



australianhand  
therapyassociation<sup>inc.</sup>

**Minutes of the Australian Hand Therapy Association Inc.  
Annual General Meeting Saturday 17th October 2015  
Held in Conjunction with the National Conference 2015  
Perth, WA**

## PRESENT

1	Adrienne Stokes	29	Georgia McGuinness	57	Megan Fitzgerald
2	Alex Retallick	30	Hamish Anderson	58	Melanie McCulloch
3	Amy Geach	31	Helen Burfield	59	Melissa James
4	Anna Scott	32	Helen Fitzgerald	60	Meredith Rogers
5	Anne Wajon	33	Jane Aarons	61	Michael Fitzgerald
6	Barbara Hall	34	Jane Skeen	62	Naomi White
7	Bec Kevill	35	Janet Dindler	63	Nicole Myrland
8	Belinda Hession	36	Jasmine Cameron	64	Olga Alkin
9	Ben Bugden	37	Jennie Graetz	65	Rebecca Crowley
10	Ben Cunningham	38	Jennifer Kaess	66	Rosemary Prosser
11	Beth Taylor	39	Jo Marsh	67	Ruth Matzelle
12	Bethanie Trevenen	40	Joanne O'Sullivan	68	Sally Colwell
13	Brent Byrne	41	Joelene Colliton	69	Sandra Hookins
14	Carolyn Asman	42	Josephine Gibbs-Dwyer	70	Sandra Kevill
15	Catherine Reid	43	Joy Hanna	71	Simon Garbellini
16	Cathie Dossetor	44	Julie Condon	72	Stuart Wilson
17	Cathy Merry	45	Karen Fitt	73	Suna Van Staden
18	Cathy Thomas	46	Kathryn Phillips	74	Suzanne Caragianis
19	Celeste Glasgow	47	Kathy Minchin	75	Suzanne Florenza
20	Chartlotte Nash	48	Katie Whittle	76	Tanya Cole
21	Christina Harwood	49	Kelly Briody	77	Therese Guild
22	David Parsons	50	Kylie Flynn	78	Tracey Clark
23	Diana Francis	51	Lara Griffiths	79	Trish Holmes
24	Dion Sandoz	52	Laura Shorney	80	Vanessa Grant
25	Emma Staples	53	Lauren Miller	81	Vanessa Kirkham
26	Farida Littlemore	54	Leith Nicholson	82	Virginia Wise
27	Fiona Evans	55	Lisa Keenan	83	Wing Wah (Vera Tse)
28	Fiona Williams	56	Liz Ward	84	Zoe Milner

### 1. OPENING FORMALITIES

Tracey Clark, President of the AHTA welcomed Life Members, Members and Associates and declared the meeting open at **2:14pm**. A quorum was declared. There were **84** Full Members present and **6** Proxies totalling **90** eligible votes.

**Motion 1:** That the notice convening the 2015 Annual General Meeting for the Australian Hand Therapy Association Inc. be confirmed

Proposed: Karen Fitt

Seconded: Megan Fitzgerald

Motion: Carried

### 2. APOLOGIES & TABLING OF PROXIES

Apologies were noted and proxies were tabled and recorded:

#### Member

Katie Anderson  
Janelle Kilcullen  
Beverley Trevithick  
Amanda Hughes  
Jordan Lefmann

#### Appointed Person

Christina Harwood  
Hamish Anderson  
Olga Alkin  
Kylie Flynn  
Suzanne Caragianis

### **3. CONFIRMATION OF MINUTES OF PREVIOUS ANNUAL GENERAL MEETING**

**Motion 2:** That the minutes of the 2014 Annual General Meeting of the Australian Hand Therapy Association Inc. be accepted as a true and accurate record of that meeting.

Proposed: Joy Hanna                      Seconded: Celeste Glasgow                      Motion: Carried

### **4. BUSINESS ARISING FROM THE MINUTES**

No business arising from the previous minutes

### **5. CORRESPONDENCE**

No correspondence to be tabled. All correspondence is handled on an ongoing basis at Management Committee meetings and responded to accordingly.

