

Aboriginal and Torres Strait Islander Health Practitioner

Clinical Governance Guideline 2021



Queensland
Government

Aboriginal and Torres Strait Islander Health Practitioner: Clinical Governance Guideline

This resource was developed by the Rural and Remote Clinical Support Unit, Torres and Cape Hospital and Health Service, and the Workforce Strategy Branch, Department of Health.

Published by the State of Queensland (Queensland Health), September 2021



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) **2021**

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Workforce Strategy Branch, Department of Health, GPO Box 48, Brisbane QLD 4001, email ATSIHP@health.qld.gov.au, phone 07 3708 5720.

An electronic version of this document is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/clinical-staff/aboriginal-torres-strait-islander-health-practitioner/supporting-resources

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Acknowledgement of Country

We pay our respects to the Aboriginal and Torres Strait Islander ancestors and custodians of this land, their spirits and their legacy. The foundations laid by these ancestors—our First Nations peoples—gives strength, inspiration and courage to current and future generations. We are committed to working towards a stronger and healthier Queensland community for Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander people.

Artwork produced for Queensland Health by Gilimbaa to promote Aboriginal and Torres Strait Islander health.



The artwork represents Aboriginal and Torres Strait Islander cultures in Queensland and speaks of the importance of traditional and cultural sensitivities.

The central circular motif represents Health in Queensland and the meeting place to trade knowledge about best health practice and procedures. The pathways leading both in and out represent people travelling from different professions, different communities, and different country, and the importance of everyone contributing equally to this journey. A journey of change and growth for a brighter, healthier and happier future for all Aboriginal and Torres Strait Islander Queenslanders.

The surrounding markings represent the important network of people from these communities, their connection to each other, and how they work together to empower Aboriginal and Torres Strait Islander Queenslanders to have long, healthy, productive lives.

The artwork reflects Queensland Health's commitment to Making Tracks towards closing the gap in health outcomes for Aboriginal and Torres Strait Islander Queenslanders.

Contents

1. Purpose	6
2. Scope	6
3. Related documents	6
4. Review	6
5. Business area contact	7
6. Implementation date	7
7. Background	7
8. Role overview	8
9. Clinical governance framework	10
9.1 Overview	10
9.2 Entrance and commencement	10
9.2.1 Registration	11
9.2.2 Pre-employment screening	12
9.2.5 Practice Plan	14
9.2.6 Endorsement of Practice Plan	15
9.2.7 Professional indemnity	16
9.2.8 Recency of Practice	16
9.3 Clinical practice	17
9.3.1 Scheduled medicines	17
9.3.2 Extended practice authorities	18
9.3.3 Health management protocols (HMP)	18
9.3.4 Clinical guidelines	18
9.3.5 Referral and handover	19
9.4 Monitoring and development	19
9.4.1 Registration status	19
9.4.2 Clinical supervision	20
9.4.3 Professional and cultural support	21
9.3.4 Performance appraisal and development	21

9.3.5	Continuing professional development	22
9.3.6	Scope of practice review	22
9.3.7	Clinical audit	23
9.3.8	Supervision of Aboriginal and Torres Strait Islander Health Practitioner students	23
10.	Definitions	24
11.	References and suggested reading	25
Factsheet 1	.....	26
	Course information – Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.	26
Factsheet 2	.....	28
	Summary - individual scope of practice summary.....	28
Factsheet 3	.....	29
	Aboriginal and Torres Strait Islander Health Practitioner Practice Plan.....	29
Factsheet 4	.....	30
	Referral and handover.....	30
Factsheet 5	.....	31
	Clinical and operational supervision.....	31
Factsheet 6	.....	34
	Professional and cultural support.....	34
Factsheet 7	.....	36
	Continuing professional development (CPD)	36

1. Purpose

This Guideline provides additional information to the national registration standards established for the Aboriginal and Torres Strait Islander Health Practitioner and recommends strong governance to support the role in Queensland. The purpose of the document is to provide Hospital and Health Services with a standardised and comprehensive clinical governance framework which supports safety and quality in the clinical practice and professional development of Aboriginal and Torres Strait Islander Health Practitioners.

2. Scope

The scope of this Guideline is for Queensland Hospital and Health Services employees (permanent, temporary, and casual) and all organisations and individuals acting as its agents (including visiting Medical Officers and other partners, contractors, consultants and volunteers).

The Guideline is of relevance to service managers and clinical supervisors in the establishment and support of the Aboriginal and Torres Strait Islander Health Practitioner role, and Aboriginal and Torres Strait Islander Health Practitioners.

The Guideline may be adopted or adapted by Queensland employers other than Queensland Health, such as Aboriginal and Torres Strait Islander Community Controlled Health Services.

3. Related documents

- *Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guideline*
- *Aboriginal and Torres Strait Islander Health Practitioner Practice Plan*
- *Aboriginal and Torres Strait Islander Health Practitioner Guide to completing the Practice Plan*
- *Aboriginal and Torres Strait Islander Health Practitioner Competency Assessment Tool*
- *Aboriginal and Torres Strait Islander Health Practitioner Self-Reflection Tool*

4. Review

This Guideline is due for review on 1 October 2024.

Version	Date	Comments
V1	1 September 2016	New document
V2	1 November 2018	Reflect amendments to the Health (Drugs and Poisons) Regulation 1996

V3	1 December 2019	Reflect changes to the Continuing Professional Development, and Recency of Practice registration standards
V4	27 September 2021	Reflect commencement of the Medicines and Poisons (Medicines) Regulation 2021

5. Business area contact

Workforce Strategy Branch, Queensland Health.

6. Implementation date

Effective from 27 September 2021.

7. Background

The Aboriginal and Torres Strait Islander Health Practitioner role became nationally registered from 1 July 2012 under the *National Registration and Accreditation Scheme for the health professions*. Some Aboriginal and Torres Strait Islander primary health care roles across Australia were identified as delivering significant clinical services, including the performance of several high-risk clinical activities. On this basis, Health Ministers agreed that national registration was required to provide for the protection of the public by ensuring that only Aboriginal and Torres Strait Islander Health Practitioners who are suitably trained and qualified to practice are registered.

National registration and the accreditation of related health education programs:

- *facilitates Aboriginal and Torres Strait Islander Health Practitioner workforce mobility across Australia*
- *ensures the provision of high-quality education and training*
- *enables the development of a flexible, responsive and sustainable Aboriginal and Torres Strait Islander Health Practitioner workforce.*

The Aboriginal and Torres Strait Islander Health Practice Board of Australia (ATSIHPBA) was established to regulate the profession and establish registration standards and professional guidelines for Aboriginal and Torres Strait Islander Health Practitioners. The website for the ATSIHPBA is available at www.atsihealthpracticeboard.gov.au.

