

Received by email on 28 September 2011

Subject: "Registration Standards"

1. Continuing professional development

- 1.1 The 20 hours listed for CPD is sufficient; however should be completed three times a year. It would be essential to identify what skills /competencies a AHP is required to maintain and should be a minimum requirement. Marr Mooditj Training Inc recommends that AHP's maintain their competencies within those 20 hours for the units at the Certificate IV in Aboriginal and/or Torres Strait Islander primary health care level and higher.
- 1.2 Formal CPD time should be covered within comment for 1.1. With informal CPD evidence should be the only requirement as a submission but be over a 12 month timeframe. This evidence could be in the form of a log book that is signed by supervisor/manager. This requirement of informal and formal activities need to be more defined.
- 1.3 It would be more beneficial for people to start 12 months after the scheme commences in order to gather required evidence for the logbook but at the same time still implementing the formal CPD when the scheme commences.
- 1.4 It should be essential that where the AHP has completed CPD this should be signed by a qualified preceptor or assessor. This then should be submitted to the board whom should register the activity into a database that should be archived every three (3) years; however the AHP should be able to access this CPD at any time. The purpose of this would be for the AHP to print a progression report of all the activities undertaken over at least the previous five years, in order to demonstrate to any potential employers or other health professionals this evidence.
- 1.5 As there are requirements for upgrade of qualification's this does need to be gradually introduced for those people ; however AHP's who have the required qualification whom registers should begin when the scheme commences and should commence in July 2013.

2. Criminal history

2.8 Family feuding/conflict should be taken into consideration as a future threat also. As clients at times do not get the level of service required.

3. English language skills

3.1 Yes it is and should not be damaging to the ATSI community languages

Requirements: What is the base line to demonstrate competence in English language of the ATSI community? This should be left with the role of the interpreter if there are language barriers.

4. Professional indemnity insurance (PII)

4.2 Provide evidence of a signed copy of the insurance by the employer

5. Recency of practice

5.1 This should be completed against the log book evidence.

— What is the minimum qualification for registration.

- For AHP's who are returning to the field the length for recency of practice should be no more than 12 months of absence
- People who gain the qualification upon graduation should be entitled to register within 12 months
- (c) Will be required to obtain evidence of training or skill set as the requirement
- The board members must have the necessary AHP qualification to enable them to make any decisions regarding AHP registration matters

6. Board statement

No comment

7. Grandparenting registration standard

7.1 Organisation should have clear policies on clinical practices in work places for the AHP that is aligned to the ATSI Health qualification. For example: there are some AHP's that perform venepuncture and in other areas are not allowed.

8. Board Statement of assessment – no comment

9. Draft registration standard: Aboriginal and Torres Strait Islander

9.1 Proof of an Aboriginality form that has been signed by a constituted body for evidence

- (B) & (C) should be deleted from the document regarding what makes an ATSI person

10. Board statement of assessment – no comment

11. Eligibility for registration standard

11.1 This should not be only for the Practice stream of the ATSI primary health care qualifications and should include the community care stream

11.2 Yes other considerations should be given to Aboriginal Mental Health Professionals

11.3 Consideration should be given towards other qualifications within community services

12. Board statement of assessment

The IGA statement regarding risk in the use of equipment needs to be defined as these people have gained the necessary qualification by gaining competency through demonstration of knowledge and practical skills that involve the use of such equipment.

There is no more potential for AHP's to cause damage to the environment or to cause substantial public health and safety risk than any other health professional. This is already a responsibility of the workplace to monitor and ensure the safety of their clients and staff.

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