Health Development Services on the proposed mandatory registration standards:

1. Continuing Professional Development

- 1.1 We believe the requirement of 20 hours per annum should be adequate for practitioners to maintain competence and meet the needs of employers. We also believe that some practitioners may require more than 20 hours but agree with this minimum. We believe there should be exclusions allowed for sickness, sorry business and maternity/parental leave.
- 1.2 The minimum requirement should be for formal CPD time with qualified trainer/assessors and Aboriginal health specialists.
- 1.3 It is reasonable to expect people to keep a logbook of their CPD activities. but it would be better for training and practice in the underpinning ELLN skills and knowledge to take place during the first year and the requirement to start 12 months after the beginning of the national scheme.
- 1.4 A logbook of CPD activities should be kept for two or three years with a declaration acceptable when a practitioner renews their registration.
- 1.5 We believe it is reasonable to gradually implement the requirements of the proposed CPD standard up until 2015.

2. Criminal history

- 2.1 We have no objection to the proposal to seek Ministerial Council approval for this registration standard to apply to the ATSI health practitioner profession
- 2.2 We appreciate that each case will be decided on an individual basis.

3. English language skills

- 3.1 Obtaining the proposed qualification set out in the "Eligibility for Registration Standard" should be enough to demonstrate English Language Proficiency. Underpinning English language, literacy and numeracy skills are built into each unit of the Health Training Package. Consideration should be given to those who have been registered and operated competently in a remote health clinic where English is the second, third or fourth language.
- 3.2 An English language, literacy and numeracy report from a qualified trainer/assessor or literacy specialist may be of value to substantiate an applicant's English language proficiency as required in his or her workplace.

4. Professional indemnity insurance

- 4.1 The PII standard adequately describes the PII requirements.
- 4.2 The best way for an ATSI health practitioner to demonstrate that they are covered by PII is to check with their employer or potential employer and to declare that PII arrangements are or will be in place. A self-employed practitioner would provide evidence of their own PII on a yearly basis.
- 4.3 We believe it would be appropriate for the Board to require a letter from the health practitioner's employer or the employer's insurance policy number.

5. Recency of practice

- 5.1 We believe that most of the timeframes in this draft recency of practice standard are reasonable. However, we believe that ATSI health professional returning to practice after an absence of more than ten years should also be given the opportunity to undertake clinical competency assessment as determined by the Board. We believe there are a number of Aboriginal Health Workers not currently practising in Central Australia who would be an asset to the profession if they could be considered on an individual basis.

Other Board Proposals

6. Assessment against AHPRA's procedures for development of registration standards

We appreciate that the Board has procedures in place to ensure that the standards remain relevant.

7. Grandparenting registration standard

- 7.1 Practices being described as 'clinical' in our jurisdiction (Northern Territory) are addressed in the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).
- 7.2 Other clinical practice which should be considered in determining this standard are covered in the clinical components of the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care which are "Undertake basic health assessments", "Plan and implement basic health care" and "Assist with basic health screening, promotion and education services".
- 7.3 Unnecessary competition is not an issue in Central Australia where there is a shortage of Aboriginal Health Workers and limited consumer choice on remote communities.
- 7.4 Appropriate evidence should include reports from an employer or clinic supervisor and from an RTO regarding current competency

8. Aboriginal and/or Torres Strait Islander recognition

- 8.1 A letter from a community, an employer or a Registered Training Organisation which accepted an individual to train in Aboriginal and/or Torres Strait Islander Primary Health Care qualifications.

9. We accept the Board's statement of assessment

10. Eligibility for registration standard

- 10.1 We believe the Certificate IV qualification is an appropriate qualification level for registration.
- 10.2 We believe that consideration should be given to the Certificate III in ATSI Primary Health Care as recognised qualification for practice as an Enrolled AHW.
- 10.3 Considering the Certificate III as a recognised qualification for working in primary health care:
- does not result in unnecessary competition as there are very few community health workers providing true primary health care
 - does not restrict consumer choice but in fact increases consumer choice
 - the costs are minimal in relation to the benefits to be achieved
 - the standards will remain relevant as long as DOH and ACCHOs agree to employ community health workers to undertake primary health care in remote communities. Ideally this would be under the management of an Aboriginal Health Worker from the local community.

Submitted on behalf of Keomi Braun, Acting Chief Executive Officer, CARHDS