8. Role overview

Aboriginal and Torres Strait Islander Health Practitioners who are employed in an Aboriginal and Torres Strait Islander Health Practitioner role in Queensland are responsible for providing high quality and safe clinical primary care services to Aboriginal and Torres Strait Islander peoples and communities within defined governance arrangements.

Aboriginal and Torres Strait Islander Health Practitioners will practice according to legislation, regulation, health management protocols, and clinical care guidelines, depending on individual authority, including the following:

- *Medicines and Poisons (Medicines) Regulation 2021*
- *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*
- Primary Clinical Care Manual
- Chronic Conditions Manual

Aboriginal and Torres Strait Islander Health Practitioner numbers are increasing and will become a stable element of the workforce in Queensland, particularly in rural and remote settings, and other areas of need across Hospital and Health Services.

To be employed as an Aboriginal and Torres Strait Islander Health Practitioner, and to call themselves either an Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal Health Practitioner or Torres Strait Islander Health Practitioner, an individual must hold national registration with the ATSIHPBA.

Aboriginal and Torres Strait Islander Health Practitioners will:

- assess and treat health consumers
- undertake clinically focussed activity
- deliver specific health care programs
- maintain administration of health care
- provide culturally safe, sensitive advice
- support effective contribution to better health outcomes for Aboriginal and Torres Strait Islander peoples.

The National Health Training Package outlines the core and elective competencies gained through the achievement of the [Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice](#), which is the approved qualification for the purposes of registration, and provides information about the competency areas in which these practitioners are educated.

For more information, refer to:

- Aboriginal and Torres Islander Health Practitioner Scope of Practice Guideline
- Factsheet 1 - [Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice Course Information](#) which includes a list of core clinical skills on which students of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice will be assessed.

The role of Aboriginal and Torres Strait Islander Health Practitioners will vary across Australia, depending on:

- community context
- service need
- organisational policy
- state or territory-based legislation and regulatory frameworks.

At the service level, an individual Aboriginal and Torres Strait Islander Health Practitioner's role will be influenced by:

- the types of services provided
- models of care
- multidisciplinary team skill mix and roles
- patient profile, supervision framework
- facilities
- the individual's skills and experience
- any limitations on registration.

The practice of Aboriginal and Torres Strait Islander Health Practitioners will vary across Queensland.

Aboriginal and Torres Strait Islander Health Practitioners working in isolated practice areas within a Hospital and Health Service or Aboriginal and Torres Strait Islander Community Controlled Health Services may use scheduled medicines authorities if required to do so by their employing service provider and defined in their individual Practice Plan. These authorities are provided under the *Medicines and Poisons (Medicines) Regulation 2021*, in accordance with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*.

Aboriginal and Torres Strait Islander Health Practitioners working outside of specified isolated practice areas are NOT authorised to use scheduled medicines.

The *Medicines and Poisons Act 2019* provides that the Chief Executive may make emergency orders in certain circumstances, such as in a declared public health emergency. Aboriginal and Torres Strait Islander Health Practitioners may also be authorised to use medicines under an emergency order.

An Aboriginal and Torres Strait Islander Health Worker is not required to be registered unless it is necessary for employment in an Aboriginal and Torres Strait Islander Health Practitioner position. However, a person may independently apply for registration if they wish to do so.

9. Clinical governance framework

9.1 Overview

Clinical governance refers to the systems for managing, maintaining and improving patient safety and quality care. Figure 1 illustrates the core components of a clinical governance framework for Aboriginal and Torres Strait Islander Health Practitioners.

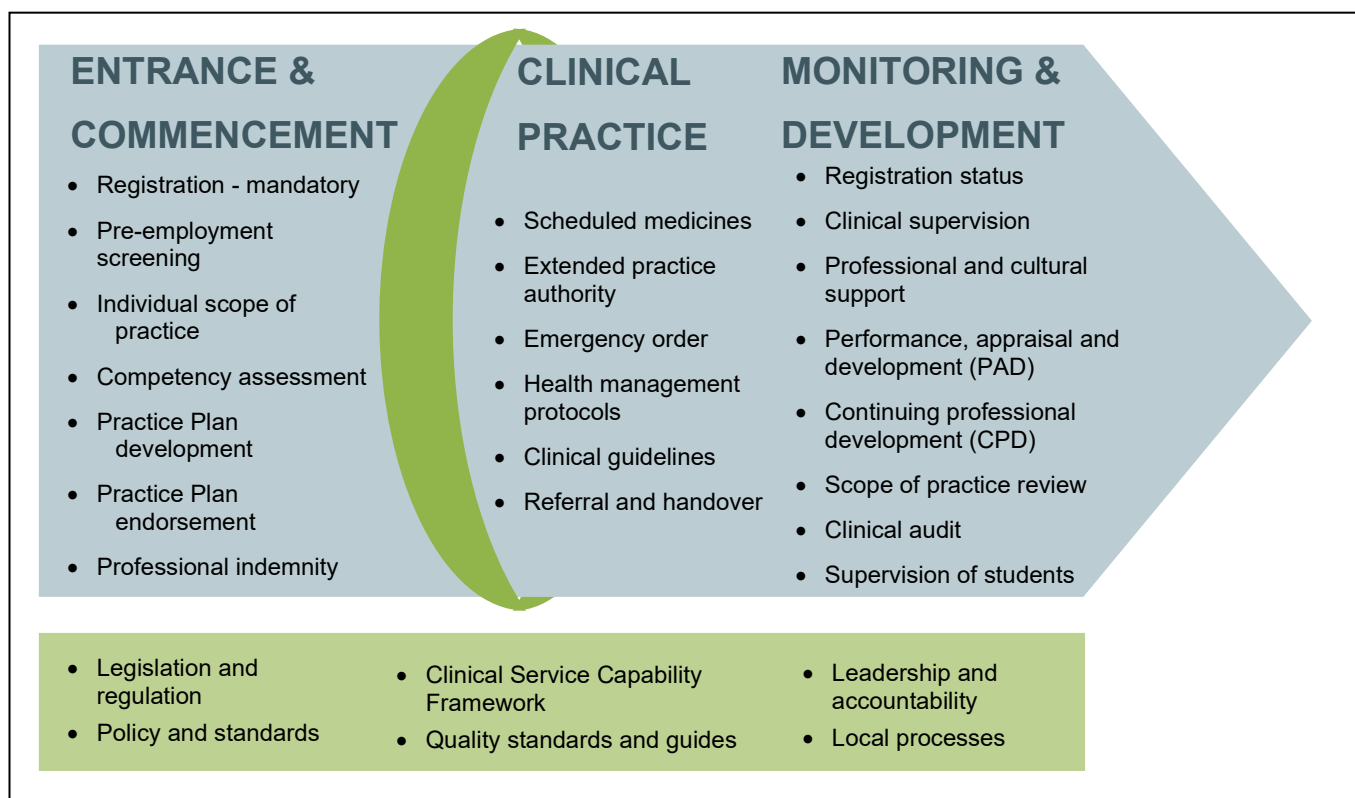


Figure 1: Clinical governance framework for Aboriginal and Torres Strait Islander Health Practitioners

