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## Message from the Presiding Member

Welcome again to the latest edition of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) newsletter. Last time we focused on the differences between Aboriginal and Torres Strait Islander Health Practitioners (those registered with the Board and who can use the protected titles of 'Health Practitioner'), rather than Aboriginal health workers. While we certainly do not discount the important contribution Aboriginal health workers make to our communities' healthcare, we wanted to point out the differences between being registered with the Board – when you get to use the protected titles of either 'Aboriginal Health Practitioner', 'Torres Strait Islander Health Practitioner' or 'Aboriginal and Torres Strait Islander Health Practitioner.' You'll see later on in this newsletter we provide some types of jobs available once you are registered. To find out how to register with the Board, and how to maintain your registration once you are registered, just visit our website: [www.atsihealthpracticeboard.gov.au](http://www.atsihealthpracticeboard.gov.au).

We also reported last time on the forthcoming review of the 'rules' for registration. While we have not yet released the revised documents for consultation, we are getting close and will call on our trusted stakeholders first, to give us some feedback about the changes, and then, after that, we will release the documents for public consultation. We have included an article in this issue which provides an overview of the standards being reviewed and why. They are your registration standards and we would very much appreciate your input.

Work continues on the strategy to ensure patient safety for Aboriginal and Torres Straits Islander peoples in Australia's health system. The Australian Health Practitioner Regulation Agency (AHPRA), our partner in administering the National Registration and Accreditation Scheme (the National Scheme), has identified the goals and possibilities of action in a strategy and drafts of an *AHPRA Reconciliation Action Plan* have been developed for consideration by Aboriginal and Torres Strait Islander leaders who are included in a working group for this purpose. The Board also contributes to this work and will provide helpful advice and direction to the process as it moves forward. You can read more about the strategy in this newsletter.

I would like to extend my thanks to the Board for its ongoing dedication to its duties. All of the members work hard at a policy level when they meet as the National Board and also when we meet to consider notifications (complaints) and registration queries from people who are registered or wish to register. This is the work of the Registration and Notifications Committee (RNC), which meets every six weeks or so. Often our Board members have to travel long distances to meet and work, leaving their families and jobs to do so.

As always, we look forward to receiving feedback about our newsletter and encourage you to get in touch with us for any queries you might have, or comments or suggestions for things that you'd like to hear about from the Board.

**Renee Owen**  
Presiding Member

## Our 'rules' for registration to be reviewed

Last [newsletter](#) we reported on the forthcoming review of the 'rules' for registration – our registration standards. The registration standards up for review are:

- **Professional indemnity insurance (PII).** Not a difficult one for this profession, given that most of us work for a service and are covered by our employer. However, if you use your skills and knowledge learned as a Health Practitioner, and work, say, on the sidelines of the kids' footy match on Saturdays, you need to make sure you are covered. You can check this with your employer or your insurer.
- **Continuing professional development (CPD).** We're going to suggest that this be simplified from the current requirements. We have suggested changing the requirements to 20 hours of CPD of your choice, so long as it relates to the work you do (your chosen scope of practice), and includes five hours of contact-type CPD.
- **Recency of practice.** Now that the grandparenting provisions of the National Law have expired, we're simplifying this process too. We've revised the requirements to a minimum amount of practice that you need to do, to 150 hours (same as one month full-time) in the previous registration year, or 450 hours (three months full-time equivalent) over the previous three years. This is to accommodate people who wish to take a break from practice for any reason but not so long that you would lose touch with the profession and the skills you have mastered. If you don't meet the registration standard, it doesn't mean that you can't be registered. It just means that the Board will take a look at what you used to do, and what you propose to work in next and make sure that you have the supports in place to provide safe care
- **English language requirements.** This registration standard also needed review after the end of the grandparenting provisions of the National Law. We're changing it to say that anyone who holds an [Approved program of study](#) can meet the standard, especially since there are no people allowed into the profession from overseas (that is, only those people who identify as Aboriginal and/or Torres Strait Islanders are allowed to apply to be registered).
- **Aboriginal and Torres Strait Islander registration standard.** This is the document that governs how you identify as an Aboriginal and/or Torres Strait Islander person and we have tried to make it clearer and easier to understand.

We look forward to receiving your feedback when we release these documents for consultation in the coming weeks. In the meantime, the currently published registration standards remain in force.

