



A response to the revised registration standards for Aboriginal and Torres Strait Islander Health Practitioners

4 May 2018

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The Queensland Aboriginal and Islander Health Council (QAIHC) thanks the Australian Health Practitioners Regulation Agency (AHPRA) for the opportunity to comment on the proposed changes to the rules for being a registered Aboriginal and/or Torres Strait Islander Health Practitioner (ATSIHP).

1. Background to QAIHC and its Member Services

QAIHC was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the Community Controlled Health Sector. Originally established as QAIHF (Queensland Aboriginal and Islander Health Forum), the organisation provided a voice for the Community Controlled Health Sector in Queensland. This organisation was self-funded until 1996, when the Commonwealth Department of Health commenced funding support. QAIHC has experienced considerable growth in membership and the scope of services provided to those members since its establishment.

In 2004, the organisation was reconstituted under the Australian Investment and Securities Commission (ASIC) and assumed its current form as QAIHC. Today, QAIHC represents 25 Community Controlled Health Services and 3 Regional Members who share a passion and commitment to addressing the unique health care needs of their communities through specialised, comprehensive and culturally-appropriate primary health care.

QAIHC is the peak body representing the Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland at both a state and national level. Its membership comprises of Aboriginal and Torres Strait Islander Community Controlled Health Services (ATSICCHS) located throughout Queensland. Nationally, QAIHC represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and is regarded as an expert in its field.

2. Aboriginal and Torres Strait Islander Health Practitioners in ATSICCHS in Queensland

Aboriginal and Torres Strait Islander Health Workers (ATSIHW) and Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP) are an integral part of the model of care of ATSICCHS throughout Queensland, particularly in regional, rural and remote areas where there are considerable workforce issues.

Both ATSIHW and ATSIHP can perform certain services and bill Medicare items with the latter being able to bill some extra items if they are registered with AHPRA and employed as a ATSIHP with an appropriate position description. Currently in Queensland there is a pilot programme running in the Torres & Cape Hospital and Health Service with the local ATSICCHS (Apunipima) to outline a formal Scope of Practice (SOP) for ATSIHP.

There is already a considerable study, registration and compliance being an ATSIHP in comparison to an ATSIHW. In addition, most of the ATSIHP in Queensland would be female who may have other responsibilities including caring for children and family.

3. Proposed changes to Professional Indemnity Insurance registration standard

Professional Indemnity Insurance (PII) for an ATSIHP working in ATSICCHS in Queensland is usually organised by the ATSICCHS with an Australian Prudential Regulation Agency (APRA) insurer (ie. a third-party arrangement as outlined and recognised in the AHPRA preferred Option 2). If the ATSIHP is no longer employed by the ATSICCHS, then 'run off' cover would be organised personally by the ATSIHP.

QAIHC has no objection to the proposed changes and accepts that the AHPRA preferred changes are adequate. The current SOP pilot programme (mentioned previously) may identify improvements in ATSIHW and ATSIHP classifications and duties and support the proposed PII arrangements.

4. Proposed changes to Continuing Professional Development registration standard

QAIHC believes that all professionals should be required to participate in Continuing Professional Development (CPD), choose appropriate CPD, reflect upon the learnings and keep adequate records. QAIHC organises many workshops for ATSIHW and ATSIHP that are considered CPD and the ATSICCHS often supports travel and accommodation expenses to allow attendance at these organised activities. In addition, there are a variety of

online training modules as well as 'on the job' learning and continuous quality improvement activities including conferences, forums, seminars etc. However, these are often expensive.

The medical practitioner workforce currently has CPD organised by triennium and nurses' CPD is a yearly requirement. Nursing staff have considerable opportunities to participate in CPD which may not be available to ATSIHP. Considering the nature of the workforce (see above), changing the CPD requirement to yearly instead of by triennium may cause some difficulties for those whose family/other commitments require them to take significant periods of leave eg. maternity leave, carer's leave or leave without pay.

QAIHC supports

- Leaving the current arrangement as 60 points per triennium to allow flexibility to the workforce to participate in CPD.
- The condition that "The Board does not endorse/accredit CPD activities but expects practitioners to select CPD activities that are consistent with ethical and professional standards set out by the Board" adds clarity.
- The current requirement to hold a first aid certificate that includes resuscitation should remain.

5. Proposed changes to the Recency of Practice registration standard

QAIHC supports

- Including the requirement for the number of hours worked in the triennium OR in the previous year. As with the CPD requirement, the hours in the last triennium and not only the hours in the previous year should be included to provide flexibility to the workforce.
- Greater guidance provided to return to practice.
- The standard providing greater guidance if changing scope of practice. The pilot programme for ATSIHP should be kept in mind when this is determined.

6. Proposed changes to the English language skills registration standard

QAIHC supports the proposed revised standard described in Option 2 as all ATSIHP working in ATSIICCHS in Queensland would have completed the requirements of an approved/registered training organisation as outlined by AHPRA.

7. Proposed changes to the registration standard definition of Aboriginal and/or Torres Strait Islander

QAIHC supports the proposed revised standard described in Option 2.



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*QAIHC receives funding support from the
Australian and Queensland Governments.*