9.2 Entrance and commencement

Strong clinical governance for Aboriginal and Torres Strait Islander Health Practitioners relies on the application of a robust system of verification and endorsement processes upon the entrance and re-entrance of Aboriginal and Torres Strait Islander Health Practitioners into these roles.

Each of the governance mechanisms identified under *Entrance and Commencement* in the clinical governance framework is explained below.

9.2.1 Registration

Hospital and Health Services will ensure that a check of registration status is incorporated in the recruitment and selection process, in line with HR Policy B14.

The ATSIHPBA, in partnership with the Australian Health Practitioner Regulation Agency (AHPRA), is responsible for the registration of Aboriginal and Torres Strait Islander Health Practitioners.

National registration is a mandatory requirement for employment as an Aboriginal and Torres Strait Islander Health Practitioner and to use this protected title. All registered health professionals employed or contracted to work for Queensland Health must comply with the requirements of [HR Policy B14 Health Professionals Registration: Medical officers, nurses, midwives and other health professionals](#).

Evidence of an Aboriginal and Torres Strait Islander Health Practitioner's registration is obtained via the online [Register of Practitioners](#) on the AHPRA website www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx.

The provision of hard copy documentation is not accepted as evidence of registration.

In verifying registration, each of the following must be reviewed:

- practitioner name
- profession
- registration number
- registration status
- principal place of practice
- registration type
- registration expiry date
- endorsements
- notations
- conditions
- undertakings
- reprimands.

Conditions placed upon an Aboriginal and Torres Strait Islander Health Practitioner's registration, undertakings agreed between the National Board and the Aboriginal and Torres Strait Islander Health Practitioner, or a notation made on their registration, may impact individual scope of practice and should be documented in the Practice Plan.

9.2.2 Pre-employment screening

Recruitment and selection processes should include a rigorous pre-employment screening process where a Health Practitioner's qualifications, experience and professional standing are evaluated, verified and documented.

Recruitment and selection of all employees will comply with [HR Policy B1 Recruitment and Selection](#).

As Aboriginal and Torres Strait Islander Health Practitioners are performing clinical functions and working directly with health consumers, it is essential to verify their qualifications and experience as part of a thorough pre-employment process.

Applicants for Aboriginal and Torres Strait Islander Health Practitioner positions should be required to submit the following information:

- registration number
- evidence of licences or special authorisations (e.g. pap smear provider number)
- details of work history
- professional referees
- other relevant professional information.

Additional information could include:

- certificate of qualification/s
- course transcript/s showing units of study
- completed clinical logbook (from training course)

As well as providing a level of assurance about an Aboriginal and Torres Strait Islander Health Practitioner's training, experience and skills, the information collected and verified at this stage will form the basis for establishing the individual Aboriginal and Torres Strait Islander Health Practitioner's scope of practice.

If the Aboriginal and Torres Strait Islander Health Practitioner is an existing employee of the Hospital and Health Service, a screening process should still occur as part of the selection process.

9.2.3 Defining individual scope of practice

Aboriginal and Torres Strait Islander Health Practitioners working in Queensland Health are to have a Practice Plan developed.

Scope of practice refers to the activities that an individual is educated, competent, and authorised to undertake¹. An Aboriginal and Torres Strait Islander Health Practitioner's individual scope of practice informs their work activities and accountabilities and is to be documented in a Practice Plan.

To inform the development of individual Aboriginal and Torres Strait Islander Health Practitioner scope of practice the following documents will be useful:

- Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guideline
- Aboriginal and Torres Strait Islander Health Practitioner Competency Assessment Tool
- Factsheet 2 - [Individual Scope of Practice Summary](#)

9.2.4 Competency assessment

The Aboriginal and Torres Strait Islander Health Practitioner Competency Assessment Tool may be used to inform the development of the individual scope of practice.

A competency assessment may be required to determine aspects of an individual Aboriginal and Torres Strait Islander Health Practitioner's competence, knowledge, and skills which will inform the individual scope of practice and supervision requirements.

¹Australian Nursing & Midwifery Council (ANMC) 2007, National Framework for the development of decision-making tools for nursing and midwifery practice, Australian Nursing Midwifery Council, Canberra
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

A competency assessment should be undertaken:

- to assess the skills required in relation to the individual job description and the practice setting
- prior to the development of the individual Aboriginal and Torres Strait Islander Health Practitioner's Practice Plan.

A clinical skills competency assessment is required for Aboriginal and Torres Strait Islander Health Practitioners in specified isolated practice areas, as defined in the *Medicines and Poisons (Medicines) Regulation 2021*, prior to the use of scheduled medicines authorities. Relevant clinical skills assessment will include knowledge of regulatory requirements and processes, pharmacology, calculations, and the safe use of scheduled medicines.

A further competency assessment should be undertaken when:

- a change of role is required (e.g. an expansion, change of service setting); and/or
- an Aboriginal and Torres Strait Islander Health Practitioner commences in a new position.

The assessment can consist of direct observation assessment, an interview and scenario setting, feedback from other professionals, and evidence from the Health Practitioner's Continuing Professional Development Logbook.

An individual's competence and scope of practice is likely to expand over time, within the context of their job description, based on experience and ongoing professional development.

For further information, refer to:

- Aboriginal and Torres Strait Islander Health Practitioner Competency Assessment Tool
- Aboriginal and Torres Strait Islander Health Practitioner Self-Reflection Tool

9.2.5 Practice Plan

An Aboriginal and Torres Strait Islander Health Practitioner's Practice Plan provides clear boundaries for their professional practice and should be utilised as the basis for ongoing clinical supervision, support and development.

The Practice Plan is a document which formalises arrangements for the clinical practice and supervision of an individual Aboriginal and Torres Strait Islander Health Practitioner, with the principle purpose of supporting patient safety and high-quality care.

