



Aboriginal and Torres
Strait Islander Health
Practice Board
Ahpra

Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners

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1. Introduction

The Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law), established the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board) to begin national regulation of the profession from 1 July 2012. The Board is responsible for the regulation of Aboriginal and Torres Strait Islander Health Practitioners and established the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (the committee) under the National Law in July 2012.

Purpose of the Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners

The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander Health Practitioner in Australia. They describe the threshold level of professional capability required for both initial and continuing registration.

Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners and accreditation of Aboriginal and Torres Strait Islander Health Practice programs of study

The committee is responsible for accrediting and monitoring education providers and Aboriginal and Torres Strait Islander health practice programs of study (programs). It accredits programs that meet – and monitors programs to ensure they continue to meet – the accreditation standards developed by the committee and approved by the Board.

The revised accreditation standards (2019 accreditation standards) require education providers to design and implement a program where learning outcomes and assessment tasks map to all the professional capabilities in this document. Accreditation of a program assures the Board and the community that graduating students from the accredited Aboriginal and Torres Strait Islander health practice program have the knowledge, skills and professional attributes needed to safely and competently practise Aboriginal and Torres Strait Islander health practice in Australia.

The Board considers approving an accredited program as providing a qualification for registration purposes, based on its accreditation by the committee. The Board does not directly examine or assess the competence of applicants for registration who have completed their Aboriginal and Torres Strait Islander health practice education in Australia and hold an approved qualification.

Other uses of the Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners

The Board has statutory functions as a regulator of the Aboriginal and Torres Strait Islander health practice profession in Australia. One of the Board's statutory functions is 'to register suitably qualified and competent persons in the health profession'.¹ In addition to their use in accreditation, the professional capabilities in this document may be used by the Board as a reference point of threshold capability when exercising its statutory functions, including for:

- registration of individuals who completed an approved Aboriginal and Torres Strait Islander health practice program in Australia
- re-registration of individuals who were previously registered as an Aboriginal and Torres Strait Islander Health Practitioner in Australia, and
- evaluation of a registrant whose level of competence to practise may pose a risk of harm to the public, for example if the Board receives a complaint or notification about that registrant.

The professional capabilities may also be used:

- by education providers for the development of Aboriginal and Torres Strait Islander health practice curricula (learning and assessment), and
- to communicate to the public, consumers, employers, insurance companies and other stakeholders the standards that they can expect from Aboriginal and Torres Strait Islander Health Practitioners.

Aboriginal and Torres Strait Islander Health Practitioners working in primary health care

The Aboriginal and Torres Strait Islander health worker and health practitioner workforce evolved from a need to provide culturally safe clinical and primary health care services to Aboriginal and Torres Strait Islander peoples whose health needs were not being met by mainstream services. Its emergence is also related to the need to address health service gaps, such as the need to provide geographically-accessible services to Aboriginal and Torres Strait Islander peoples. This profession has existed in Australia for over 40 years, with the inaugural National Aboriginal Health Worker conference being held in Darwin, Northern Territory in 1978.

Primary health care is the entry level to the health system and is usually a person's first encounter with the health system. Primary health includes a broad range of activities and services, from health promotion and prevention, to treatment and management of acute and chronic conditions.²

¹ Section 35(1)(a) of the National Law Act

² 'Primary health care in Australia', see www.aihw.gov.au/reports/primary-health-care/primary-health-care-in-australia/contents/about-primary-health-care. Accessed 19 March 2019.

While most Australians will receive primary care through their General Practitioner (GP) who often act as the access point for primary health care, an Aboriginal and Torres Strait Islander Health Practitioner is a critical 'first-port-of call' for Aboriginal and Torres Strait Islander Peoples. Aboriginal and Torres Strait Islander Health Practitioners provide primary health care across primary, secondary and tertiary health care settings. They may work in the public, private, non-government and/or Aboriginal Community Controlled Health sectors.

Health services in rural and remote Aboriginal and Torres Strait Islander communities are dependent on primary health care services, particularly those provided by Aboriginal and Torres Strait Islander Health Practitioners.

Scope of practice for Aboriginal and Torres Strait Islander Health Practitioners

There is no defined scope of practice for Aboriginal and Torres Strait Islander Health Practitioners. Practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice. Scopes of practice vary according to different roles; for example, practitioners, researchers and managers will all have quite different competence and scopes of practice. To illustrate, in relation to working within their scope of practice, practitioners may need to consider whether they have appropriate qualifications and experience to provide advice on over the counter and scheduled medicine, herbal remedies, vitamin supplements etc.

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) has developed a framework that provides an example of ways that individual registered Aboriginal and Torres Strait Islander Health Practitioners can identify the limits of their competence and scope of practice.³ The framework does not define exactly what each Aboriginal and Torres Strait Islander Health Practitioner can do, rather it is a tool for developing and identifying individual scope of practice based on a range of elements such as qualifications, experience, practice setting and jurisdictional context.

Cultural competence

While there are many professional capabilities to be a competent health practitioner, in Australia's multicultural society, cultural competence is particularly important.