## The critical role Aboriginal and Torres Strait Islander Health Practitioners play in the National Scheme

Since the Aboriginal and Torres Strait Islander Health Practice profession was first nationalised through the National Scheme in 2012, it has developed into a critical profession with health services increasingly creating jobs specifically for Aboriginal and Torres Strait Islander Health Practitioners, and advertising for these specific clinical, primary healthcare skills.

Some specific programs that utilise the Aboriginal and Torres Strait Islander Health Practitioner's skills, include:

- helping a medical practitioner complete the information collection stage of a Medicare Benefit Scheme (MBS) item number 715 health assessment, and, at the direction of the medical practitioner, provide patients with information about [recommended interventions](#)
- follow up for a patient who has received an Aboriginal and Torres Strait Islander peoples' health assessment (MBS item number 10987)
- monitoring and support for a person with a Chronic Disease Care Plan (MBS item number 10997)
- immunisation (MBS item number 10988), and
- [wound management](#) (MBS item number 10989).

Also, within the limits of the respective state and territory laws, an Aboriginal and Torres Strait Islander Health Practitioner may be authorised to supply or administer a scheduled medicine.

The approved qualification for registration as an Aboriginal and Torres Strait Islander Health Practitioner is the [HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice](#) (as approved by the Board). It provides graduates with the skills needed to deliver a range of clinical primary healthcare services to Aboriginal and/or Torres Strait Islander clients and communities, including specific healthcare programs, advice and assistance with, and administration of, medication (within the limits of the respective state and territory laws).

However, a registered Health Practitioner does not need to practise in a clinical setting. The definition of practice is very broad and includes any role, whether paid or not, in which you use your skills and knowledge in the Aboriginal and Torres Strait Islander *Health Practice* profession. 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.

## It's nearly time to renew your registration – we look forward to hearing from you

Registration renewal for Aboriginal and Torres Strait Islander Health Practitioners will open soon and the Board looks forward to getting your application.

Online renewal is an easy process to follow and this year we're hoping you'll help us to ensure that the [national register of practitioners](#) is as accurate and as up-to-date as possible.

Under the National Law, the national register includes details of any qualification or grandparenting provision that supports you being registered with the Board.

Patients are also interested in learning about your qualifications which is why the register can be accessed online by the public.

This year when you renew we will ask you to check that your qualification(s), including grandparenting provisions of those who transitioned to the National Scheme, are recorded correctly on the register.

If, when you go to renew your register, it says 'qualified under the Health Practitioner Regulation National Law in accordance with section 303(1)(c) of the transitional provisions', you don't have to do anything. Just click 'yes', it's correct.

If it doesn't say this, and references your cert iv qualification, just have a quick check that this is accurate. If not, click 'no' and update.

If you have any questions, please call the AHPRA NT office on (08) 8901 8500.

It's a really easy step but will help us do something really important. It will help maintain the integrity of the national register, which helps to protect the public.

Look out for an email from AHPRA soon inviting you to renew online.

## National Scheme news

### Co-Chairs announced to help lead the way for the first ever National Scheme Aboriginal and Torres Strait Islander health strategy

The National Scheme is pleased to announce the appointment of Co-Chairs for the Aboriginal and Torres Strait Islander Health Strategy group.

Associate Professor Gregory Phillips, CEO of ABSTARR Consulting and Dr Joanna Flynn AM, Chair of the Medical Board of Australia have been appointed as co-Chairs of the group.

The strategy group has been brought together to develop the [National Scheme Aboriginal and Torres Strait Islander health strategy](#).

AHPRA, the 14 National Boards responsible for regulating the health professions, accreditation authorities and Aboriginal and Torres Strait Islander health sector leaders and organisations have committed to an Aboriginal and Torres Strait Islander health strategy with the vision of: Patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system is the norm, as defined by Aboriginal and Torres Strait Islander peoples.

Associate Professor Gregory Phillips was nominated by Aboriginal and Torres Strait Islander health sector leaders and organisations to be co-Chair. Gregory Phillips is from the Waanyi and Jaru peoples, and comes from Cloncurry and Mount Isa in North-West Queensland. Dr Joanna Flynn was nominated by leaders of the National Scheme to be co-Chair. Associate Professor Gregory Phillips and Dr Flynn agree that partnerships are fundamental in this work.

'With more than 700,000 Australians registered by the National Boards and a commitment from Aboriginal and Torres Strait Islander leaders and the National Scheme to work collaboratively there is a unique opportunity for real change to the health outcomes of all Australians,' said Associate Professor Phillips.

