



Aboriginal and Torres Strait Islander Health Practice  
Chinese Medicine  
Chiropractic  
Dental  
Medical  
Medical Radiation Practice  
Nursing and Midwifery

Occupational Therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

Australian Health Practitioner Regulation Agency

## Response template for providing feedback to public consultation – draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice

This response template is an optional way to provide your response to the public consultation paper for the **Draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice**. Please provide your responses to any of the questions in the corresponding text boxes; you do not need to answer every question if you have no comment.

### Making a submission

Please complete this response template and send to [accreditationstandards.review@ahpra.gov.au](mailto:accreditationstandards.review@ahpra.gov.au), using the subject line 'Feedback on draft proposed professional capabilities for Aboriginal and Torres Strait Islander health practice.'

**Submissions are due by COB on Monday 9 September 2019.**

### Stakeholder details

Please provide your details in the following table:

Name:	Karl Briscoe
Organisation Name:	National Aboriginal and Torres Strait Islander Health Worker Association

## Your responses to the public consultation questions

<b>1. Does any content need to be added to the draft professional capabilities?</b>
See Question 2.
<b>2. Does any content need to be amended or removed from the draft professional capabilities?</b>
<p><b>Regarding page 5: <i>Concept of threshold professional capability and competence:</i></b></p> <p>The use of “formulate” in the following sentence is queried as it suggests formulating a problem is an ability. It is recommended that it be appropriately revised, <i>Professional capability is the ability to take appropriate and effective action to formulate and solve problems in both familiar and unfamiliar, complex and changing settings.</i></p> <p><b><u>Regarding Domain 1: Aboriginal and Torres Strait Islander health practitioner:</u></b></p> <ul style="list-style-type: none"><li>- <b>Page 7, paragraph 1:</b> It is suggested that consideration be given to including culturally safe care in the following statement, noting that it would then need to be reflected in the capability statements and components: <i>This domain covers the knowledge, skills and capabilities an Aboriginal and Torres Strait Islander health practitioner requires to practise independently and provide culturally safe, safe, quality, patient/client-centred care.</i></li><li>- <b>Page 7, paragraph 3:</b> The following amendments are recommended: ... <i>for health and well-being issues, and contribute to case planning and case management of Aboriginal and/or Torres Strait Islander patients/clients.</i></li><li>- <b>Page 7: Capability 2:</b> For consideration, this capability mentions culturally appropriate assessment or treatment however it is not reflected in the enabling components.</li><li>- <b>Page 7. Key capability 2:</b> It is recommended that the reference to “traditions and laws” be changed to “lores” as it is referring to laws in the context of culture.</li><li>- <b>Page 8. Key capability 2:</b> It is recommended that the reference to <i>Safely and effectively treating the patient/client</i> also include providing physically and culturally safe primary health care to the patient’s <i>family</i>.</li><li>- <b>Page 9. Key capability 3:</b> It is recommended that consideration be given to the inclusion of the broader concept of person and family-centred practice: <i>Apply a patient/client-centred person and family-centred practice approach to practice</i> and this concept should be reflected throughout the enabling components.</li><li>- <b>Page 10. Key capability 5 Component d:</b> It is suggested that “procedures” in this context be qualified for example, ...<i>in accordance with relevant health service procedures</i> ... Additionally, assuming that <b>protocols</b> are, for example, a list of rules and <b>procedures</b> are, for example, a set of steps or actions, <b>should Components d &amp; e both refer to protocols and procedures</b>, at the moment <b>d</b> refers to procedures whereas <b>e</b> refers to protocols? Both Components would generally require a protocol and procedure to guide actions.</li><li>- <b>Page 10. Key capability 5 Component e:</b> This component could be open to interpretation and may need to be revised for clarity, for example: <i>Ensure clear instruction is given to, and appropriate monitoring mechanisms are implemented in place for patients/clients to who will self-administer medication.</i></li><li>- <b>Page 10. Key capability 5 Component f:</b> It is suggested that “protocols” in this context be qualified for example, ...<i>in accordance with relevant health service protocols</i> ... As noted above, <b>procedures</b> may be relevant in actively monitoring and managing the effects of medications, for example, in the titration of medication.</li></ul>

- **Page 10. Key capability 5 Component g:** This Component is broad and inexplicit. Consideration should be given to the need for a more specific statement for example, Record and document the supply and administration of medication in accordance with health service guidelines and regulated standardised documentation requirements.
- **Page 10. Key capability 5:** Capital **C** is required for Commonwealth.
- **Page 10: Safely and effectively administering medication:** Consider the need to amend this statement to include the *supply* and administration of medication to reflect Capability statement 5 and Component **d** above.
- **Page 10:** The following reference is queried as the term “*delivery*” is not used within Capability 5 or its Components, **Procedures for safe and effective delivery of medicines.**