Cultural competence is defined as a set of consistent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

The word culture is used because it implies the integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates – at all levels:

- the importance of culture
- the assessment of cross-cultural relations
- vigilance towards the dynamics that result from cultural differences
- the expansion of cultural knowledge, and
- the adaptation of services to meet culturally-unique needs.⁴

Aboriginal and Torres Strait Islander Health Practitioners in Australia must be able to work effectively with people from various cultures, that may differ from their own. Culture may include, but is not limited to, age, gender, sexual orientation, race, socio-economic status (including occupation), religion, physical, mental or other impairments, ethnicity and health service culture. A holistic, patient/client and family-centred approach to practice requires cultural competence.

All health practitioners in Australia, including Aboriginal and Torres Strait Islander Health Practitioners, need a working knowledge of factors that contribute to and influence the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. These factors include history, spirituality and relationship to land, and other social determinants of health in Aboriginal and Torres Strait Islander communities.

³ 'National Framework for determining scope of practice for the Aboriginal and/or Torres Strait Islander Health Worker and Health Practitioner Workforce,' see https://natsihwa.org.au/sites/default/files/natsihwa_scope_of_practice_2018.pdf Accessed 11 December 2019

⁴ Cross T, Bazron B, Dennis K, and Isaacs M (1989) *Towards a culturally competent system of care*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Cultural safety

The Board is part of the National Registration and Accreditation Scheme's (the National Scheme's) Aboriginal and Torres Strait Islander Health Strategy Group⁵ (the Health Strategy Group) which published a *Statement of Intent* (the Statement) in July 2018. The Statement highlights the Health Strategy Group's intent to achieve equity in health outcomes between Aboriginal and Torres Strait Islander Peoples and other Australians and to close the gap by 2031. Their vision is that patient/client safety for Aboriginal and Torres Strait Islander Peoples is the norm.

The definition of cultural safety has been developed for the National Scheme and adopted by the National Health Leadership Forum. The Health Strategy Group developed the definition in partnership with a public consultation process.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, health practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health;
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism;
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community;
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Format of the Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners

The professional capabilities in this document are organised into five domains that cover capabilities common to all Aboriginal and Torres Strait Islander Health Practitioners. Each domain consists of corresponding key capabilities and enabling components.

Domains

The domains are thematically arranged and describe the essential characteristics of a safe and competent registered Aboriginal and Torres Strait Islander Health Practitioner:

Domain 1	Aboriginal and Torres Strait Islander Health Practitioner
Domain 2	Professional and ethical practitioner
Domain 3	Communicator and collaborator
Domain 4	Lifelong learner
Domain 5	Quality and risk manager

Key capabilities

The key capabilities describe the necessary features of safe and competent practice in a range of contexts of varied complexity and uncertainty. Practitioners are expected to demonstrate key capabilities from various domains during each consultation with a patient/client. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate a range of capabilities to support overall performance.

Enabling components

The enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Safe and competent Aboriginal and Torres Strait Islander Health Practitioners are expected to demonstrate all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and integrating new and existing knowledge from experience to continually improve clinical and professional performance.

Explanatory notes

Explanatory notes follow each domain and give clarification and more information about some enabling components.

⁵ For more information on the National Scheme's Health Strategy Group, see <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>.

Concept of threshold professional capability and competence

Professional capability is the ability to take appropriate and effective action to solve problems in both familiar and unfamiliar, complex and changing settings.⁶ Competence is an essential part of being capable, but is not the only factor.

Competence refers to the knowledge and skills consistently applied to the standard of performance required in the workplace.^{7,8} The definition of competence required for the job will change as the job role evolves.

Capable people have high levels of self-efficacy, know how to learn, work well with others and are creative.⁹ An Aboriginal and Torres Strait Islander Health Practitioner's capability will expand and improve as they gain professional experience. Professional capability refers to how a practitioner uses their professional judgement, decision-making skills and experiential knowledge to apply their scientific and cultural knowledge, practical skills and ability in any given situation.

'Threshold professional capability' is used to describe the capability level required to practise as a registered health practitioner in Australia. This is based on the idea that capability levels can be described on a continuum. The threshold represents the point on the continuum that shows the minimum acceptable level of capability to practise as an Aboriginal and Torres Strait Islander Health Practitioner. This level is described as 'threshold professional capability' (see Figure 1).

The professional capabilities in this document describe the requirements for safe and competent Aboriginal and Torres Strait Islander Health Practice from the perspective of a registered Aboriginal and Torres Strait Islander Health Practitioner. This differs from the commonly used approach of using the perspective of someone wanting to enter practice threshold professional capability.

In contrast, the professional capabilities in this document describe the requirements for safe and competent Aboriginal and Torres Strait Islander health practice from the perspective of a registered Aboriginal and Torres Strait Islander Health Practitioner. The key capabilities and enabling components in this document consider the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into Aboriginal and Torres Strait Islander health practice relevant to the key capability. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programs, are integrated in the abilities described by the key capabilities and enabling components.

Figure 1: Continuum of threshold professional capability



The diagram illustrates the concept of a line on the capability continuum delineating 'threshold professional capability'. The green arrow represents the capability on the continuum above the threshold. The red area represents gradations of capability on the continuum below the threshold. The line labelled 'Threshold professional capability' is the lower margin on the green arrow – that is, the minimum level of capability required to practise safely and competently as a registered Aboriginal and Torres Strait Islander Health Practitioner in Australia.