### **6. PRESIDENT'S REPORT**

AHTA President Tracey Clark read her report to the meeting, a copy of which is contained in the AHTA 2015 Annual Report, previously distributed to all members.

**Motion 3:** That the President's report is accepted.

Proposed: Janet Dindler                      Seconded: Catherine Reid                      Motion: Carried

### **7. TREASURER'S REPORT**

David Parsons read his report to the meeting, a copy of which is contained in the AHTA 2015 Annual Report, previously distributed to all members.

**Motion 4:** That the Treasurer's report is accepted.

Proposed: Christina Harwood                      Seconded: Catherine Reid                      Motion: Carried

### **8. AUDITORS REPORT PRESENTED AND TABLED**

**Motion 5:** That the Auditor's report is accepted.

Proposed: David Parsons                      Seconded: Elizabeth Ward                      Motion: Carried

### **9. EXECUTIVE SUPPORT MANAGER'S REPORT**

Sarah Dixon read her report to the meeting, a copy of which is contained in the AHTA 2015 Annual Report, previously distributed to all members.

**Motion 6:** That the Executive Support Managers report be accepted.

Proposed: Hamish Anderson                      Seconded: Suzanne Caragianis                      Motion: Carried

### **10. SPECIAL REPORTS**

***All reports have been previously distributed as part of the AHTA Annual Report.***

#### **10.1 Membership**

***Welcome all Members and Associates admitted in the last financial year ending 30 June 2014***

#### **New Members**

Anouska Hall VIC

#### **Associate Members Upgrading to Full Members**

Frances Black TAS

Jasmine Cameron WA

Jo Marsh SA

Clare Black QLD

Julie Condon QLD

Kathleen McCarthy QLD

Kelly Briody VIC

Elizabeth Dalla-Pozza ACT

Georgia McGuinness VIC

Sara Brito VIC

Sharon Goldby VIC

Zoe Milner VIC

Brent Byrne WA

Therese Guild NSW

Angela O'Connor QLD

Hayley O'Sullivan VIC  
Catherine Pearson NSW  
Kathryn Phillips WA

Karen Ritchie NSW  
Meredith Rogers NSW  
Heather Taylor NSW

Frances Thomsen QLD  
Jade Wong NSW

### **Associate Members**

Victoria Gorringer ACT  
Christine Burns NSW  
Daniel Ceh NSW  
Amanda Cooper NSW  
Katrina de Carvalho NSW  
Jason Fairclough NSW  
Yoke Low NSW  
Marnie Lowry NSW  
Lucy McLeod NSW  
Alison Middleton NSW  
Joel O'Loughlin NSW  
Paula Peralta NSW  
Chantal Stains NSW  
Lauren Storey NSW  
Marin Suzuki NSW  
Michael Thompson NSW  
Susan To NSW  
Nicholas Toose NSW  
Nadia Vigna NSW  
Daniel Vukovic NSW  
Sally Wajon NSW  
Melissa Wallace NSW  
Kate Connor NT  
Emma Finck NT  
Kelly Papatolicas VIC  
Jessamy Powers VIC  
Lisa Slade VIC  
Terri Stanley-Clarke VIC  
Alison Thiel VIC  
Johanna Williams VIC  
Lauren Young VIC  
Georgina Berger WA  
Christine Busher WA

Emma Allardyce QLD  
Tiffany Drake QLD  
Trancy Fong QLD  
Lauren Gardner QLD  
Roy George QLD  
Kristy Gerlach QLD  
Sunelle Hargreaves QLD  
Lauren Heslop QLD  
Mary Little QLD  
Samtani Mahender QLD  
Elanie Marks QLD  
Shawn McDowell QLD  
Rachel McMahan QLD  
Jody-Anne Mills QLD  
Letitia Power QLD  
Kerrie Sanderson QLD  
Kaitlyn Saunders QLD  
Lachlan Shaddock QLD  
Germaine Sim QLD  
Mikayla Southam QLD  
Kirsty Stafford QLD  
Kate Wharton QLD  
Tyrone Williams QLD  
Belinda DeGaris SA  
Tiffany Chia WA  
Judith Feldman WA  
Catherine Fitzhardinge WA  
Lauren Ford WA  
Megan Garnett WA  
Taya Klisowski WA  
Kate Kruger WA  
Kate Martin WA  
Matthew McClure WA

