Aboriginal and Tortes Strait
Islander Health Practice
Chrinese Medicine
Chropractic
Dental
Medical
Medical
Radiation Practice
Occupational Therapy
Optometry
Osteoparty
Pharmacy
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 <a href="mailto:accreditationstandards.review@ahpra.gov.au">accreditationstandards.review@ahpra.gov.au</a>, 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:	Rachael Walker	
Organisation Name:	Central Queensland University	

#### Your responses to the public consultation questions

### 1. Does any content need to be added to the draft professional capabilities?

I am a qualified AHP and Paramedic, This certificate is so important as a an entry level for other health qualifications and for Aboriginal and/or Torres Strait Islander people to be first point of contact and to ensure and provide a culturally safe and competent client consultation.

As I read through the draft, I agree with all, but I am still concerned at the heavy knowledge and skills that are required for a Cert IV, I believe that this registration qual should be a Diploma. This hopefully will reflect with a suitable salary for the skills and knowledge required to perform this scope of practice. Also providing pathways into a degree of chosen health fields like Nursing or Midwifery.

I would also like to see more emphases on Language interpretations and legal obligations.

When an AHP's speak fluent language and is relied upon for client interpretation for medical, social or informed consent reasons. There is no extra unit or consideration to what the full legal requirements are of this AHP for being involved in this translating situation. I feel there should be an extra unit/course provided from the Interrater services program to give full details on legal requirements that come with translating. It is just assumed that the message is being translated without any bias or opinions and the knowledge of what the medical service is. People translating need to have some protection when doing such tasks. Informed consent is a huge and a serious matter, that AHPRA or the accreditation board should be considering when it comes to using AHPs for translating.

Family members should not be used for interpreting, this does not consider knowledge on how to change medical terminologies to local language and the full understanding of medical procedures.

# 2. Does any content need to be amended or removed from the draft professional capabilities?

Identifying when emergency medical care is required and safely perform common first aid and life support procedures means contacting emergency medical services when needed and/or providing first aid to the patient/client.

I am a bit concerned with this component... what about in a remote location when you are the only medical service provider. AHPs should know how to do more in an emergency and not just perform common first aid. Should state or "Managed as per Acute Emergency Guidelines"

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

No

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?

No	

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?