'We are grateful for the strong relationships we have with our partners in this work, particularly the expert guidance we have received from Aboriginal and Torres Strait Islander health sector leaders. This work cannot be done with National Boards acting in isolation and I am looking forward to making this new strategy a reality through my role as co-Chair,' said Dr Flynn.

### Further information

The Aboriginal and Torres Strait Islander health strategy group publish communiqués of its work. These are available on the [Advisory group page](#) of the AHPRA website. The next meeting of the strategy group will be held in November 2017.

## COAG Health Council meeting communiqué: progressing amendments to the National Law

The federal and state and territory health ministers met in Brisbane on 4 August 2017 at the [COAG Health Council](#) to discuss a range of national health issues. The meeting was chaired by the Victorian Minister for Health, the Hon. Jill Hennessy. AHPRA CEO Martin Fletcher attended the Australian Health Workforce Ministerial Council (the Ministerial Council) meeting which brings together all health ministers throughout Australia to provide oversight for the work of the National Scheme. AHPRA and the National Boards provide a regular update to the Ministerial Council on our work.

The meeting included an agreement by health ministers to proceed with amendments to the National Law to strengthen penalties for offences committed by people who hold themselves out to be a registered health practitioner, including those who use reserved professional titles or carry out restricted practices when not registered. Ministers also agreed to proceed with an amendment to introduce a custodial sentence with a maximum term of up to three years for these offences. These important reforms will be fast tracked to strengthen public protection under the National Law.

Preparation will now begin on a draft amendment bill, with a view to being introduced to the Queensland Parliament in 2018. Ministers also discussed mandatory reporting provisions for treating health practitioners, agreeing that protecting the public from harm is of paramount importance as is supporting practitioners to seek help and treatment for their health concerns, including for their mental health and well-being.

They agreed practitioners should be able to confidentially seek treatment for health issues while preserving the requirement for patient safety. It was agreed that the Australian Health Ministers' Advisory Council will recommend a nationally consistent approach to mandatory reporting following a consultation process with consumer and practitioner groups. A proposal on mandatory reporting is expected to be considered at the November 2017 meeting of the COAG Health Council. The Council produces a communiqué from its meeting which can be accessed on the [AHPRA website](#).

## National Boards approve policy for removing reprimands from the national register

A policy to ensure consistent removal of reprimands from the national register of practitioners has been approved by all National Boards.

Reprimands on a practitioner's registration can be imposed under the National Law by a performance or professional standards panel, professional standards committee (New South Wales), and a relevant tribunal or court.

The policy will ensure that reprimands are removed from the national [Register of practitioners](#) in a consistent and effective way. It also allows for the removal of reprimands imposed

under previous legislation to be considered on an individual basis, consistent with removal powers under that legislation.

A reprimand imposed under the National Law will be removed from the national register on the publication end date set by the relevant panel, committee, court or tribunal. Where a panel or tribunal has not set a publication end date, or where the reprimand was imposed under previous legislation, the reprimand will be removed no earlier than five years from the date of initial publication.

This is subject to:

- the practitioner making an application for removal of the reprimand
- no relevant event having occurred in the five-year period of
- publication of the reprimand, and
- legal advice confirming the power to remove a reprimand imposed under previous legislation.

A relevant event is any health, performance or conduct notification, action taken against the practitioner in relation to an adverse disclosure on renewal of registration, new information returned on a criminal history check or a confirmed breach of restrictions. It also includes when action has been taken against a practitioner regarding their conduct, health or performance. New notifications, irrespective of whether action was taken, will also be taken into account if an application for removal of a reprimand is received after the five-year period of publication.

The policy will take effect from 2 October 2017 and will be reviewed annually. An application form for removal of a reprimand from the national register will be published under [Common forms](#) on the AHPRA website.

## Scheduled Medicines Expert Committee appointed

Late last year the Ministerial Council endorsed the AHMAC *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance).

The Guidance is published on the AHPRA website under [Ministerial directives and communiqués](#). It provides information for National Boards about the process for, and content of, an application to the Ministerial Council for approval of endorsement for scheduled medicines for a health profession under section 14 of the National Law.

Consistent with the Guidance, AHPRA has established a Scheduled Medicines Expert Committee (Expert Committee) whose role is to advise National Boards on the use of scheduled medicines generally, and on matters relevant to a National Board's proposal for a new scheduled medicines endorsement or an amendment to an existing scheduled medicines endorsement.

