

REGULATING ABORIGINAL AND  
TORRES STRAIT ISLANDER  
HEALTH PRACTITIONERS –  
MANAGING RISK TO  
THE PUBLIC

ABORIGINAL AND  
TORRES STRAIT ISLANDER  
HEALTH PRACTITIONER  
REGULATION AT WORK IN  
AUSTRALIA, 2013/14

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



Aboriginal and  
Torres Strait Islander  
Health Practice  
Board of Australia

AHPRA



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# About this report

For the first time this year, the Aboriginal and Torres Strait Islander Health Practice Board of Australia is publishing this profile of its work in regulating Aboriginal and Torres Strait Islander health practice in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioners Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 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. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the [2013/14 annual report of AHPRA and the National Boards](#).

# Message from the Chair, Aboriginal and Torres Strait Islander Health Practice Board of Australia

Over the last 12 months, accreditation standards and processes were developed in time for wide-ranging public consultation and eventual approval by the Board at its November 2013 meeting. I'm pleased to report that the first round of accreditation site visits has just been completed. So, after much hard work by the Board's Accreditation Committee and AHPRA's Accreditation Unit, we're on schedule to achieve what we had set out this time last year.

A major achievement this year was making progress towards financial sustainability. As a result of the Board taking steps to reduce its operating costs, no additional supplementary funding was required in 2013/14. In addition, the Board agreed to reduce its meeting frequency from two-monthly to quarterly for 2014/15. This will reduce our meeting costs by 40%.

The Board developed proposed supervision guidelines for public consultation, which will be released in July 2014. We also started a practitioner audit of the Board's criminal history registration standard.

We approved a stakeholder engagement implementation plan in April 2014 and began by conducting a number of stakeholder forums across Australia. These were well attended and engaging. We also actively contributed to the development of a capability statement for the profession, a skills recognition and upskilling project, and the industry's environmental scan.

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.



Mr Peter Pangquee, Chair,  
Aboriginal and Torres Strait Islander  
Health Practice Board of Australia

# Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We have developed and implemented a set of key performance indicators (KPIs) for the timeliness of notifications management. This work followed our strengthening last year of nationally consistent systems and processes in notifications management. More information on our approach to KPIs is detailed in the 2013/14 annual report of AHPRA and the National Boards. Developing and then applying these KPIs has had a significant impact on our management of notifications. We can see more clearly where the pressure points in our systems are, and as a result are able to target our efforts and resources to address them.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work. The accuracy, completeness and accessibility of the national registers is at the heart of our work.

One of the significant events of the year was the inquiry by the Legal and Social Issues Legislation Committee of the Victorian Parliament into the performance of AHPRA. The committee handed down its findings in March 2014 and we welcomed its call for

increased transparency, accountability and reporting to parliament.

This year AHPRA and National Boards have worked closely with the newly appointed health ombudsman in Queensland to make sure the new complaints management system there is effective and efficient when it takes effect on 1 July 2014. At that time, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, Chair,  
Agency Management Committee



Martin Fletcher, CEO, AHPRA

# Major outcomes/achievements 2013/14

## Accreditation

- Approved the *Accreditation standards for Aboriginal and Torres Strait Islander health practice* and endorsed the *Accreditation processes for Aboriginal and Torres Strait Islander health practice* in November 2013.

## Registration

- Agreed to waive the late registration renewal fee for 2013 for any registration renewal application made by an Aboriginal and Torres Strait Islander health practitioner after the registration period ended on 30 November 2013.
- Approved the recommended hours for mandatory work placements for the registration qualification of *HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander primary health care practice* as 800 hours.
- Released the proposed supervision guidelines for public consultation.

## Compliance

- Implemented the audit of registered practitioners' compliance with the Board's criminal history registration standard.

## Financial

- In the Board's inaugural years, supplementary funding was provided by the Commonwealth, state and territory governments. No additional supplementary funding was required in 2013/14, as the Board had taken steps to reduce its operating costs, including by halving the number of annual sitting days, resulting in a saving of \$140,066 per annum (36%).
- At its June 2014 meeting, the Board agreed to reduce its operating costs further for 2014/15 by reducing its meeting frequency from every two months to quarterly, reducing its costs from about \$232,900 per annum to \$140,000.

## Engagement

- Conducted stakeholder forums in Adelaide, Sydney, Brisbane, Perth, Hobart and Melbourne.
- Delivered presentations to the Aboriginal and Torres Strait Islander health sector, including forums conducted by:
  - National Aboriginal Community Controlled Health Organisation

- National Aboriginal and Torres Strait Islander Health Workers' Association
- Aboriginal Health and Medical Research Council of NSW
- Victorian Aboriginal Community Controlled Health Organisation
- South Australian Aboriginal Primary Health Care Workers' Forum
- Greater Northern Australia Regional Training Network.
- Nominated Karrina DeMasi to represent the Board on the Health Workforce Australia Project Advisory Group for the Aboriginal and Torres Strait Islander Health Practitioner Skills Recognition and Upskilling Project.
- Contributed to Community Services and Health Industry Skills Council's 2014 Environmental Scan in September 2013.
- Provided feedback to National Health and Medical Research Council's draft *Talking about complementary and alternative medicine publication* in September 2013.
- Provided feedback to Health Workforce Australia's draft *Clinical training profile for Aboriginal and Torres Strait Islander health worker and health practitioner*.
- Contributed to the development of an *Aboriginal and Torres Strait Islander health practitioner capability statement*, in a project led by the National Aboriginal and Torres Strait Islander Health Workers' Association.