A Practice Plan is to be developed in the approved form and agreed by the individual Aboriginal and Torres Strait Islander Health Practitioner and their primary clinical supervisor, endorsed by the organisational delegate.

All Aboriginal and Torres Strait Islander Health Practitioners are required to have a Practice Plan. In addition, a Practice Plan is legally required for the Aboriginal and Torres Strait Islander Health Practitioner to use scheduled medicines authorities under the *Medicines and Poisons (Medicines) Regulation 2021* in accordance with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*

The Practice Plan must be reviewed at least annually. A new Practice Plan is to be developed when the individual Aboriginal and Torres Strait Islander Health Practitioner changes position or employer.

For more information, refer to:

- Aboriginal and Torres Strait Islander Health Practitioner Practice Plan template
- Aboriginal and Torres Strait Islander Health Practitioner Guide to completing the Practice Plan
- Factsheet 3 - [Practice Plan](#)

9.2.6 Endorsement of Practice Plan

A Practice Plan is not valid unless it has been agreed, signed and endorsed.

Hospital and Health Services should ensure that mechanisms are in place to approve the Practice Plan as agreed between the Aboriginal and Torres Strait Islander Health Practitioner and their primary clinical supervisor by the relevant organisational delegate.

This could be the relevant service manager or clinical executive responsible for the service.

9.2.7 Professional indemnity

Professional indemnity insurance is provided for Aboriginal and Torres Strait Islander Health Practitioners working in Queensland Health.

Aboriginal and Torres Strait Islander Health Practitioners are required to hold professional indemnity insurance in accordance with the ATSIHPBA registration standard. Health practitioners employed by Queensland Health who are operating within their scope of practice do not need additional coverage in accordance with the [Queensland Health Circular 04/14: New indemnity arrangements for State employees effective 31 March 2014](#).

9.2.8 Recency of Practice

Aboriginal and Torres Strait Islander Health Practitioners may be required to work under supervised practice if re-entering practice after a break or if there have been significant changes to scope of practice.

The ATSIHPBA's Recency of Practice Registration Standard describes the mandatory requirements for Aboriginal and Torres Strait Islander Health Practitioners to have completed a minimum of 450 hours of practice in the previous three years or 150 hours of practice in the previous 12 months within the current scope of practice. If this minimum cannot be met, the ATSIHPBA will consider additional information when deciding to grant registration or renewal of registration, including:

- registration and practice history, including previous scope of practice and time away from practice
- continuing professional development (CPD) completed and professional contact maintained during any break from practice
- the new scope of practice, including the role and position proposed, level of risk associated with the role, access to supervision, and CPD or the education proposed to support scope of practice.

To obtain recency of practice, the ATSIHPBA may require the Aboriginal and Torres Strait Islander Health Practitioner to undertake an assessment or examination to assess competence, specific education, and/or a period of supervised practice.

If the scope of practice is significantly changing or expanding, such as moving to a new field of practice or moving from a non-clinical to a clinical role, additional training and preparation may be required prior to commencing to ensure competence. The ATSIHBA professional development plan must be developed and submitted to the ATSIHPBA for consideration and approval prior to commencing work.

www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx.

If the ATSIHPBA determines that the applicant cannot meet the Recency of Practice registration standard, registration conditions may be imposed, or application refused.

Aboriginal and Torres Strait Islander Health Practitioners re-entering practice should also be assessed at the workplace to verify competencies to define individual scope of practice. Awareness of a practitioner's lack of recent practice experience will enable appropriate mechanisms for re-skilling, professional support, and clinical supervision to be put in place.

9.3 Clinical practice

Aboriginal and Torres Strait Islander Health Practitioners will carry out clinical activity as qualified, competent, and authorised according to legislation, regulation, policy, clinical guidelines and quality standards, and as defined in an individual Practice Plan. The Practice Plan will identify the endorsed individual clinical practice scope, including scheduled medicines authorities, practice exclusions, and clinical supervision arrangements for the Aboriginal and Torres Strait Islander Health Practitioner.

9.3.1 Scheduled medicines

The *Medicines and Poisons (Medicines) Regulation 2021* authorises Aboriginal and Torres Strait Islander Health Practitioners working in specified isolated practice areas (within Hospital and Health Services or Aboriginal and Torres Strait Islander Community Controlled Health Services) to use scheduled medicines. Authority to use scheduled medicines is in accordance with the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'*, and supporting health management protocols, on the oral or written prescription of a doctor, nurse practitioner or dentist, and as defined in the Aboriginal and Torres Strait Islander Health Practitioner individual endorsed Practice Plan. Refer to the *Medicines and Poisons (Medicines) Regulation 2021* and the *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health*

Practitioners' for the definitions, circumstances, and conditions of the authority to use scheduled medicines.

9.3.2 Extended practice authorities

Extended practice authorities are made under the *Medicines and Poisons Act 2019*. The *Extended Practice Authority 'Aboriginal and Torres Strait Islander Health Practitioners'* states the circumstances and conditions under which Aboriginal and Torres Strait Islander Health Practitioners working in isolated practice areas are authorised to use specific medicines listed within the EPA.

Aboriginal and Torres Strait Islander Health Practitioners are not authorised to give a treatment dose (supply) scheduled medicines in the Weipa Town Authority although it is defined as an isolated practice area. The EPA requires Aboriginal and Torres Strait Islander Health Practitioners who have authorisation to use medicines in accordance with a health management protocol.

9.3.3 Health management protocols (HMP)

The Primary Clinical Care Manual is the principal clinical management reference and policy document for Aboriginal and Torres Strait Islander Health Practitioners working in rural and isolated practice areas in Queensland. It outlines the health management protocols that support the practice of Aboriginal and Torres Strait Islander Health Practitioners and other Health Practitioners.

Health management protocols are evidence-based clinical guidelines that:

- support and detail the clinical use, administration, and supply of scheduled medicines listed in the drug therapy protocol
- provide procedures for clinical assessment, management, and follow up of patients, including the recommended medicine required for the relevant clinical problem.

9.3.4 Clinical guidelines

Reporting a change to a health practitioner's registration status is a mandatory requirement.

There are clinical guidelines for the Aboriginal and Torres Strait Islander Health Practitioners relevant to their individual scope of practice, service requirements, and approved local procedures. The *Chronic Conditions Manual: Prevention and Management of Diagnosed Conditions in*

Australia is one clinical guideline which summarises standardised Australian and International best practice and aims to address chronic conditions for improved health for clients through a multidisciplinary approach. The Chronic Conditions Manual provides guides for the most common chronic conditions in Australia and will be used in accordance with the Primary Clinical Care Manual.