Maintenance of professional capability

The professional capabilities are relevant throughout a registered Aboriginal and Torres Strait Islander Health Practitioner's career. Registered Aboriginal and Torres Strait Islander Health Practitioners need to maintain at least the threshold level of professional capability in all areas relevant to their practice and maintain the currency of their skills and knowledge through continuing professional education.

Feedback and further information

The committee invites users of this document to provide feedback.

Please email your comments and suggestions to the Program Accreditation Team at program.accreditation@ahpra.gov.au. The committee will review all feedback received, which will inform any future refinements to this document.

⁶ Davis L and Hase S (1999) 'Developing capable employees: the work activity briefing'. *Journal of Workplace Learning*. 8:35-42.

⁷ Department of Health and Human Services State of Victoria (2016). *Allied health: credentialing, competency and capability framework (revised edition)*. Melbourne: State of Victoria Department of Health and Human Services.

⁸ Australian Skills Quality Authority (2017). 'Users' guide to the standards for RTOs 2015', Canberra: Australian Government., see, www.asqa.gov.au/standards. Accessed on 20 November 2018.

⁹ Lester S (2014) 'Professional standards, competence and capability'. *Higher Education, Skills and Work-based Learning*. 4(1):31-43.

2. Key capabilities and enabling components

Domain 1: Aboriginal and Torres Strait Islander Health Practitioner

This domain covers the knowledge, skills and capabilities an Aboriginal and Torres Strait Islander Health Practitioner requires to practise independently and safely and provide culturally safe, quality, patient/client-and family-centred care in a range of varied settings. These settings can include urban/rural/remote clinics, during home visits, at schools, aged-care facilities, maternal and child health clinics, on-site at work sheds, and in public hospitals.

Aboriginal and Torres Strait Islander Health Practitioners are usually located in an Aboriginal Community Controlled Health Organisation, a community health or an acute care setting and provide primary health care services to the Aboriginal and/or Torres Strait Islander community.

Aboriginal and Torres Strait Islander Health Practitioners work as a part of a multidisciplinary team and provide Aboriginal and Torres Strait Islander primary health care services including screening, assessment, brief intervention and referral, health education, early detection and intervention for health and well-being issues, and contribute to case planning and case management of Aboriginal and/or Torres Strait Islander patients/clients.