Claire Gehringer SA  
Esther Leung SA  
Jennifer Woodward TAS  
Margot Afford VIC  
Maria-Belynda Angell VIC  
Sarah Armanios VIC  
Melanie Bennett VIC  
Angela Cheng VIC  
Kirsty Connor VIC  
Tianna-Marree Couch VIC  
Sophie Crapper VIC  
Marisa Crowe VIC  
Stephanie Ellis VIC  
Nicola Eustace VIC  
Stephanie Everest VIC  
Pearse Fay VIC  
Anna Gorman VIC  
Matthew Grange VIC  
Holly Kozlowski VIC  
Marissa Kwijas VIC  
Tammy Lechte VIC  
Annemarie Marshall VIC  
Brodwen McBain VIC  
Kirsty Norton VIC  
Rachel McKay WA  
Michelle Paterniti WA  
Taryn Post WA  
Emily Sevier WA  
Chantelle Sorgiovanni WA  
Victoria Spicer WA  
Brad Stewart WA  
Emma Tozana WA  
Beth Williams WA

### **Affiliate Members**

Darcy O'Neill SA  
Sarah Argiropoulos WA

Amber Blackburn WA  
Amy Sturgeon WA

- 10.2 Research and Scholarship**
- 10.3 Education and Professional Development Report**
- 10.4 Knowledge and Resources**
- 10.5 Communications**
- 10.6 Marketing and promotions – No report, position vacant**
- 10.7 Advocacy**
- 10.8 Governance**
- 10.9 Divisional Reports of State Activity**



## 15.2 Conference 2017 South Australia

**Motion 14:** That the 2017 AHTA Conference be held in South Australia during the month of October or November 2017.

Proposed: Janet Dindler

Seconded: Simon Garbellini

Motion: Carried

## 15.3 Strategic Plan Update

The management committee attended a Face to Face Strategic Planning Review meeting in May 2015. The management committee has continued to work within the existing strategic plan.

## 16. Other Business

- **“Accreditation” Presentation by the Governance Committee** – Credentialing Working Party.

**An Accreditation working party has been formed which currently has 4 members:** Tracey Clark, Helen Burfield Elizabeth Ward and Dave Parsons

### The Case for Accreditation

#### **Why are we proposing a change to the current system? ... There are three main reasons**

1. The current system lacks the ability to guarantee competence of practice. This is an issue when the AHTA advocates on behalf of members to key stakeholders with the premise that full members of the AHTA have higher skills and knowledge than non-members. The experience with BUPA is an example where by an accreditation system would have helped the AHTA advocate for its members
2. There is currently little appetite from Tertiary Education Institution (Universities) to create a Hand and Upper Limb Masters Course for hand therapists to complete in Australia, and an accreditation regime will help to drive opportunity and change in this area of education.
3. The recognition of hand therapy as a “specialisation” is not on the agendas of OT Australia and the APA. The fact that we are comprised of both PT's and OT's with differing education backgrounds makes it difficult for stakeholders to recognise competence in the area. The AHT accreditation aims to address this.

