NATSIHWA
National Aboriginal and Torres Strait Islander Health Worker Association

February 2020

Feedback on the Review of Accreditation Standards 2018

Aboriginal and Torres Strait Islander Health Practice

The National Aboriginal and Torres Strait Islander Health Workers Association is a professional workforce organisation established to support and represent Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners. We are governed by a nine-member board of Senior Health Workers from each state and territory (including one representative from the Torres Strait Islands). Our membership of 1470 includes over 800 Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners.

We are grateful for the opportunity to provide feedback in the consultation. We welcome this review that aims to reduce the administrative burden on registered training organisations (RTOs) that provide accredited training for Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs). We also welcome a new focus on cultural safety.

Primarily, NATSIWHA is concerned with how these proposed standards (in particular Criterion 1.3) will affect Aboriginal and/or Torres Strait Islander Health Workers who are already working in clinical roles and then commence an approved program of study. Please see our detailed comments below. Please note that were are not providing comment on Chinese Medicine or Medical Radiation Practice.

The Preamble

The preamble gives a clear introduction to the standards. However, NATSIHWA recommends a reference here to the unregulated Aboriginal and Torres Strait Islander Health Worker workforce. Many of these health workers provide clinical services and may or may not be graduates of an approved program of study.

In addition, we have noticed two errors. On page 3, paragraphs 1 and 2, please use the term “Aboriginal and Torres Strait Islander”, rather than simply “Aboriginal”.

The accreditation standards, criteria, expected information and explanatory notes

1. Assuring safe practice is paramount in program design and delivery

Proposed Criterion 1.1

In the VET sector, students are assessed only as 'Competent' and 'Not yet competent' (in a Unit of Competency) or 'Satisfactory'/'Not yet satisfactory' (for a single assessment task) rather than given, for example, a percentage mark. Therefore, how would an RTO provide evidence of the highest and lowest marks? Would the lowest mark examples be of a student who was 'Not yet competent' in the particular aspect of safe practice? This comment also applies to Criteria 1.2, 3.12 and 5.1.

Proposed Criterion 1.2

Examples of graded assessments will not provide evidence for this criterion. The RTO should instead provide examples of assessing and responding to students' status in terms of confidential disclosure, vaccination, police checks and working with vulnerable people. In other words, a student is either vaccinated or not, there is no grade.

Proposed Criterion 1.3

Fundamentally, this proposed criterion does not recognise the high rates of on-the-job training in this sector. These requirements would pose a problem in the case of Health Workers who already provide patient care in a health care setting when they commence an approved program of study. Many of these Health Workers may have lower level primary health care qualifications (ie Certificate II or III in Aboriginal and Torres Strait Islander Primary Health Care), in which case they may have achieved the competencies. Others will have qualifications from related fields (eg population health; alcohol and other drugs), or may have no qualifications. This criterion implies that these Health Workers would have to cease their clinical duties when they commence study, which may become a barrier to training and registration for some Health Workers.

Furthermore, the language here is confusing for RTOs. There are no prerequisite Units of Competency in the qualification. English language skills are a 'foundation skill', which include language, literacy and numeracy. Perhaps more guidance could be provided in the explanatory notes on examples of the Units of Competency that should be completed prior to commencing a practical/clinical placement, for example:

- HLTINF001 Comply with infection prevention and control policies and procedures
- HLTWHS001 Participate in workplace health and safety
- HLTAHW005 Work in an Aboriginal and/or Torres Strait Islander primary health care context
- HLTAID003 Provide first aid.

Proposed Criterion 1.6

Many RTOs have small numbers of students. It is likely than many will not have had cause to make a notification to AHPRA about a student. Consideration should be given to requiring RTOs to provide evidence of registration of every student.

Proposed Criterion 1.7

Should this criterion instead read: “The education provider complies with its obligations under the Health Practitioner Regulation National Law (National Law) and other laws, as in force in each state and territory”?

Proposed Criterion 1.8

Could more guidance be provided here on how to provide examples of implementing a code? For example, would evidence that students are assessed on their knowledge and application of the Code of Conduct via the appropriate Unit of Competency contained in the qualification (CHCLEG001 Work legally and ethically) be adequate?

2. Academic governance and quality improvement strategies, and formal mechanisms are effective in developing and delivering sustainable, high-quality education at a program level

Proposed Criterion 2.10

In the Expected Information, please consider changing the first dot point to “…, which identifies the Aboriginal and Torres Strait Islander status of staff”.

3. Program design, delivery and resourcing enable students to achieve the professional capabilities endorsed by the Aboriginal and Torres Strait Islander Health Practice Board of Australia

Proposed Criterion 3.1

Inclusion of this criterion is vital for the accreditation standards for all health professions. We welcome the focus on the integration of cultural competence within the design and delivery of the program. In terms of learning outcomes, the qualification in question is specifically for Aboriginal and Torres Strait Islander students, and includes cultural competence within many of the core Units of Competency. Could further guidance be given regarding additional evidence that the Board might require?

Proposed Criterion 3.9

Again, this aspect of health is included within the core units of the qualification. Is additional evidence required?

Proposed Criterion 3.12

The expected information (Point 2) is a little unclear. What is an example of a graded "completed work placement"? How does a practical training assessment differ from what is provided in clinical log book or portfolio? Do RTOs need to provide three examples of each: ie three examples of completed work placements, three of practical training assessments, and three of a log book? Please see the comments for Criterion 1.1.

Proposed Criterion 3.15

Does the list of equipment include that used on student placement as well as at the RTO?

4. Students in the program are provided with equitable and timely access to program information and learning support

Proposed Criterion 4.5

Only Aboriginal and Torres Strait Islander people may enrol in the HLT40213 (Certificate IV) or HLT50213 (Diploma) courses (and presumably for future Associate Degree programs) and register as Health Practitioners. Is this criterion relevant?

5. Assessment

Proposed Criterion 5.1

Please see the comments for Criteria 1.1 and 3.12.