The use of clinical guidelines will ensure a standardised evidenced-based approach to the care provided by Aboriginal and Torres Strait Islander Health Practitioners.

9.3.5 Referral and handover

It is important that Aboriginal and Torres Strait Islander Health Practitioners have a clear understanding of their responsibilities in making and receiving client referrals, with consideration to client cultural needs.

Aboriginal and Torres Strait Islander Health Practitioners may work in multidisciplinary teams where high-quality service delivery requires team members to have good communication, a good understanding of each other's skills and responsibilities, and respect for the diversity and value of all members' contributions. Teamwork of this nature also provides the basis for timely, appropriate, and effective referrals.

Aboriginal and Torres Strait Islander Health Practitioners may need to refer patients to other health professionals for review of serious health matters or change in health status or receive referrals from other practitioners. In receiving referrals, Aboriginal and Torres Strait Islander Health Practitioners take responsibility for the referred aspect of patient care and must ensure that the required clinical activities are within their individual scope of practice.

For more information, refer to:

- Factsheet 4 - [Referral and Handover](#)

9.4 Monitoring and development

9.4.1 Registration status

Employers must ensure processes are in place to monitor an Aboriginal and Torres Strait Islander Health Practitioner's registration status. Monitoring will identify instances such as where

registration is not renewed or where there are new or changed conditions, undertakings, or notations. Monitoring should occur through a check of the online public register.

In line with HR Policy B14, an Aboriginal and Torres Strait Islander Health Practitioner **must** immediately advise their primary clinical manager when the status of their professional registration changes.

A change to the status of the health professional's registration includes, but is not limited to:

- suspension
- conditions
- restrictions
- undertakings.

9.4.2 Clinical supervision

An Aboriginal and Torres Strait Islander Health Practitioner must have an identified primary clinical supervisor and agreed processes for ongoing clinical supervision.

To ensure that Aboriginal and Torres Strait Islander Health Practitioners develop and maintain high standards of professional practice, they should have access to quality clinical supervision.

All Aboriginal and Torres Strait Islander Health Practitioners are to have an identified clinical supervisor who has primary responsibility for the clinical supervision of their work. The primary clinical supervisor is responsible for developing and approving the Practice Plan in collaboration with the Aboriginal and Torres Strait Islander Health Practitioner.

It is recognised that an Aboriginal and Torres Strait Islander Health Practitioner may have additional identified clinical supervisors due to the availability to the primary clinical supervisor or where required for specific areas of practice.

For more information, refer to:

- Factsheet 5 - [Clinical and Operational Supervision](#)

9.4.3 Professional and cultural support

Providing professional and cultural support is a critical element to strengthen and sustain the workforce.

In addition to the clinical supervision arrangement explained in Factsheet 5, Hospital and Health Services should establish opportunities for Aboriginal and Torres Strait Islander cultural support structures for Aboriginal and Torres Strait Islander Health Practitioners.

The Aboriginal and Torres Strait Islander Health Practitioner is a relatively new role and professional support will provide enhanced clinical practice and understanding, utilisation, and application of the role.

Professional support structures to be considered includes (but not limited to):

- coaching
- mentoring
- multi-disciplinary peer support
- Aboriginal and Torres Strait Islander Health Practitioner peer support
- collaborative networks to explore and address pertinent matters that may arise
- peer review.

For more information, refer to:

- **Factsheet 6 - Professional and Cultural Support**

9.3.4 Performance appraisal and development

An Aboriginal and Torres Strait Islander Health Practitioner's operational manager conducts the performance appraisal and development process with input from the clinical supervisor.

For Aboriginal and Torres Strait Islander Health Practitioners, the Performance Appraisal and Development (PAD) (also known as Career Success Plan) process should be led by the operational manager, with involvement from the clinical supervisor. The operational manager is

well-placed to appraise the Aboriginal and Torres Strait Islander Health Practitioner, and to provide feedback and guidance about their development, progression, and career aspirations.

Clinical practice and professional development matters being addressed through the Practice Plan should be referenced during the PAD process. Open communication between the operational manager and primary clinical supervisor will enhance the clinical practice environment and provide opportunities for professional skills development.

9.3.5 Continuing professional development

Hospital and Health Services will support Aboriginal and Torres Strait Islander Health Practitioners to maintain their registration and to enhance and update their skills by engaging in continuing professional development.

Aboriginal and Torres Strait Islander Health Practitioners are required to engage in 20 hours of continuing professional development (CPD) annually as a condition of ongoing registration under the ATSIHPBA's Continuing Professional Development Registration Standard www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx. This ongoing learning enables Aboriginal and Torres Strait Islander Health Practitioners to maintain and extend their knowledge and skills and to ensure they stay up to date with contemporary practice.

For more information, refer to:

- Factsheet 7 - [Continuing Professional Development](#).

9.3.6 Scope of practice review

Hospital and Health Services will ensure that Aboriginal and Torres Strait Islander Health Practitioners and their supervisors work together to periodically review and develop the Health Practitioner's scope of practice.

The Aboriginal and Torres Strait Islander Health Practitioner's individual scope of practice should form the basis of ongoing discussion and review with the primary clinical supervisor. The Practice Plan and clinical supervision arrangements provide the vehicle for ongoing assessment and redefinition of scope of practice.

The practice plan is to be reviewed annually or more frequently, as required.

Key changes to the Aboriginal and Torres Strait Islander Health Practitioner's scope of practice will need to be advised to other clinicians.

9.3.7 Clinical audit

A clinical audit process can be used for quality improvement and identifying professional development opportunities.

Undertaking clinical audit is an opportunity for quality improvement. Clinical audit may be applied for new Aboriginal and Torres Strait Islander Health Practitioners, or when there is an expansion of individual scope of practice.

An audit tool may be used to assess adherence to approved clinical guidelines, and the use of scheduled medicines according to legislative requirements. The results of a clinical audit may influence clinical education and training or supervision.

9.3.8 Supervision of Aboriginal and Torres Strait Islander Health Practitioner students

To supervise students, an Aboriginal and Torres Strait Islander Health Practitioner must meet the following criteria:

- have a minimum of two years post registration experience in an Aboriginal and Torres Strait Islander Health Practitioner role
- are approved to provide Aboriginal and Torres Strait Islander Health Practitioner student supervision as identified in their individual Practice Plan
- their individual scope of practice includes the areas of practice for which student supervision is required
- are required to provide Aboriginal and Torres Strait Islander Health Practitioner student supervision to meet the Hospital and Health Service requirements.