Key capabilities	Enabling components
<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <ol style="list-style-type: none"> 1. Assess the patient's/client's capacity to receive care 	<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <ol style="list-style-type: none"> a. Identify factors, including cultural considerations, language and literacy levels or conditions that may affect the patient's/client's behaviour and/or capacity to consent to and undergo treatment. b. Identify patients/clients most at risk; including, but not limited to, those at risk of harm to themselves or others; those who are under the influence of drugs or alcohol; those with a mental illness; and those who may be immunosuppressed (undertaking treatment for cancer or blood-borne diseases). c. Perform a patient/client assessment and relevant treatment interventions in accordance with the patient/client and family need and choice, legislative requirements, registration standards, and codes and guidelines, including gaining informed consent. <p>Identify factors, including cultural considerations, language and literacy levels or conditions may include identifying a patient's/client's cultural background, cultural connection to land and country, and traditions and lores of which they follow/practice. It is also important to recognise that for Aboriginal and Torres Strait Islander patients/clients, English may be a second, third or fourth language.</p> <p>Patient/client capacity or behaviour may be influenced by pre-existing physical, physiological or psychological medical conditions, age, pregnancy, culture, English language skills, psycho-social and socio-economic factors and personal beliefs.</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
<p>2. Plan and perform a comprehensive, efficient, effective, culturally appropriate and patient/client-centred assessment and/or treatment</p>	<ol style="list-style-type: none"> a. Plan a culturally appropriate assessment drawing on applied knowledge of anatomy, physiology and associated microbiology, pathophysiology, pathology and pharmacology relevant to human health and function and determinants of health relevant to the patient's/client's impairments, activity limitations and participation restrictions. b. Explain to the patient/client, their family and relevant others the purpose of any assessment or treatment, any relevant risks, benefits and options for treatment. c. Analyse a patient's/client's response and information gathered during an assessment using clinical reasoning to identify any relationships between assessment findings and tailor the assessment appropriately. d. Reflect on the patient's/client's presenting condition and information gathered during the assessment and use clinical reasoning to explore and explain the given medical diagnosis and/or causes of the presenting condition. e. Assist and support the patient/client, their family, other health professionals and relevant other people to make informed health-care decisions by sharing information and explanations about the outcomes of the assessment and diagnosis and, where relevant, options for referral to other health professionals for further investigation. f. Safely and effectively treat the patient/client using agreed treatment procedures and protocols. g. Recognise and respond in an appropriate and timely way to a patient's/client's deteriorating condition; or inability to undergo a procedure consistent with duty of care and statutory requirements. h. Convey information in an appropriate and timely way to a health practitioner involved in the immediate management of the patient/client when urgent and unexpected findings are identified to ensure appropriate escalation of care. i. Provide appropriate patient/client care before, during and after the assessment and/or treatment, and ensure that any recall and/or follow up is appropriately documented. j. Identify when emergency medical care is required and safely perform first aid and life support procedures. <p>Drawing on applied knowledge of anatomy, physiology and associated microbiology, pathophysiology, pathology and pharmacology may cover respiratory, circulatory, integumentary, digestive, genitourinary, endocrine, musculoskeletal, and nervous systems.</p> <p>Safely and effectively treating the patient/client includes providing physically and culturally safe primary health care to a patient/client and their family.</p> <p>Recognising and responding to a patient's/client's deteriorating condition is expected to be consistent with the Australian Commission on Safety and Quality in Healthcare's National consensus statement on recognising and responding to acute physiological deterioration.</p> <p>Conveying information and escalating care when required is a key responsibility when an Aboriginal and Torres Strait Islander Health Practitioner identifies medically significant findings during an assessment. Information may be conveyed verbally or in writing, in line with relevant health service protocols and procedures. Information is expected to be conveyed to the appropriate people who may include other health practitioners, the patient/client and their family/carer(s)/guardian(s). Communication between health practitioners about the clinical status of a patient/client and their family is expected to be recorded.</p> <p>Identifying urgent and unexpected findings includes recognising and applying knowledge of normal from abnormal findings during assessment and relating appearances to the patient's/client's clinical history.</p> <p>Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency medical services when needed and/or providing first aid to the patient/client.</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
3. Apply a patient/client-centred and family-centred practice approach to practice	<ul style="list-style-type: none"> a. Facilitate discussion with the patient/clients and their family about their needs and preferences for treatment. b. Consider the patient/client and their family's experiences of the health care system during all stages of the assessment and respond appropriately to those experiences. c. Review the patient's/client's clinical history and current medical information to confirm the prescribed treatment is appropriate, drawing on knowledge of other treatment pathways. d. Employ appropriate Aboriginal and Torres Strait Islander primary health care in a way that enables and empowers patients/clients to participate in work and life roles. e. Ensure that patients/clients are not discriminated against on the basis of their age, culture, disability, gender, sexuality, social status, economic status, language or ethnicity, consistent with legislative requirements. <p>Clinical history may include patient/client records, records collected from national registers/databases, previous medical information collected from patients/clients, guardians or other family members during the current or previous treatment(s).</p>
4. Collect and use clinical information appropriately	<ul style="list-style-type: none"> a. Understand and comply with legislative requirements and guidelines relating to data privacy; the ownership, storage, retention and destruction of patient/client records and other practice documentation. b. Collect patient/client information from new patients/clients and accurately record each patient's/client's history, any assessment, referrals and/or treatment provided to the patient/client, ensuring that the correct assessment and/or treatment is associated with the correct patient/client. c. Ensure that stored clinical information relating to the patient/client is associated with the correct patient/client and assessment and/or treatment and identify and respond appropriately to clinical information if it is incorrect. d. Manage clinical information appropriately and consider the workflow between the different clinical information management systems. e. Respond appropriately to data errors and/or system failures. f. Ensure clinical information is made available to the appropriate people. g. Apply knowledge of digital health privacy, use of data and systems security requirements relevant to the context of their practice. <p>Legislative requirements and guidelines include health records guidelines in the Board's <u>Code of conduct</u>, and relevant state/territory and Australian legislation about privacy of data and the differences across states and territories.</p> <p>Clinical information management systems may include internal record systems, such as <i>Communicare</i>, red-flag systems for blood tests, and government databases such as <i>MyHealthRecord</i>.</p> <p>Managing clinical information includes understanding and following patient/client and assessment and/or treatment workflows, searching correctly (e.g. by patient/client, location, date etc.), understanding and following folder structures.</p> <p>Responding to data errors and/or system failures includes troubleshooting and fixing errors where possible or reporting errors/failures to the systems administrator promptly.</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
5. Apply knowledge of safe and effective use of medicines	<ol style="list-style-type: none"> a. Understand and comply with legislative requirements and guidelines relating to safe and effective use of medicines. b. Consider the risks, precautions and contraindications of the use of medicines in practice informed by a patient's/client's current pathology status. c. Apply knowledge of pharmacokinetics, pharmacodynamics and the potential range of reactions to medicines. d. Safely and effectively administer medicine to patients/clients in accordance with relevant health service protocols and procedures. e. Ensure clear instruction is given to patients/clients who will self-administer medication including advice on appropriate monitoring mechanisms. f. Actively monitor the effects of medication and manage adverse reactions to medicines in accordance with relevant health service protocols and procedures. g. Record the administration of medicines in line with relevant health service protocols, procedures and regulatory guidelines. <p>Legislative requirements and guidelines relating to safe and effective use of medicines relevant to practice may include state/territory and Australian legislation, including the relevant poisons and dangerous drugs act in each state and territory, about the supply and administration of medicines. It also includes understanding how pathological conditions may impact on the delivery of some medicines.</p> <p>Safely and effectively administer medicines includes being able to complete administration of medications via multiple methods and/or routes.</p> <p>Actively monitoring the effects of medicines and manage adverse reactions may include directly monitoring and managing the patient/client, for example when giving medicine by injection. It may also include, for example, retrospectively monitoring the effects of medicines on the patient's/client's follow-up visit (if conducted) and managing any adverse reactions by modifying the dose.</p> <p>Record the administration of medicines may include health service procedures as well as the medication safety criteria within the National Safety and Quality Health Service Standards (NSQHS Standards). Procedures may include confirming correct patient/client, dose, route, medication, time and documentation (Six Rights of Medication) etc.</p>

Domain 2: Professional and ethical practitioner

This domain covers an Aboriginal and Torres Strait Islander Health Practitioner's responsibility and commitment to the health and well-being of individual patients/clients and community through professional and ethical practice within the Australian medico-legal framework, high personal standards of behaviour, maintenance of personal health, and accountability to the profession and society. It also addresses their responsibility for ensuring that patient/client confidentiality and privacy is maintained at all times, while recognising the role as a patient/client advocate.