#### **Some of the benefits of accreditation:**

- Ensuring members meet minimum standards or levels of competence
- Providing members an opportunity to differentiate themselves from non-members in the market
- Allowing the AHTA to position its members as being practitioners who provide services from a scope of practice distinct from non-members, and this is important when lobbying key stakeholders such as insurers, referrers and the public
- Ensuring the continued development and expansion of AHTA education courses, by incorporating these into the accreditation process.
- Providing a platform from which to lobby APA and OTA for recognition of scope of practice in Hand Therapy

## Draft Proposal

<b>Current Full Member Requirements</b>	<b>Proposed changes for Accredited Hand Therapist</b>
<b>Primary Qualification</b>	<b>Primary Qualification</b>
A clinician applying for membership of the AHTA shall be a qualified occupational therapist or physiotherapist, having national registration	A clinician applying for Accredited Hand Therapist shall be a qualified occupational therapist or physiotherapist, having national registration
<b>Experience</b>	<b>Experience</b>
Have a minimum of three years equivalent full-time post graduate experience as an occupational therapist or physiotherapist	Have a minimum of three years equivalent full-time post graduate experience as an occupational therapist or physiotherapist

<b>Specific Hand Therapy Experience (current)</b>	<b>Specific Hand Therapy Experience (proposed)</b>
Have a minimum 3600 hours clinical hand therapy experience within the maximum time frame of the last five years.	Have a minimum 3600 hours clinical hand therapy experience within the maximum time frame of the last five years.
Have engaged in a range of learning activities that equate to 300 hours of professional development/education within the maximum time frame of the last five years	<p><b>Experiential Pathway:</b> Complete the 4 existing AHTA courses + 2 approved elective modules. (Elective modules may include AHTA Accredited Courses, approved university subjects or CHT)</p> <p><b>Academic Pathway:</b> Complete an approved Masters by Coursework in Hand and Upper Limb Therapy, which includes a clinical component</p>

<b>Mentorship (current)</b>	<b>Mentorship (proposed)</b>
Have a current 12 months associate membership of the AHTA, or other IFSHT recognised association. Mentor assigned to assist with membership application	Have a full member mentor for a minimum of 6 months. If working in isolation then you must arrange for 5 days of work experience in a practice with a full member with at least 5 years experience.
<b>Ongoing Continuing Education Requirements</b>	<b>Ongoing Continuing Education Requirements</b>

<p>Submit Professional Development Participation forms as per guidelines. This is required to be submitted every 2 years. Over a 2-year period, the minimum criteria for each of the three categories:</p> <p>CATEGORY 1: HAND THERAPY EXPERIENCE (Minimum 400 hours per 2 year period)</p> <p>CATEGORY 2: ONGOING EDUCATION (Minimum 12 credits required)</p> <p>CATEGORY 3: CONTRIBUTIONS TO THE PROFESSION (Minimum 6 credits required)</p>	<p>Need to bring this in line with AHPRA requirements of 30 CPD hours per year</p> <p>AND</p> <p>Consider the requirement to set annual / biennial learning goals</p>
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<b>Referees (current)</b>	<b>Referees (proposed)</b>
<p>Provide a reference and statement of recommendation from a member of the AHTA, member of AHSS, or AHTA mentor</p>	<p>Support from two referees who are familiar with your practice and your accreditation application. Your referees must have been in a working professional relationship with you for at least 6 months in the last 2 years (i.e. ongoing contact beyond the week of clinical experience).</p>
<p><b>Codes</b> OT's must abide by the AAOT Code of Ethics and Physiotherapists must abide by the APA Code of Conduct</p>	<p><b>Codes</b> OT's must abide by the AAOT Code of Ethics and Physiotherapists must abide by the APA Code of Conduct</p>

<b>Review of membership Application (current)</b>	<b>Review of membership Application (proposed)</b>
<p>For initial membership, a minimum panel of three reviewers is required (Including the membership secretary). Review panel members should include both an occupational therapist and physiotherapist. However, if the applicant has completed the CHT, this panel review is not required and they can be accepted after review by the Membership Secretary</p>	<p>An Accrediting Council to consider applications</p>
<p>Membership must be renewed annually, and a CPD log provided every 2 years.</p>	<p>Accreditation must be renewed annually, and a CPD log provided every 2 years.</p>