Supervision may be provided for all or only some areas of the student's practice. If the supervision of Aboriginal and Torres Strait Islander Health Practitioner students is in scope, this must be identified in the Practice Plan.

10. Definitions

Term	Definition/explanation/details	Source
Accountability	The expectation of being answerable for one's decisions, actions, and behaviours.	ANMC, 2007
Clinical supervision	Overseeing clinical procedures and processes, in accordance with agreed arrangements, for the purpose of: <ul style="list-style-type: none"> • providing education, guidance and support to the individual being supervised • directing the individual's performance • monitoring and evaluating outcomes, especially the client's response to the activity. 	ANMC, 2007. HWA, 2012
Competence	The combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability	ANMC, 2007
Continuing professional development (CPD)	The means by which members of the profession maintain, improve, and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.	ATSIHPBA,2013
Practice	Any role in which a registered health professional uses their professional skills and knowledge in performing their activities.	ATSIHPBA, 2013
Professional support	The systems and environmental factors that facilitate personal and professional growth. Professional support: <ul style="list-style-type: none"> • enables high standards of practice • safeguards and improves the safety and quality of patient care • maximises employee morale and retention. 	Queensland Health, 2012
Protected title	A protected title is a specific name for a health profession that can only be used by a registered practitioner of that profession. It's an offence under the National Law for an ineligible person to use that title in a way which would induce someone to believe that they are registered in that profession.	Health Practitioner National Law Queensland, 2009
Referral	In a health care context, referral involves the transfer of primary health care responsibility to another qualified health service provider.	ANMC, 2007
Scope of practice	The activities for which an individual is educated, authorised, and competent to perform.	ANMC, 2007

11. References and suggested reading

- Aboriginal and Torres Strait Islander Health Practice Board of Australia (ASIHPBA), Registration Standards, <https://www.atsihealthpracticeboard.gov.au/registration-standards.aspx>
- Australian Health Practitioner Regulation Agency (AHPRA), <https://www.ahpra.gov.au/>
- Nursing and Midwifery Board of Australia (NMBA) 2007 National Framework for the Development of Decision-Making Tools for Nursing and Midwifery Practice, Australian Midwifery Council, Canberra, <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>
-
- Health Practitioner Regulation National Law Act 2009, <https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045>
- Health Workforce Australia, 2011, National Clinical Supervision Support Framework, <http://www.ntrtn.com.au/sites/default/files/hwa-national-clinical-supervision-support-framework-201110.pdf>
- Medical Board of Australia, Good Medical Practice: A Code of Conduct for Doctors in Australia, <http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>
- National Safety and Quality Improvement Service – Policies, Standards and Guidelines, <https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf>
- Queensland Health, Primary Clinical Care Manual, 10th Edition 2018, and updates, <https://www.publications.qld.gov.au/dataset/primary-clinical-care-manual-10th-edition>
- Queensland Health, Chronic Conditions Manual, 2nd Edition 2015, <https://www.health.qld.gov.au/rrcsu/clinical-manuals/chronic-conditions-manual-ccm>
- Queensland Health, Allied Health Professional Support Guidelines, (can only be accessed by Queensland Health Staff) <http://qheps.health.qld.gov.au/cunningham-centre/html/ah-resources.htm>
- Queensland Health, Employee Indemnity, (can only be accessed by Queensland Health Staff) <https://qheps.health.qld.gov.au/finance/insurance/emp-indemnity>

Factsheet 1

Course information – Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

Students of the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice undertake clinical practice and assessment, acquiring the knowledge, skill and competence to perform many clinical tasks and functions. Aboriginal and Torres Strait Islander Health Practitioners may be reasonably expected to perform these tasks as listed. It is noted that this table does not include additional specialised skills sets which may be acquired through the completion of elective units under the National Health Training Package.

Clinical practice area	Types of activities
Common procedure – hand hygiene	<ul style="list-style-type: none"> • hand rub • routine hand wash • clinical hand wash.
History taking	<ul style="list-style-type: none"> • SOAP-F • assess client's physical well-being • assess client's social and emotional well-being.
Observations	<ul style="list-style-type: none"> • measuring temperature, pulse and respiration • measuring blood pressure • measuring blood glucose level • head circumference • measuring weight.
Cardio-vascular system	<ul style="list-style-type: none"> • ECG • pulse oximetry • haemoglobin – Hb.
Respiratory system	<ul style="list-style-type: none"> • chest sounds • oxygen therapy • suction • peak flow • spirometry.
Special senses	<ul style="list-style-type: none"> • ear examination • ear management • eye examination • eye management • visual acuity.
Skin	<ul style="list-style-type: none"> • skin assessment • simple dressing • wound closure • removal of wound closures • complex dressings.

Gastro-intestinal system	<ul style="list-style-type: none"> • abdominal assessment, auscultation and palpation • waist circumference • oral assessment.
Nervous system	<ul style="list-style-type: none"> • pain assessment • neurological observations • neurovascular assessment.
Clinical Practice Area	Types of Activities
Medications*	<ul style="list-style-type: none"> • medications administration – common activities relevant to this skill • safe supply of medicines • oral • sublingual/buccal • inhalers DPI – dry powder • inhalers MDI – metered dose/spacer • nebulisers • topical • suppositories • injections – common activities relevant to this skill • injections – intramuscular • injections – subcutaneous • injections – intravenous • injections – Z-track • IV infusion/cannulation – fluid • monitoring the cold chain • anaphylaxis.
Specimen collection	<ul style="list-style-type: none"> • venepuncture • urinalysis • collection of urine specimens from older children and adults for PCR, ACR and MSU • application of paediatric bag and collection of mid-stream urine • wound swab • nose swab • throat swab • faeces collection • tissue sample • sputum swab • eye swab.

*Aboriginal and Torres Strait Islander Health Practitioners working in Hospital and Health Services and Aboriginal and Torres Strait Islander Community Controlled Health within defined isolated practice areas are authorised under the Queensland *Medicines and Poisons (Medicines) Regulation 2021* to use scheduled medicines in accordance with protocols, and an endorsed Practice Plan.

For further information about the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice, including details of competency areas and assessment, refer to training.gov.au/Home/Tga

Factsheet 2

Summary - individual scope of practice summary

The Aboriginal and Torres Strait Islander Health Practitioner Scope of Practice Guideline provides information to inform the development of an Aboriginal and Torres Strait Islander Health Practitioner's scope of practice.