## Delegations

Resolved to delegate various functions of the Board to the committees of the Board and AHPRA in accordance with its revised *Instrument of delegation*.

*continued overleaf*

## Registration standards, policies and guidelines published

- Aboriginal and Torres Strait Islander health practice accreditation standards (17 December 2013).

## Priorities for the coming year

### Stakeholder engagement

As part of the Board's strategy, we will continue to seek stakeholder feedback on the Board's standards, processes and decisions; provide opportunities for collaborations and strategic partnerships to improve decision-making; and establish how to better utilise the Board's regulatory functions to support a sustainable Aboriginal and Torres Strait Islander health workforce.

### Board succession planning

The current Board's three-year term ends in June 2014, so depending on the outcome of re/appointments, a proactive succession plan will be developed in 2014/15. This plan will ensure the sustainable performance of the Board over the long term, encompassing three broad, inter-related elements: recruitment, induction and knowledge management.

### Registration standards review

The Board's five core and two other registration standards need to be reviewed by 30 June 2015. The work needed to assess early stakeholder feedback on the effectiveness of these standards, incorporate lessons learned from recently reviewed registration standards by other professions, and undertake targeted/preliminary consultation and wide-ranging public consultation will need to start at the end of 2013/14 in order to meet this important milestone.

## Board-specific registration and notifications data 2013/14

At 30 June 2014, there were 343 Aboriginal and Torres Strait Islander health practitioners registered in Australia. The Northern Territory is the state with the largest number of registered practitioners (226) and the only jurisdiction to see a slight decline in registrant numbers in 2013/14; registrant numbers increased in all other jurisdictions during this period. Fifty per cent of the registrants are aged between 40 and 55.

A total of six notifications were received about Aboriginal and Torres Strait Islander health practitioners, compared with four received in 2012/13. All notifications were lodged in the Northern Territory and represent 2.7% of the registrant base in that jurisdiction. Five cases were closed in 2013/14; three of these resulted in no further action and two resulted in conditions being imposed.

*continued overleaf*

Table 1: Registrant numbers at 30 June 2014

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	2	36	226	37	12	1	8	21		343	14.33%
2012/13	1	21	228	31	4	1	7	7		300	
Change from prior year	100.00%	71.43%	-0.88%	19.35%	200.00%	0.00%	14.29%	200.00%			

\*Principal place of practice

Table 2: 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
2013/14	7	20	30	42	64	57	51	39	23	7	2	1		343
2012/13	6	20	19	42	58	53	43	31	18	9				300

Table 3: 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 2013/14		6						6		6
Notifications received in 2012/13		4						4		4

Table 4: 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
2013/14		2.7%						2.0%		1.7%
2012/13		1.8%						1.3%		1.3%

Table 5: Notifications closed by state or territory

Aboriginal and Torres Strait Islander Health Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	2014 NSW	2014 Total	2013 Total
		5						5		5	3

Table 6: Stage at closure for notifications closed (excluding NSW)

Stage at closure	Total
Assessment	3
Health or performance assessment	1
Investigation	1
Total	5

Table 7: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	Total
No further action	3
Impose conditions	2
Total	5

## 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.

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 require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

**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 119 of the 2013/14 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 115 2013/14 of the 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 such as a revised approach to international criminal history checks.

## Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) 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.

### 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 standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

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.

### Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

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.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.<sup>1</sup>

The research was combined with National Boards'

experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

### Common standards, codes and guidelines issued in 2013/14

- Revised *Guidelines for advertising* (March 2014, updated in May 2014)
- Revised *Guidelines for mandatory notifications* (March 2014)
- Revised *Code of conduct* shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

### Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

<sup>1</sup> 2013 Aboriginal and Torres Strait Islander Health Practice Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: [www.atsihealthpracticeboard.gov.au/News/Past-Consultations.aspx](http://www.atsihealthpracticeboard.gov.au/News/Past-Consultations.aspx)

## Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

### Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

### Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

### Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

### Accountable

- Report on what we do
- Be transparent and up front

## Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

## National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council,

advertising, and mechanisms for new professions entering the scheme; and

- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

## Members of the Aboriginal and Torres Strait Islander Health Practice Board of Australia

- Mr Peter Pangquee (Chair)
- Ms Clare Anderson
- Mr Bruce Davis
- Ms Karrina DeMasi
- Ms Sharon Milera
- Ms Lisa Penrith
- Ms Renee Owen
- Ms Jenny Poelina
- Mrs Jane Schwager

During 2013/14, the Board was supported by Executive Officer Mr Gilbert Hennequin.

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



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