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
1. Practise in an ethical and professional manner, consistent with relevant legislative and regulatory requirements	<ol style="list-style-type: none"> a. Understand and comply with legal responsibilities of an Aboriginal and Torres Strait Islander Health Practitioner including reporting obligations. b. Manage personal mental and physical health to ensure fitness to practise. c. Apply the Board's standards, guidelines and <u>Code of conduct</u> to practice. d. Provide appropriate information to the patient/client and their family about their care and implement appropriate methods to obtain informed consent. e. Apply knowledge and understanding of the Australian health care system to practice. f. Apply to practise the basic principles underpinning bio-ethics within Aboriginal and Torres Strait Islander health practice, and recognise and respond appropriately to ethical issues encountered in practice. g. Exercise appropriate levels of autonomy and professional judgement in a variety of Aboriginal and Torres Strait Islander health practice settings. <p>Legal responsibilities include responsibilities contained in relevant state/territory and Australian legislation and regulations, specific responsibilities to maintain privacy, confidentiality, confirm informed consent and exercise duty of care.</p> <p>Key elements of fitness to practise include competence and professionalism, a sense of responsibility and accountability, self-awareness and professional values, sound mental health and the capacity to maintain health and wellbeing for practice.</p> <p>Reporting obligations are addressed in the Board's <u>Guidelines for mandatory notifications</u>, and includes making a notification about the health (impairment), conduct or performance of a registered health practitioner that may be placing the public at risk, and about the Aboriginal and Torres Strait Islander Health Practitioner's own impairments to practise safely.</p> <p>Appropriate information provided to patients/clients may include explaining the implications of a treatment and/or explaining the considerations for people at risk such as those patients/clients with blood-borne diseases, undertaking chemotherapy, or suffering from mental illness. The information provided to patients/clients should cover the collective views of the whole health care team to make sure optimal care is provided.</p> <p>Relevant aspects of the Australian health care system may include but are not limited to, knowledge of service provision arrangements, the structure and role of Medicare.</p> <p>Principles underpinning bio-ethics include respecting the rights of the individual, respecting the autonomy of the individual, causing no harm and advancing the common good.</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
2. Treat each patient/client and their family with dignity and care	<ul style="list-style-type: none"> a. Recognise and evaluate the socio-cultural factors that may influence the patient/client and their family's attitudes and responses to Aboriginal and Torres Strait Islander health services. b. Display culturally competent and culturally safe practice. c. Recognise and respect Aboriginal and Torres Strait Islander Peoples' ways of knowing, being and doing in the context of history, culture and diversity, and affirm and protect these factors through ongoing learning in health practice. d. Display appropriate professional behaviour in interactions with the patient/client and their family. e. Communicate to ensure informed consent by the patient/client or family/carer/guardian. f. Identify and respect appropriate boundaries between patients/clients and health professionals. g. Advocate on behalf of the patient/client and their family, including supporting the patient's/client's rights, health literacy and informed decisions. <p>Socio-cultural factors may include but are not limited to, those related to cultural and linguistic diversity, age, gender, disability, religion, socio-economic, geographic locations; and identifying as Aboriginal and/or Torres Strait Islander.</p> <p>Culturally competent practice acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.</p> <p>Cultural safety is defined in the Glossary.</p> <p>Aboriginal and Torres Strait Islander Peoples' ways of knowing relates to entities of people, land, animals, plants, skies, waterways and climate. Aboriginal and Torres Strait Islander Peoples' ways of being is a concept about how to be respectful, responsible and accountable in relation to self and entities. Aboriginal and Torres Strait Islander Peoples' ways of doing is the lived expression of relatedness.¹⁰</p> <p>Appropriate professional behaviour includes behaviour that is non-discriminatory, empathetic and respects socio-cultural differences. It is expected to reflect the cultural protocols and traditional systems existing within a specific health service and/or community to ensure conduct is respectful of the specific geographic area in which primary health care is being delivered.</p>
3. Assume responsibility and accept accountability for professional decisions	<ul style="list-style-type: none"> a. Recognise and respond appropriately to unsafe or unprofessional practice. b. Apply to practise relevant health service protocols and procedures in line with professional standards. c. Recognise and work within the limits of your competence and scope of practice.

¹⁰ Martin K and Mirraboopa B (2003) 'Ways of knowing, being and doing: A theoretical framework and methods for indigenous and indigenist research'. *Journal of Australian Studies*. 27(76):203–214.

