

Response to IHPA's Development of the Australian Teaching and Training Classification public consultation paper

1. Are the current variables included in the ATTC Version 1.0 relevant to clinicians, health service managers, and other stakeholders?

Limitations are:

- Lack of focus on the Nursing and Allied Health professions.
- Focused on students and new graduates.
- In the main, reporting will be the responsibility of administration officers so there needs to be collaboration between the clinical and administrative professions.

2. Are there any further considerations in relation to the proposed structure?

- Training stage is not adequately defined.
- Non-clinical professions working in a clinical area required to complete training have been excluded.
 - Hazardous substances safe handling
 - Radiation safety
- Unknown stage of training should be further defined.
 - Continuing professional development (CPD)
 - Acts, regulations, codes of practice and standards
 - [Queensland Government's Work Health and Safety Act 2011](#)
 - [Queensland Government's Work Health and Safety Regulation 2011](#)
 - [Safe Work Australia's Managing Risks of Hazardous Chemicals in the Workplace](#)
 - [Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Service Standards \(NSQHS\)](#)
 - [Standard 4: Medication Safety](#)
 - [Clinical Excellence Commission's \(CEC\) Medication Safety Self-Assessment® for Australian Hospitals](#)
 - [Clinical Oncology Society of Australia's \(COSA\) Guidelines for the Safe Prescribing, Dispensing and Administration Of Cancer Chemotherapy](#)

- [Cancer Nurses Society of Australia's \(CNSA\) Position Statement on the Minimum Safety Requirements for Nurses involved in the Administration of Anti-Cancer Drugs within the Oncology and Non-Oncology Setting](#)
 - Mandatory training (clinical speciality)
 - Antineoplastic Drug Administration Course (ADAC)
 - Central Venous Access Device (CVAD) Education
 - Mandatory training (all professions)
 - Ethics, integrity and accountability (code of conduct/fraud awareness)
 - Occupational violence prevention orientation
 - Health and safety orientation
 - Healthcare ergonomics theory (including musculoskeletal disorders)
 - Aboriginal and Torres Strait Islander cultural practice program
 - Australian charter of healthcare rights awareness
 - First response evacuation instructions
 - General evacuation instructions (part of the local workplace induction to be conducted by Line Manager, Supervisor or Fire Warden)
 - Infection control awareness

3. Are there other variables which should be considered in future versions of the ATTC?

- The ATTC Version 1.0 does not take into account the type of training (in-person, via telehealth or online). The resources to deliver the different types of training should not be included in overhead costs.
 - ICT infrastructure and applications (e.g. Learning Management System application licence and support fees, Adobe Captivate, Adobe Illustrator)
 - Telehealth infrastructure
 - Administrative support (e.g. Learning and Development Officer)
 - Specialist facilitator (e.g. Clinical Nurse Consultant, Clinical Facilitator, Nurse Educator)
- Clinical skill taxonomy should be defined in stage of training. For example:
 - Supervised – generalist staff member supervised by a proficient specialist staff member with a minimum of 3 years' experience

- Capable – generalist nurse transitioning to be proficient with less than 3 years' experience
- Proficient – experienced in specialty with 3 years or greater expertise in that speciality

4. What supporting material would be beneficial for the ATTC?

- National standards and guidelines that are supported by clinical training not part of a tertiary qualification:
 - [National Safety and Quality Health Service Standards](#) are supported by Cancer Institute NSW's Antineoplastic Drug Administration Course. This course supports health professionals develop the minimum standard of competency required for the safe administration of antineoplastic drugs and related waste.
 - See section 2 for additional examples.

5. What communication avenues and methods should IHPA consider in order to inform and engage stakeholders of the ATTC and future ABF for teaching and training?

- Individual facilities should be able to nominate directly to IHPA and be coordinated by a state-specific IHPA coordinator. Facilities and avenues within Qld Health were excluded by the sites engaged upfront.

6. Are there particular aspects or areas of the ATTC that should be prioritised in its development, or aspects that should be developed at a later stage?

- IHPA must define training stage and clinical training not part of a tertiary qualification.

7. Are there any further considerations that should be taken into account when developing the ATTC?

- There has been no mention of reporting requirements or methods.
- There has been no mention of standardising reporting.

If you have any questions please contact Eliza Bott or Maree Bransdon at CIRCS@health.qld.gov.au.