



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, 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:	Julia McIntyre
Organisation Name:	Kimberley Aboriginal Medical Services Limited

Your responses to the public consultation questions

1. Does any content need to be added to the draft professional capabilities?
<p>Domain 1. Aboriginal and Torres Strait Islander Health Practitioner</p> <p>5. Supply and administer medicines safely and effectively.</p> <p>In WA, there is an additional training component to deliver under the Structured Administration and Supply Arrangement (SASA) in each AMS the AHP must complete the Medication Administration Competency Assessment (MACA) training every 2 years for compliance under Poisons regulations.</p> <p>Domain 3 Communicator and collaborator</p> <p>Communicate clearly etc...</p> <p>(g)Appropriate adjustments need to be considered where some AHP's are unable to communicate with clients for cultural reasons. Father in law, Daughter in law etc. in the Kimberley this is the Jigal. This cultural protocol as a day-to-day impact on the capacity of an AHP to communicate and practice, they cannot be in the same room or car as this person. This forms part our cultural safety training, for all AHP's.</p> <p>(e)Also need to consider body language, eye contact can be a barrier for clients.</p>
2. Does any content need to be amended or removed from the draft professional capabilities?
As above
3. Is the language clear and appropriate? Are there any potential unintended consequences of the current wording?
None we are aware of.
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?

As above for WA Medications

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

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

No they are well written and very clear