**Regarding Domain 2: Professional and ethical practitioner:**

- **Page 12. Key capability 1 Component c:** Consideration should be given to including an explanation of what constitutes *voluntary* reporting obligations in addition to the explanation on mandatory reporting.
- **Page 12. Key capability 1 Legal responsibilities:** A capital **C** is required for Commonwealth and consider the need to add *privacy* to the following statement: *Legal responsibilities include responsibilities contained in relevant state/territory and Commonwealth legislation and regulations, specific responsibilities to maintain privacy, confidentiality, confirm informed consent and exercise duty of care.*
- **Page 12. Key capability 1 Relevant aspects of the Australian health care system:** The relevance of *motor accident insurances schemes and related billing arrangements* is queried. It is noted that not all roles require knowledge of the items listed.
- **Page 13. Key capability 2:** The following amendment may be required: *Ensure the patient/client and their family are treated with dignity and care*
- **Page 14. Key capability 3 Component b:** It is suggested that this component be revised to be expressed in plain English.
- **Page 14. Key capability 3 Component c:** This component needs to be qualified as it could be read to mean a person can apply their own scope of practice, regardless of practice context. Consider a revision such as: *Identify and practise within own scope of practice, as determined by education, authorisation and competence to perform, knowledge and skills.*
- **Page 14. Key capability 4:** Consider including advocating for the family as that is can be a key role the workforce.

**Regarding Domain 3: Communicator and collaborator:**

- **Page 15. Key capability 1:** Under **Communication barriers** consider the following addition: *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.*
- **Page 16. Key capability 2 Component b:** Consider the following inclusion to support effective collaboration, *Understand, acknowledge and respect the skills, roles, and responsibilities and scopes of practice of health care team members and other service providers, and work effectively and collaboratively with them in the interests of the patient/client.*
- **Page 16. Key capability 2:** The meaning of *accredited health professions* in the following statement needs explanation, *Health care team members may include registered health practitioners, accredited health professionals, and licensed and unlicensed health care workers.*

- **Page 16. Key capability 3:** The need for a comma is queried: *Examine and reflect on how one's own culture and dominant cultural paradigms, influence perceptions of and interactions with non- Aboriginal and Torres Strait Islander Peoples.*
- **Page 16. Key capability 3:** The purpose of **Key Capability 3** is queried and it is queried whether it should be shaped to reflect professional ability around understanding how one's cultural identity may influence effective communication and collaboration with other health practitioners (including cross-cultural) rather than stating one should 'examine and reflect...' given the *Domain* descriptor states: *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.*
- **Page 16. Key capability 3 Component a:** The necessity and intent of this Component requires review because the intent is not explicit. For example, what is the purpose of recognising the influence of one's cultural identity on perceptions of non-Indigenous people? The purpose needs to be clear, also in relation to the culture of the Australian health care system. Without clear intent, this statement could be read to assume an A&TSI Health Practitioner's cultural identity can be responsible for the perceptions (the way in which something is regarded, understood, or interpreted) of non-Indigenous people. At the far end, this could suggest that the cultural identity of an A&TSI Health Practitioner could influence the perceptions of non-Indigenous peoples/health practitioners that are racist. This could be perceived as making A&TSI Health Practitioner to some degree accountable for the racist or other perceptions of non-Indigenous peoples.

**Regarding Domain 4: Lifelong learner:**

- **Page 18. Key capability 1:** It is queried whether context of practice should be added to, *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 the context of practice.*
- **Page 18. Key capability 3 Component a:** It is queried why immunisation is included noting there may be valid reasoning. It is understood that immunisation activity is part of primary health care along with education, disease prevention, early detection etc... but it may be confusing given that only some A&TSI Health Practitioners will have limited authorisation to administer immunisations due to jurisdictional variation. *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.*

**3. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?**

The language is generally clear and appropriate. Specific issues relating to wording and language use are noted above under Question 2.

**4. Are there jurisdiction-specific impacts for practitioners, or governments or other stakeholders that the Accreditation Committee should be aware of, if these professional capabilities are adopted?**

None identified. Appropriate alignment with the HLT40213 Training Package must be carefully examined.

**5. Are there implementation issues the Accreditation Committee should be aware of?**

None identified.

**6. Do you have any other feedback or comments on the draft revised professional capabilities?**

Throughout the document, but particularly *Domain 1: Aboriginal and Torres Strait Islander health practitioner*, greater emphasis should be placed on the core A&TSI HP capability of delivering effective holistic person and family-centred primary health care. Additionally, it is important that “family” is included where the patient’s/client’s health care is provided.