

Contents

Message from the Presiding Member	1
What does the Board do?	1
Who should register?	1
How do you apply to be registered?	1
National Scheme news	3
2014/15 National Scheme annual report	3
Profession profile	3
Health profession agreement	3
Registration standards update	4
AHPRA joins Facebook	4
Expressions of interest	4
Queensland complaints data have been published	4
Improving monitoring of conditions on practitioner registration	5
AHPRA welcomes ministers' response to National Scheme review report	5
Royal Commission on child sexual abuse	5
Keep in touch with the Board	5

Message from the Presiding Member

Welcome to the December newsletter of the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board).

The Board meets face-to-face four times a year, and almost every month all the Board members meet as the Registration and Notifications Committee (RNC) to consider applications for registration and complaints (notifications) about practitioners.

The Board has recently published its latest statistics of registered Aboriginal and Torres Strait Islander health practitioners on our [website](#). There has been an increase in the number of registrants this year, a trend that we hope will continue.

Being a registered health practitioner gives you formal recognition as a member of a profession, and it ensures you have the right training to be a safe practitioner.

The primary role of the Board is to protect the public, it does this by making sure that only health practitioners who are suitably trained and qualified are working within the community.

What does the Board do?

- The Board's role is to make sure everyone is working safely in whatever your job is (your scope of practice), and not in telling your employer what job you should have.
- The Board assesses programs of study and the training leading to the registration qualification. This means better delivery of education and training of Aboriginal and Torres Strait Islander people in the health sector.

Who should register?

This is a new profession, so not all employers have changed job descriptions and titles to include registered health practitioners yet. It is important to remember that you don't have to change jobs once you are registered. You also don't have to change the nature of the work you are doing, as long as it fits in with the definition of practice for a health practitioner. For example, you don't have to give injections or do clinical work just because you're registered.

You should register if you:

- meet the Board's [registration standards](#), and
- hold one of these four Board-approved qualifications:
 - Bachelor Institute of Indigenous Tertiary Education, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)
 - Marr Mooditj Training Incorporated (previously known as Marr Mooditj Foundation Inc), Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
 - Riverina Institute, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, or
 - Health Industry Training, Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

More courses are being accredited and approved. Make sure you check the [Approved programs of study](#) page on the Board's website to see that your qualification is an **approved** qualification.

If you don't hold a qualification from an approved program of study, there is a risk that you may not be able to be registered.

How do you apply to be registered?

To become registered, you need to meet a number of [registration standards](#), which can be found on the Board's website.

Standards help ensure anyone receiving treatment from you is protected and receiving the best possible care. Here's a list of the standards you need to meet to become registered (Table 1).



Table 1 – Registration standards

Registration standard name	What it means to you
<i>Aboriginal and/or Torres Strait Islander</i>	That you identify and are accepted as an Aboriginal and/or Torres Strait Islander.
<i>Criminal history</i>	<p>If you have a criminal history, you can still apply to be registered – the Board will decide if your offence(s) are serious enough that you cannot be registered.</p> <p>You must update us whenever your criminal history changes.</p> <p>The things that the Board considers when deciding whether someone with a criminal history can be registered are detailed in the registration standard and can be summarised as:</p> <ul style="list-style-type: none"> • the nature and gravity of the offence, or alleged offence, and its relevance to health practice • the period of time since the person committed, or allegedly committed, the offence • whether a finding of guilt or a conviction was recorded or a charge is still pending • the sentence imposed for the offence • the ages of the person and of any victim • whether or not the conduct has been decriminalised since the offence, or alleged offence • the person’s behaviour since he or she committed, or allegedly committed, the offence • the future likelihood of future threat to a patient of the practitioner • any information provided by the person, and • any other matters that the Board considers relevant.
<i>Professional indemnity insurance arrangements (also known as PII)</i>	<p>This is an insurance arrangement which covers you when you work. It is usually provided by your employer. If in doubt, ask your employer if they have PII arrangements which cover all aspects of your work.</p> <p>If you work for yourself in private practice (i.e. you don’t have an employer), you need to take out your own insurance.</p>
<i>English language skills</i>	You need to have an adequate grasp of spoken and written English.
<i>Recency of practice (also known as RoP)</i>	<p>This means that you have undertaken the equivalent of three months full-time work as a health practitioner in the previous three years.</p> <p>You also have to tell us when you apply to renew your registration (make a declaration) that you have done the required amount of practice.</p>
<i>Continuing professional development (also known as CPD)</i>	<p>You have to commit to doing at least 10 hours of CPD per year (and 60 hours over three years).</p> <p>You’ll have to tell us when you apply to renew your registration (make a declaration) each year that you have done the required CPD.</p>

Once you are registered

You have responsibilities once you are registered, some of these are listed below.

- **Renew** your registration and pay registration fees each year by 30 November. The fee is currently \$100 a year and this is tax deductible.
- Comply with any conditions on your registration.
- Comply with the Board’s [Code of conduct](#).
 - This document is very important and explains what ‘good practice’ means as a registered health practitioner. It allows you to work in a wide variety of jobs without restricting what you can or can’t do.
 - You can do any job provided you work within the rules of the Code of conduct.
 - Your job description determines what you can and cannot do. For example, some health practitioners might be employed to give immunisations and vaccines and others might work in an office coordinating health care for clients.
 - Wherever you use your skills as a registered Aboriginal and Torres Strait Islander health practitioner is considered ‘practice’ is outlined in the Code of conduct.

- **Mandatory notifications** – if you see another registered health practitioner, (including doctors and nurses), do something that puts patients at risk (for example, coming to work drunk or on drugs), contact the Australian Health Practitioner Regulation Agency (AHPRA).
- Tell us if anything changes – for example, your name, your contact details, your criminal history and your health (if it affects your ability to practise).