As registered health care professionals, Aboriginal and Torres Strait Islander Health Practitioners are recognised as having their own scope of practice. Although they work under direct or indirect clinical supervision, Aboriginal and Torres Strait Islander Health Practitioners may initiate and undertake a specified range of clinical activities in the normal practice of their work.

A clearly defined scope of practice:

- reduces ambiguity and helps to ensure that the individual Aboriginal and Torres Strait Islander Health Practitioner practices safely within their scope
- gives the Aboriginal and Torres Strait Islander Health Practitioner the awareness and confidence to articulate when an activity is outside their scope
- helps to identify activities which could reasonably be brought into scope – with or without further training
- provides clear information for team members to enhance mutual understanding of roles.

The individual scope of practice developed upon commencement of employment in an Aboriginal and Torres Strait Islander Health Practitioner position and documented in a Practice Plan should be periodically reviewed.

Scope of practice is informed by many factors. The following should be considered in defining (and reviewing) an Aboriginal and Torres Strait Islander Health Practitioner's individual scope of practice:

- individual skills, experience and knowledge
- individual qualifications, training and competencies
- registration conditions, undertakings or notations
- supervision arrangements
- service models of care
- context and acuity of service provision
- skills mix in team settings
- patient profile
- location where services are provided
- legislative, regulatory and policy authorisations.

Factsheet 3

Aboriginal and Torres Strait Islander Health Practitioner Practice Plan

Implementation of the Practice Plan offers many key benefits:

- enhances clarity and transparency in relation to the Health Practitioner's Scope of Practice and work activities
- provides a framework for clinical supervision and practice
- provides a mechanism to identify and address areas for ongoing professional learning and development
- facilitates continuity in the event of changes in nominated clinical supervisor for the Aboriginal and Torres Strait Islander Health Practitioner and the Aboriginal and Torres Strait Islander Health Worker IPA
- supports effective inter-disciplinary practice, where Practice Plan information is shared with other team members to enhance understanding of role and scope.

It is required that all Aboriginal and Torres Strait Islander Health Practitioners have a Practice Plan in place.

For more information, refer to:

- Aboriginal and Torres Strait Islander Health Practitioner Practice Plan template
- Aboriginal and Torres Strait Islander Health Practitioner Guide to the complete the Practice Plan.

The Practice Plan template is the approved form and must be used for all Aboriginal and Torres Strait Islander Health Practitioners to lawfully use scheduled medicines authorities. This template should also be used as a basis for documenting scope of practice, including additional information if locally required.

The Practice Plan includes the following:

- individual scope of practice
- practice restrictions or exclusions
- referral point and process
- practice objectives
- clinical supervision structure and levels of supervision.
- scope of scheduled medicines authorities to be used in the position (if applicable)
- scope of the individual Aboriginal and Torres Strait Islander Health Practitioner in supervising Aboriginal and Torres Strait Islander Health Practitioner Students
- formal agreement, endorsement, term and review commitments.

Factsheet 4

Referral and handover

Referral

As with delegation processes, Hospital and Health Services should ensure that referral processes are clear and formal. Specific referral arrangements and expectations, tailored to local staffing and service model, should be discussed with the clinical supervisor and recorded in the Aboriginal and Torres Strait Islander Health Practitioner's Practice Plan (refer [Factsheet 3](#)).

In making referrals, the referring health professional should ensure that the referral is:

- based upon clinical assessment of patient need
- with consideration to the patient's cultural needs
- within the authority of the referring health professional
- within the scope of practice of the health professional receiving referral
- consistent with Hospital and Health Service policy
- supported by appropriate and sufficient communication and information about the patient and their treatment to enable continuing care (ANMC, 2007).

In accepting a referral, the Aboriginal and Torres Strait Islander Health Practitioner:

- agrees that the task is within their scope of practice
- acknowledges their degree of accountability for performing the task
- understands requirements to provide communication and information to the referring health professional.

Handover

An Aboriginal and Torres Strait Islander Health Practitioner may handover a patient's care to another health professional with the agreement of the clinical supervisor. A clear handover process should be formally documented to maximise patient safety and clinician accountability.

Factsheet 5

Clinical and operational supervision

Clinical supervision

An Aboriginal and Torres Strait Islander Health Practitioner is required to have an identified primary clinical supervisor as determined by the Hospital and Health Service.

The primary clinical supervisor is the person who has primary responsibility for the clinical supervision of the work performed by the Aboriginal and Torres Strait Islander Health practitioner in their employed position. The primary clinical supervisor is responsible for developing and agreeing to the Practice Plan in collaboration with the individual Aboriginal and Torres Strait Islander Health Practitioner.

The clinical supervisor should:

- be an experienced
 - medical practitioner
 - registered nurse
 - midwife
 - allied health professional
 - dentist
 - Aboriginal and Torres Strait Islander Health Practitioner (at least 2 years continuous recent experience with the type of supervision) or
 - Aboriginal and Torres Strait Islander Health Worker IPA (at least 2 years continuous recent experience with the type of supervision).
- have relevant experience and skills in supervising practitioners with scopes of practice of the individual Aboriginal and Torres Strait Islander Health Practitioner
- only supervise an Aboriginal and Torres Strait Islander Health Practitioner's practice that is within the supervisor's own scope of practice, including the supervisor's own scheduled medicines authorities. It may be that more than one clinical supervisor may be required e.g. one clinical supervisor for general clinical practice and one clinical supervisor for the use of scheduled medicines
- have an understanding Aboriginal and Torres Strait Islander Health Practitioner roles and responsibilities
- understand the clinical unit components of the Certificate IV Aboriginal and/or Torres Strait Islander primary health care practice qualification
- have the clinical and leadership skills to assess and support the development of the Aboriginal and Torres Strait Islander Health Practitioner's clinical practice

- have a strong understanding of how Aboriginal and Torres Strait Islander cultural issues impact on the clinical environment and can provide an effective and sensitive response in the management of these relationships
- have capacity to observe and provide feedback on the Aboriginal and Torres Strait Islander Health Practitioner's clinical practice
- be competent to participate in clinical supervision discussions and to oversee the Practice Plan
- set learning goals and facilitate reflective practice
- can evaluate the effectiveness of supervision
- provide a culturally safe and respectful work environment.

Supervision may be either direct (where the clinical supervisor is directly observing practice e.g. in person or via telehealth) or indirect (where the clinical supervisor is available but not present).