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
4. Advocate on behalf of the patient/client and their family when appropriate	<ul style="list-style-type: none"> a. Support and promote the rights and interests of patients/clients and their families and engage with them to make informed decisions and represent their own interests. b. Support and promote both western medicine and alternative pathways for treatment, such as traditional healing/medicine. c. Recognise that for some patient's/client's traditional healing/medicine or alternative pathways for treatment would be the preferred method of initial treatment. d. Recognise when it is appropriate to intervene on behalf of the patient/client to advocate for their health, wellbeing and health care interests. e. Recognise when an alternative patient/client pathway is more appropriate and make recommendations to other practitioners. <p>Supporting and promoting alternative patient/client pathways is needed when it is recognised that the planned patient/client pathway may not provide the optimal outcome for the patient/client and their family. Aboriginal and Torres Strait Islander Health Practitioners provide patient/client-centred care and advocate for the patient's/client's equitable access to effective treatment, other health professionals and services that address their needs as a whole person, acknowledging that access broadly includes availability, affordability, acceptability and appropriateness.</p>
5. Seek opportunities to progress the profession	<ul style="list-style-type: none"> a. Participate in peer assessment, standard-setting and mentorship, and provide developmental support to other Aboriginal and Torres Strait Islander Health Practitioners and other members of the health care team. b. Use appropriate strategies to effectively supervise and mentor students in the work environment.

Domain 3: Communicator and collaborator

This domain covers Aboriginal and Torres Strait Islander Health Practitioners' responsibility to communicate clearly, effectively, empathetically and appropriately with the patient/client and their family/carer(s)/guardian(s). It also addresses their responsibility to work effectively with other health practitioners to provide safe, high-quality, patient/client-centred care.

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
1. Communicate clearly, effectively, empathetically and appropriately with the patient/client and their family, carer(s) or guardian(s)	<ol style="list-style-type: none"> a. Establish rapport with the patient/client and their family to develop an understanding of their issues and perspectives. b. Communicate effectively with the patient/client (and at times their family) to collect information and convey information about the proposed assessment and/or treatment. c. Convey knowledge and information in ways that demonstrate understanding, trust and confidence and respects patient/client confidentiality, privacy and dignity. d. Provide an opportunity for the patient/client and their family to explore and to demonstrate their understanding of the purpose of the proposed assessment and/or treatment, the methods used and the usual patient/client experience. e. Identify likely communication barriers specific to individual patients/clients and/or their family/carer(s)/guardian(s) and implement strategies to avoid or overcome these. f. Engage in culturally appropriate, safe, empathetic and sensitive communication that creates trust and the building of respectful relationships with a range of Aboriginal and Torres Strait Islander Peoples, and those from culturally and linguistically diverse backgrounds. g. Make appropriate adjustments to support effective communication to suit the particular needs of the patient/client and their family including a range of Aboriginal and Torres Strait Islander Peoples and those from culturally and linguistically diverse backgrounds. h. Make provisions to use qualified language interpreters or cultural interpreters to meet patient/clients' communication needs and facilitate effective communication whenever required. i. Effectively communicate with the patient/client and their family about the role of the government database systems such as <i>MyHealthRecord</i>. j. Obtain and document informed consent, explaining the purpose, risks and benefits of the proposed assessment and/or treatment. <p>Effective communication includes active listening, use of appropriate adjustments for patients/clients and an Aboriginal and Torres Strait Islander Health Practitioner for cultural reasons (i.e. certain familial relationships where some members cannot be in the same room), use of appropriate language and detail, use of appropriate verbal and non-verbal cues, and confirming that the other person has understood.</p> <p>Communication beyond patient/client may include with family, significant others, carers, use of interpreters, legal guardians and medical advocates.</p> <p>Communication barriers may arise due to the Aboriginal and Torres Strait Islander Health Practitioner's own culture and experience affecting their interpersonal style, or due to the culture and experience of the patient/client or their family/carer(s)/guardian(s). The capacity for the patient/client or family/carer(s)/guardian(s) to understand may be influenced by English language skills, health literacy, age, physical and mental health status.</p> <p>Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved. A guide to the information that practitioners need to give to patients/clients is available in the National Health and Medical Research Council (NHMRC) publication <i>General guidelines for medical practitioners in providing information to patients/clients</i> (www.nhmrc.gov.au)</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
2. Collaborate with other health practitioners	<ol style="list-style-type: none"> a. Establish and maintain effective and respectful working relationships with health practitioners. b. Understand, acknowledge and respect the skills, roles and responsibilities of health care team members and other service providers, and work effectively and collaboratively with them in the interests of the patient/client and their family. c. Assist other health professionals to understand the role of the Aboriginal and Torres Strait Islander Health Practitioner within the health care team. d. Make recommendations to other members of the health care team about the suitability and application of the proposed treatment, when appropriate. e. Effectively advocate for the patient's/client's and their family's cultural needs to other members of the health care team when discussing treatment options, including relaying the importance of a patient's/client's connection to community and country. f. Effectively advocate for the patient's/client's and their family's cultural safety to other members of the health care team. g. Follow accepted protocols and procedures to provide relevant and timely verbal and written communication to other members of the health care team. <p>Health care team members may include registered health practitioners, other health professionals, and health care workers including Aboriginal and Torres Strait Islander Health Workers.</p> <p>Making recommendations about the suitability and application of the proposed treatment includes understanding the risks and benefits to patients/clients of the treatment and requires effective collaboration with other members of the health care team. More experienced Aboriginal and Torres Strait Islander Health Practitioners may be expected to direct other members of the health care team when appropriate.</p> <p>Communicating and collaborating with other health practitioners may include referring patients/clients to other practitioners and/or working in a multidisciplinary team. When referring patients/clients, practitioners are expected to communicate verbally and/or in writing.</p>

Domain 4: Lifelong learner

This domain covers Aboriginal and Torres Strait Islander Health Practitioners' responsibility to engage in evidence-based practice and to critically monitor their actions through a range of reflective processes. It also addresses their responsibility for identifying, planning and implementing their ongoing professional learning needs with the objective of continuous improvement.