Where to get help or more information

Call AHPRA on 1300 419 495 if you:

- have any questions, or
- need help filling in forms, or are having trouble explaining to your employer about requirements, you can ask them 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 can 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.

The Board has started a process to revise the existing registration standards and we will shortly seek your feedback about how they're working now and how you think the proposed changes might work.

All about CPD

What is CPD?

CPD is how you maintain and improve your knowledge and skills. Sometimes we might audit you so you need to keep a list of what CPD you've done.

As part of your CPD, you must hold a current First Aid Certificate, which includes annual CPR training.

There are lots of ways to do CPD – it is more than just attending courses. The Board does not provide you with CPD. Any courses or programs that you can count towards CPD are provided by others, such as your employer, the Government or NATSIHWA.

You choose your CPD according to your job – there is no need to do clinical CPD if it is not part of your job.

You don't need to travel away from home to do CPD. For example, you can read an article and discuss it with workmates (who do not necessarily need to be other Aboriginal and Torres Strait Islander health practitioners). The most important thing is to write down what you do and how long you spent reading and discussing it.

Whatever CPD you choose to do, either formal (e.g. a course) or informal (e.g. reading an article and reflecting on it, writing down how long it took to read, thinking about it and writing down some comments about it), you must be able to show a link between it and the type of work you do, (i.e. your scope of practice as a registered health practitioner).

Counting your CPD hours

The Board uses hours to count CPD and the requirements are at least 10 hours in any one year **or** 60 hours over three years. If you do CPD, count the hours that you do in this activity as one point = one hour.

NATSIHWA is developing an online CPD log book, which you may choose to use, or you can simply keep your own paper records. Make sure you keep all the receipts and certificates if you do attend workshops and formal courses.

From the beginning of February next year, I will be handing over the baton of Presiding Member to another practitioner member from the Board, Lisa Penrith.

As this is our last newsletter to you this year, I'd like to wish you all a happy and safe festive season and all the best for 2016.

Bruce Davis

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

National Scheme news

2014/15 National Scheme annual report

AHPRA and the National Boards have released their [2014/15 annual report](#) on the National Registration and Accreditation Scheme (the National Scheme), providing a comprehensive record of the operations of the National Scheme for the 12 months ending 30 June 2015.

The annual report provides a national snapshot of the work and finances of the National Scheme and is tabled in the parliaments of each state and territory and the Commonwealth.

AHPRA and the National Boards will also publish summaries of our work regulating health practitioners in every state and territory, and profession-specific profiles.

For more information, please read the [news item](#) on AHPRA's website.

Profession profile

The Board will shortly publish a report of its work in regulating the profession in the National Scheme during 2014/15.

The report provides a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest. It is a profile of regulation at work in Australia for the 12 months ending 30 June 2015.

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 Scheme.

Health profession agreement

The Board and AHPRA have published the 2015/16 [health profession agreement](#) (HPA) that outlines the partnership between the Board and AHPRA, and the services AHPRA will provide to the Board in 2015/16. The HPA also provides information about the Board's financial operations and fees.

Registration standards update

Criminal history

The registration standard for criminal history has been revised following consultation and has been approved by the Australian Health Workforce Ministerial Council (the Ministerial Council). The revised registration standard took effect from 1 July 2015.

The new criminal history registration standard makes minor amendments to the old standard and is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board in writing within seven days if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence, in Australia or another country, punishable by imprisonment.

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard is published on the [Board's website](#). Further information can also be found on [AHPRA's website](#).

Other registration standards being revised

All of the Boards' other registration standards were due for revision after their first three years in operation.

The process for revising them has commenced and everyone will have an opportunity to provide feedback on the proposed changes.

The registration standards being revised are:

- English language skills
- Aboriginal and Torres Strait Islander
- Continuing professional development, and
- Recency of practice

Key stakeholders will be contacted and asked to provide preliminary feedback, followed by a two month period of public consultation. People who provide preliminary feedback are also encouraged to provide feedback during the public consultation round. The Board will consider the feedback from each round of consultation.

The revised draft documents will be published on the [Consultations page](#) on the Board's website asking for your feedback. It is expected that this process will take quite a few months before changes are implemented, so all registered Aboriginal and Torres Strait Islander health practitioners need to continue to meet the standards that are currently published on our website.

AHPRA joins Facebook

Earlier this year AHPRA joined Facebook as another means by which we can engage with the public and practitioners. We'll be sharing similar content on Facebook that we do on Twitter:

news from AHPRA and the National Boards, along with photos from events and forums.

Visit our [Facebook](#) page.

Expressions of interest

From time to time vacancies for board, committee and panel positions are advertised on [AHPRA's website](#) and the [Board's website](#).

If you would like to receive notice of vacancies when they are advertised, please email [Statutory Appointments](#) from your preferred email address, advising which professions or roles you are interested in.

Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout this financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the OHO published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Scheme.

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' AHPRA CEO Martin Fletcher said.

'These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on its website [Corporate publications](#) page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

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

AHPRA welcomes ministers' response to National Scheme review report

The Ministerial Council met on 7 August 2015 at the COAG Health Council meeting to consider the final report of the independent review of the National Scheme.

The purpose of the independent review was to identify what is working well in the National Scheme and the opportunities to improve and strengthen the operation of the scheme to regulate health professions to protect the public.

Ministers expressed strong support for the work of the National Scheme, noted that it was now embedded in the health system and was among the most significant and effective reforms of health profession regulation in Australia and internationally.

More information about the review can be found on the [COAG Health Council](#) website and on [AHPRA's](#) website.

Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495 (all states and territories except NSW and Qld)
- NSW – 1800 043 159, or
- Qld – 133 646 (133 OHO).

Keep in touch with the Board

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