It is important that an Aboriginal and Torres Strait Islander Health Practitioner has clarity about the availability and accessibility of clinical supervision and guidance. The clinical supervisor should clearly communicate:

- supervision mechanisms and schedules, including back-up and remote supervision arrangements
- their expectations in relation to the Aboriginal and Torres Strait Islander Health Practitioner's clinical practice, including their level of autonomy
- expected delegation and referral arrangements
- requirements for direct supervision (observed practice) compared to indirect supervision (where the supervisor is accessible but not immediately present).

Mechanisms for the provision of supervision will vary and may include:

- periodic meetings
- practice observation
- clinical practice reflection and discussion
- case reviews
- teleconferencing or videoconferencing.

The Aboriginal and Torres Strait Islander Health Practitioner and their clinical supervisor should establish and maintain agreed processes for clinical supervision and identify these in the Practice Plan.

It may be necessary for Aboriginal and Torres Strait Islander Health Practitioners who are new to the role to receive training on the objectives, principles and expectations of the clinical supervision process, to have clarity about the developmental nature of this type of supervision.

A period of supervised practice may be required as a condition of registration for Aboriginal and Torres Strait Islander Health Practitioners who:

- are returning to practice after an absence of greater than three years; and/or
- have had a significant change to scope of practice and the practitioner's currency in the new area of practice is unclear; and/or
- have a condition or undertaking requiring supervision from a health, performance or conduct matter; and/or
- have a condition related to adequacy of qualifications.

In these instances, the ATSIHPBA's *Supervision and reporting guidelines for Aboriginal and Torres Strait Islander health practitioners* are to be implemented. These guidelines are available at: www.atsihealthpracticeboard.gov.au/Codes-Guidelines.aspx

The guidelines apply to both the practitioner providing the supervision and the supervised Aboriginal and Torres Strait Islander Health Practitioner and include a requirement for the development of a Supervised Practice Plan.

This document is separate to, and does not replace, the Aboriginal and Torres Strait Islander Health Practitioner Practice Plan. The Practice Plan may need to be reviewed and revised supervised practice requirements are set by the ATSIHPBA.

Operational supervision

Operational supervision refers to the day-to-day management and supervision required to assist with performance of duties and meeting the policy and legislative requirements of employment.

Operational supervision may include (but not limited to):

- performance development i.e. Performance Appraisal and Development
- performance in accordance with the Role Description
- mandatory training
- rostering/timesheets
- orientation and inductions
- support and guidance.

Factsheet 6

Professional and cultural support

Aboriginal and Torres Strait Islander Health Practitioners may receive three types of support.

Professional support

Aboriginal and Torres Strait Islander Health Practitioners can discuss their individual scope of practice with a senior and experienced Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal and Torres Strait Islander Health Worker Isolated Practice Authorisation (IPA). This may include:

- discussing their role
- work environment
- professional development
- any stressors encountered.

Professional support can be provided through Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal and Torres Strait Islander Health Worker forums and specific Aboriginal and Torres Strait Islander health program networks.

Mentoring support

Mentoring refers to a workplace partnership between two or more people that gives employees the opportunity to share their professional and personal experiences. Aboriginal and Torres Strait Islander mentoring aims to assist Aboriginal and Torres Strait Islander employees to feel more confident within the organisation in which they work.

Mentoring support for Aboriginal and Torres Strait Islander Health Practitioners should:

- provide structured support to assist the Aboriginal and Torres Strait Islander Health Practitioners to define their own learning experience, improve performance and develop capabilities
- benefit the mentor by providing an opportunity for mentors to develop their own leadership capacity
- contribute to improving the employing service provider's performance, by ensuring that the mentoring support is consistent and compatible with:
 - the employing service provider's vision and business plan
 - induction for staff in new roles
 - leadership and management development
 - career development opportunities

- succession planning.

Mentoring support can be provided by:

- Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander staff
- Aboriginal and Torres Strait Islander Health Practitioners
- Aboriginal and Torres Strait Islander Health Worker Isolated Practice Authorisation (IPA)
- other health professions.

Cultural support

Cultural support aims to provide assistance and advice for Aboriginal and Torres Strait Islander Health Practitioners working within a mainstream health system.

Other Aboriginal and Torres Strait Islander staff working within the employing service provider can assist with workplace cultural issues, including the expectation of their community in relation to the role and the individual scope of practice.

Factsheet 7

Continuing professional development (CPD)

The *Continuing Professional Development Registration Standard* stipulates that registrants undertake 20 hours of documented CPD each year and includes a minimum of five hours of CPD in an interactive setting with other practitioners (ATSIHPBA, 2019). The ATSIHPBA CPD Guideline supports the implementation of the CPD Standard.

Those Aboriginal and Torres Strait Islander Health Practitioners who are registered part-way through a registration period must complete a minimum of five hours of CPD for every three months of registration remaining in the registration period.

It is recommended that Aboriginal and Torres Strait Islander Health Practitioners complete annual CPD in the use of scheduled medicines if it is included in the individual scope of practice.

The ATSHPBA's Continuing Professional Development Registration Standard and Guideline is available at: www.atsihealthpracticeboard.gov.au/Registration-Standards.aspx

The CPD standard requires that Aboriginal and Torres Strait Islander Health Practitioners:

- reflect, plan and record the learning goals and the activities to meet the goals
- record a reflection on how the CPD activity affects and improves practice
- keep a portfolio of CPD activities, certificates of attainment or attendance, and notes from CPD activity for at least five years for auditing purposes
- declare compliance with the CPD standard requirements at the time of registration renewal.

Learning occurs through a wide variety of CPD activities including formal and informal education. Undertaking day-to-day routine work duties does not contribute to CPD hours.

To support the use of scheduled medicines, broad clinical foundational knowledge is required. In addition to specific scheduled medicines CDP, the following is to be considered:

- understanding the person and their clinical needs
- understanding the treatment options and how they support the person's clinical needs
- working in partnership with the person to develop and implement a treatment plan
- communicating the treatment plan clearly to other health professionals
- monitoring and reviewing the person's response to treatment.

The ATSIHPBA does not endorse or accredit CPD providers. When selecting CPD activities, consider:

- the qualifications, credentials and experience of the provider
- selecting a range of topics and activities over time
- choosing activities that are consistent with the ATSIHPBA's other standards and guidance.

To assist with recording CPD activities, an Aboriginal and Torres Strait Islander Health Worker and Practitioner CPD Personal Portfolio has been developed by James Cook University and the Greater Northern Area Regional Training Network and is available at the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA).

www.natsihwa.org.au/sites/default/files/JCU-GNARTN-Training-Portfolio.pdf