Key capabilities	Enabling components
<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <p>1. Manage issues and challenges through the application of critical thinking and reflective practice</p>	<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <ol style="list-style-type: none"> Identify the issue or challenge and the information that is required to respond. Find, appraise, analyse, interpret and apply evidence from the best available research to inform clinical reasoning and professional decision-making. Provide patient/client and family centred care by carefully considering the purpose of any assessment and/or treatment, reviewing existing protocols and procedures, reflecting on clinical challenges or experiences and integrating knowledge and findings into practice. Recognise opportunities to contribute to the development of new knowledge through research and enquiry. <p>Issues or challenges are not limited to clinical issues or challenges. Aboriginal and Torres Strait Islander Health Practitioners are expected to identify and seek a solution for any issue or challenge they encounter in their context of practice.</p> <p>Evidence from the best available research is information from valid and clinically relevant research conducted using sound methodology.</p>
<p>2. Identify ongoing professional learning needs and opportunities</p>	<ol style="list-style-type: none"> Comply with legal and professional responsibilities to undertake continuing professional development (CPD). Critically reflect on personal strengths and limitations to identify learning required to improve and adapt professional practice. Seek input from others to confirm learning needs of self and others to deliver improved patient/client and family outcomes. Plan and implement steps to address professional development needs. <p>Professional development may be provided by the professional community and the broader health care network and/or practice.</p>
<p>3. Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander primary health care</p>	<ol style="list-style-type: none"> Apply knowledge of best practice in primary health care education, disease prevention, immunisation, early detection of health issues, and clinical presentation for Aboriginal and Torres Strait Islander Peoples. Apply knowledge of Aboriginal and Torres Strait Islander demographic and health statistics, as well as features of effective policies and strategies relative to Aboriginal and Torres Strait Islander Peoples in the context of primary health care.

Domain 5: Quality and risk manager

This domain covers Aboriginal and Torres Strait Islander Health Practitioners' responsibility to protect patients/clients, others and the environment from harm by managing and responding to the risks inherent in Aboriginal and Torres Strait Islander health practice. It also addresses their responsibility to demonstrate leadership to ensure safe, effective and high quality professional services to patients/clients and other service users.

Key capabilities	Enabling components
<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <ol style="list-style-type: none"> 1. Perform Aboriginal and Torres Strait Islander health practice safely 	<p>Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:</p> <ol style="list-style-type: none"> a. Comply with relevant legislative and regulatory requirements, protocols and guidelines across jurisdictions. b. Apply principles of quality assurance and quality improvement to enhance the safety and quality of practice. c. Identify risks and implement effective and appropriate risk management systems and procedures. d. Recognise and report on near misses and their consequences, adverse events and relevant contributing factors, and implement learnings and/or changes to practice as a result. <p>Relevant legislative and regulatory requirements, protocols and guidelines include state/territory and Australian legislation, regulation, protocols and guidelines, recognising that there may be differences across the states and territories, as well as relevant guidelines issued by the Board.</p> <p>Risk management includes an understanding of relevant quality assurance frameworks and their application to practice.</p> <p>Recognising and reporting includes appropriately identifying the near miss or adverse event, notifying the relevant person(s), and recording it correctly, consistent with relevant health service protocols and procedures, legislative and regulatory requirements.</p>
<ol style="list-style-type: none"> 2. Protect and enhance patient/client safety 	<ol style="list-style-type: none"> a. Follow patient/client identification procedures to confirm the correct patient/client. b. Review, communicate, record and manage patient/client information accurately, consistent with health service protocols, procedures, legislative and regulatory requirements for maintaining patient/client records. c. Identify and manage risks associated with patient/client transfer. d. Identify safe work practices to manage and improve infection prevention and control measures to help prevent infections, including during aseptic procedures. e. Ensure a culturally safe health care environment for the patient/client to carry out any assessment and/or treatment. f. Apply relevant quality frameworks to practice. <p>Patient/client identification procedures include using at least three recognised patient/client identifiers and may include procedures for transferring patients/clients from other health professionals. Procedures may be contained in national protocols published by the Australian Commission on Safety and Quality in Health Care, relevant state/territory and Australian guidance materials, and health service materials.</p> <p>Infection control risk management includes managing transmission modes of hospital-acquired infections (host, agent and environment); preventing the transmission including effective hand hygiene; implementing NHMRC guidelines; and health care-associated infection criteria within the National Safety and Quality Health Service (NSQHS) standards.</p> <p>Quality frameworks may include health service specific frameworks, relevant jurisdiction publications, and frameworks relevant to the context of practice.</p>