Following a call for applications, AHPRA is pleased to announce the following appointments to the Expert Committee:

- Professor Anne Tonkin, Chair
- Ms Vanessa Brotto, core member
- Dr Susan Hunt, core member
- Professor Lisa Nissen, core member, and
- Ms Sarah Spagnardi, core member.

Information about the Expert Committee is available under the [Advisory Groups](#) page on the AHPRA website.

### Legislative changes passed to establish a new National Board for paramedicine and provide stronger protection for the public

The *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2017* has been passed by the Queensland Parliament and has received royal assent. This Bill contains amendments to the National Law that will apply in all States and Territories except Western Australia (South Australia also needs to make a regulation to give effect to the amendments). The Legislative Assembly of the Parliament of Western Australia has also passed a corresponding amendment Bill (the *Health Practitioner Regulation National Law (WA) Amendment Bill 2017*) which will now be considered by the Legislative Council.

The passing of the Bill in Queensland marks a significant day for health practitioner regulation as these are the first legislative amendments to the National Law since the start of the National Scheme in 2010. The changes to the National Law will enable the Paramedicine Board of Australia to be established with the appointment of inaugural board members by Health Ministers in the near future. Also, new measures that strengthen public protection will be introduced and there will be formal recognition of nursing and midwifery as two separate professions regulated by the Nursing and Midwifery Board of Australia (NMBA).

The amendments include:

- **Introduction of national regulation of paramedics:** This will mean the establishment of the Paramedicine Board of Australia, with national registration of paramedics expected to begin in the second half of 2018.
- **Recognising nursing and midwifery as separate professions:** The National Law will be updated to recognise the two professions as separate. There is no plan to change the structure of the NMBA or for how nurses and midwives will interact with the Board.
- **Changes to strengthen the management of complaints (notifications) and disciplinary enforcement powers of AHPRA and National Boards, including:**

a) **Provision of practice information:** A National Board may require a health practitioner to provide details of their practice arrangements, regardless of how they are engaged to practise. This will mean health practitioners that practise in multiple locations or under different employment; contractual or voluntary arrangements will be required under law to provide this information to their National Board when asked to do so.

b) **Public interest grounds for immediate action:** Broadening the grounds by which a National Board may take immediate action against a health practitioner or student if it reasonably believes it is in the public interest.

c) **Extension of prohibition order powers:** A responsible tribunal may issue a prohibition order to prohibit a person from providing any type of health service or using any protected or specified title. A breach of a prohibition order in any State or Territory will also become an offence with a maximum penalty of \$30,000.

d) **Communication with notifiers:** This change will improve communication for people who make a complaint or report concern to AHPRA and National Boards (notifiers) about a registered health practitioner's health, performance or conduct. National Boards will now have the discretion to inform notifiers of a greater range of actions taken by the National Board in response to their complaint or concern and the reasons for their actions.

- **Additional powers for the COAG Health Council (formerly operating as the Australian Health Workforce Ministerial Council) to change the structure of National Boards:**

This means that Health Ministers may make changes to the structure and composition of the National Boards by regulation following consultation. There are no current proposals to change the structure of National Boards.

Decisions about proposed amendments to the National Law are made by Health Ministers and the governments of all States and Territories, with the changes progressed through the Queensland Parliament (as the host jurisdiction of the National Law), and the Western Australian Parliament. AHPRA will work with National Boards, governments, health departments, professions and consumer representatives to support the implementation of the changes to the National Law into daily operations.

While the Queensland Bill has received royal assent, commencement of many of the changes to the National Law are likely to occur in a staggered process over the coming months.

The *Health Practitioner Regulation and National Law and Other Legislation Amendment Act 2017* as passed by the Queensland Parliament can be accessed on the [Queensland Parliament website](#).

More information on the regulation of paramedics under the National Scheme can be accessed on the [AHPRA website](#).

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## Keep in touch with the Board

Call AHPRA on 1300 419 495 if you:

- have any questions
- need help filling in forms, or
- are having trouble explaining to your employer about requirements. You can ask your employer to call this number.

The Board's [website](#) has information on [registration forms](#), [registration standards](#), [codes and guidelines](#), and [news](#). If you have already lodged your application, you may call the registration officer responsible for Aboriginal and Torres Strait Islander health practitioner applications directly on 08 8901 8527.

To contact the Board, please call Jill Humphreys on 03 8708 9066 or send an email to [jill.humphreys@ahpra.gov.au](mailto:jill.humphreys@ahpra.gov.au).

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