

Via Email 7/10/2011

### Proposed Registration Standards

1. Continuing professional development
2. Criminal history
3. English language skills
4. Professional indemnity insurance
5. Recency of practice

1. CPD

- Is there an assumption that the AIR CPD program is the standard?
- To discuss the advantages and disadvantages of hours vs points; it is necessary to know what constitutes an activity when accounting for the hours.
- If reading journals and attending training and meetings are allocated at an hour for an hour; and if preparation time for presenting a talk at a meeting is allocated at hour for hour (with caps imposed) then the hours are achievable, but if there is a sliding scale as is the case with the AIR points, then the current AIR points scaling system (or like system) should be adopted. The AIR points system requires a minimum of 36 points over the 3yrs. This equates to 60-72 hours due to the scaling system. I think that 60 hrs over 3 yrs is ample.
- As a considerable number of practitioners are in rural and remote locations with very limited access to personally attend industry specific CPD programs, it will be very difficult if not impossible for some practitioners to comply with a pre-determined level of scope of practice CPD points/hours. If that is considered it needs to be accessible via websites so that it is achievable across the board.
- As the financial status of most local health districts is still precarious, the implementation of scope of practice CPD requirements may likely lead to annual leave being taken to attend sessions, and this in turn takes the freedom of a sole practitioner to schedule holidays for their best interest. As sole practitioners already work with a lack of freedom to have time off, this could likely bring in an unacceptable level of restraint. Most practitioners are keen to attend any seminar that is work specific, but the availability of said sessions is the issue.
- As a professional body, having guidelines to work within is appropriate but care should be taken to ensure that areas are not over managed to make them unattainable by the entire workforce.
- Exemptions to CPD should be considered for the group of practitioners that are nearing retirement, with perhaps a three year window, so a 62 year old would finish their current program and be exempted from any more.
- Exemptions on a pro-rata basis should be considered for practitioners on medical, maternity, special & long-service leave.
- Work cover cases should still be assessed individually as to any requirement to complete their CPD as the reasons for work cover leave are so varied.
- The type of CPD activities being undertaken should be quite broad to allow all practitioners an equal opportunity to achieve the requirements in their regular work environment over the course of the year. But should exclude such non-educational tasks such as word finds that can currently be used to obtain CPD points. These kind of activities do not add credibility to the program
- The reality of working as a sole practitioner or job sharing in a rural or remote location is that being granted leave to attend seminars and workshops for CPD is difficult due to the unavailability of cover for the site for very short time periods. And whilst this is not

necessarily an acceptable situation, putting an undue pressure on any sole practitioner to achieve CPD regardless of scheduling problems is unacceptable. Covering a small site is reliant on the locum arrangements in place, and there may not be any opportunity to cover the site when the seminar or CPD activity is scheduled.

- Unless each activity is scheduled for both multiple timeframes and multiple locations, the reality is that some rural and remote practitioners will have no opportunity to attend any such activity.
- With respect to the level of CPD hours: 60 over three years or minimum 10 in any one year seems to be a reasonable level.
- Is the AIR program going to come into line with the National Registration Board recommendations?
- If already enrolled in the AIR CPD program-will that just cross-over, will there be any further requirement to complete further CPD?
- As the AIR allocates points versus hours, how will the NRB allocate hours for points?
- As the AIR system is limited in its focus and ability to provide rural and remote operators access to face to face sessions. (Due to the nature of rural and remote locations, the ability for sole practitioners to attend face to face seminars is reliant more on the availability of locum coverage for the site than desire to attend); is the NRB going to present CPD seminars and activities or will the practitioner have to source all CPD activities on their own behalf? Should the AIR then be responsible for supplying online opportunities for remote workers?
- Will there be any formal directive from the board to employers regarding the mandatory requirements for CPD?
- How and by whom will the CPD program be written?

## 2. Criminal History

The proposed standards are reasonable for all minor offences and with respect to the age of offences it would be reasonable to place less emphasis on older offences; with the exception of crimes of impropriety involving children and/or assaults.

The secluded nature of the work provides an unsafe environment for the patient and the practitioner if there is a history of impropriety with regard to children and /or women (it is accepted that not all assaults of this nature are against women).

## 3. English language skills

The proposed standards seem comprehensive and reasonable.

## 4. PII

Both the AIR and HSU provide members with PII to one extent or another. I think that these bodies (and other relevant unions) should be included in this discussion in the first instance so that practitioners who are members of one or both will not need to take out further PII.

Whilst all practitioners should have PII, I don't see any need for run-off coverage.

## 5. Recency of practice

Due to the possible lack of specific scope of practice CPD activities available for practitioners – I think it would be more appropriate to look at a number of practice hours required for a returning

practitioner. Ie if a practitioner has >3 yrs experience prior to maternity leave for 3 yrs, then supervised practice for 6-12 hours might be reasonable.

After 10 yrs absence, perhaps 5 days inservice and 1-3 months supervision might be reasonable.

I would not like to see a specific number of hours of work per year to maintain recency. Some areas of practice do not lend themselves to allowing a non-staff member to do 'work experience' to maintain their registration.

If a practitioner changes profession for some years and then comes back, on the job training is still the most appropriate course of reinstating them.

A 20 yr plus absence may require more specific interviewing and in servicing?