Key capabilities Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:	Enabling components Registered Aboriginal and Torres Strait Islander Health Practitioners are able to:
3. Implement quality assurance processes throughout the patient/client journey	<ul style="list-style-type: none"> a. Consider any precautions and contraindications before providing care to the patient/client and manage and mitigate any risks that may arise. b. Check and confirm that all equipment is in good order and condition and compliant with relevant safety and quality standards. c. Identify and take action to address risks associated with equipment that is in unacceptable condition and does not comply with relevant safety and quality standards. d. Follow protocols to record and report non-conformance of all equipment. <p>Equipment includes all primary equipment and related accessory equipment (instruments) used to treat a patient/client.</p> <p>Good order may be achieved by following cleaning and hygiene protocols, machine calibration protocols and acceptable operating standards. Issues affecting the functioning of equipment are to be fully resolved before treating patients/clients in line with any relevant protocols, procedures and health service materials.</p>
4. Maintain safety of the health service and associated environments	<ul style="list-style-type: none"> a. Identify safety hazards in the health service and respond to incidents in a timely and appropriate manner, according to protocols and procedures. b. Report, and follow up on all incidents in accordance with relevant requirements. c. Manage the environmental risks of the clinical practice setting. d. Foster a safe working environment through culturally safe and respectful practice. <p>Incident reporting requirements may be identified in protocols, procedures and health service materials, and may include legal requirements identified in relevant state/territory and Australian legislation and regulations.</p>

Glossary

Aboriginal and Torres Strait Islander Health Practitioner	Aboriginal and Torres Strait Islander Health Practitioner means a person registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles: <ul style="list-style-type: none"> • Aboriginal Health Practitioner • Aboriginal and Torres Strait Islander Health Practitioner, or • Torres Strait Islander Health Practitioner.
Aboriginal and Torres Strait Islander Health Workers	Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) provide primary health care for Aboriginal and Torres Strait Islander clients but unlike Aboriginal and Torres Strait Islander Health Practitioners, ATSIHWs are not registered health professionals.
Accreditation Committee	Appointed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia (the Board), the Aboriginal and Torres Strait Islander Health Practice Accreditation Committee (the committee) is responsible for implementing and administering accreditation functions under the National Law.
Accreditation standards	Used to assess whether a program of study (the program) and the education provider give people who complete the program the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Health Practitioner.
Adverse events	Adverse events are unintended and sometimes harmful occurrences associated with the use of a medicine or medical device (collectively known as therapeutic goods). Adverse events include side effects to medicines and problems or incidents involving medical devices. ¹¹
Common good	Those facilities – whether material, cultural or institutional – that the members of a community provide to all members to fulfil a relational obligation they all have to care for certain interests they have in common. ¹²
Cultural safety	<p>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</p> <p>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</p> <p>To ensure culturally safe and respectful practice, health practitioners must:</p> <ol style="list-style-type: none"> a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health; b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism; c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community; d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.
Education provider	The term used by National Law to describe registered training organisations (RTOs), universities, tertiary education institutions or other institutions or organisations that provide vocational training, or specialist medical colleges or health professional colleges.
Enabling components	Describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting. Aboriginal and Torres Strait Islander Health Practitioners are expected to demonstrate all enabling components for all key capabilities for safe and competent practice. This includes applying, adapting and integrating new and existing knowledge and skills gained from experience to continually improve performance.

¹¹ Adapted from Australian Government Department of Health's Therapeutic Goods Administration, 'Reporting adverse events', see www.tga.gov.au/reporting-adverse-events. Accessed on 23 October 2019.

¹² 'The Common Good', see www.plato.stanford.edu/entries/common-good. Accessed on 23 October 2019.

Impairment	The term 'impairment' has a specific meaning under the National Law in Australia. It refers to a physical or mental impairment, disability, condition or disorder that is linked to a practitioner's capacity to practise or a student's capacity to undertake clinical training. That is, a person's physical or mental impairment, disability, condition or disorder is only a matter of interest to the Board (including its delegated decision-maker) if it detrimentally affects or is likely to detrimentally affect a practitioner's capacity to practise or a student's capacity to undertake clinical training. ¹³
Jurisdiction	In the context of the Australian health care system, a jurisdiction refers to the Australian or a state or territory.
Key capabilities	Describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains. This recognises that competent professional practice is more than a sum of each discrete part and requires an ability to draw on and integrate the breadth of capabilities to support overall performance.
Learning outcomes	The expression of the set of knowledge and skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning. ¹⁴
Program of study	A program of study consists of a set of structured units or subjects provided by an education provider. The term 'course' is used by many education providers.

List of acronyms

ATSIHW	Aboriginal and Torres Strait Islander Health Worker
CPD	Continuing professional development
GP	General Practitioner
HPACF	Health Professions Accreditation Collaborative Forum
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Association
NHMRC	National Health and Medical Research Council
NSQHS	National Safety and Quality Health Service
RTO	Registered Training Organisation

¹³ Section 143(1) of the National Law.

¹⁴ Adapted from Australian Qualifications Framework, Second Edition January 2013, see www.aqf.edu.au/. Accessed on 23 October 2019.