### Member Feedback

**Q. Can the AHTA become an RTO so that modules can contribute to a university qualification?**

A. No – not at this stage under the Qld Incorporations Act

**Q. What is the time frame to complete the accreditation process?**

A. Maximum time frame of 5 years

**Q. Would the AHTA courses need to be repeated if not done within the last 5 years?**

- A. Yes. The courses are periodically updated to ensure that they reflect current best practice.
- Q. Will the maternity leave features that exist under the current system carry over to the AHT system?**
- A. Yes
- Q. Would the working party consider reducing the number of hours required for accreditation, or increasing the number of years over which hours can be accumulated (to accommodate part time working mothers)?**
- A. No, not beyond current maternity leave provisions.
- Q. If I am already a full member do I need to re-apply to with the new system to be an AHT?**
- A. No, all full members of the AHTA at the time where the new system comes into effect will fall under a Grandfather clause and automatically become an AHT.
- Q. What would happen to Associates who don't want to accredit?**
- A. Nothing. Associate membership level will remain for:
- Those undertaking accreditation
  - Those ineligible, or who don't choose to accredit
- Q. Should a separate category of membership, with higher annual fees, be created for Associates who don't want to accredit?**
- A. No, they will remain associates as they are currently
- Q. When will the AHTA stop accepting applications for full membership under the current system?**
- A. December 31 2017
- Q. If someone passes the CHT exam- can they still use the title of "Hand Therapist" if not an "Accredited Hand Therapist"?**
- A. Refer to AHPRA Guidelines for advertising regulated health services.
- Q. How will the AHT be distinguished from the already existing British AHT?**
- A. British AHT members write BAHT, however, this will depend on advice from AHPRA about how the title AHT can be used in advertising. (Compare with the AHPRA precedent of "APA titled Sports Physiotherapist")
- Q. How will re-accreditation change from the current CPD requirements?**
- A. CPD guidelines will be amended to reflect AHPRA requirements of 30 hours CPD per year. Members will be encouraged to set annual learning goals.
- Q. Who will be making up the staffing of the accrediting council and how it will be governed for quality and impartiality on an ongoing basis?**
- A. The council will be established in compliance with the Australian Standard AS NZS ISO IEC 17024-2013 Conformity assessment - General requirements for bodies operating certification of persons to ensure quality and impartiality in the process, and establish good governance procedures.
- Q. I didn't have to do the immobilisation-splinting course prior to doing the mobilisation course because of my experience. How does the AHTA suggesting I cover the gap?**
- A. In this circumstance the applicant may apply to the accrediting council for approval to substitute an additional (approved) elective module.
- Q. Will the registration boards permit the AHTA to accredit its members? (The OT registration board did not allow OTAust to accredit its members).**
- A. The accreditation party will consult with the registration board on this matter. The PT board currently recognises the APA titling system.

## **Budget**

The AHTA working party initially sought advice about the process of Accreditation from Graeme Drake, who was first consulted at the AHTA Strategic Planning weekend in May 2015. Graeme Drake is a Professional Management Advisor who specializes in standards development, certification, accreditation and compliance. He is Chairman of the National Standards Committees for Conformity Assessment and Compliance Management Systems. Subsequent to this meeting he proposed the following steps in the process of achieving Accreditation of Hand Therapists.

## **Proposed project steps**

### **The proposed steps, estimated effort (days) and timeframe are as follows:**

1. Confirmation of the scope and outline of the scheme, key concepts and definitions – 2 days
2. Competency definitions – 3 days
3. Prerequisites – 1 day
4. Assessment process – 3 days
5. Decision making – 1 day
6. Recognition symbol, trade mark registration and directory – 2 days
7. Appeals and complaints – 1 day
8. Obligations of recognised practitioners and ongoing surveillance – 1 day
9. Liabilities and insurance – 2 days
10. Formal scheme rules development – 3 days
11. Internal systems, processes, procedures, documentation and records – 5 days
12. Business model and pricing – 3 days
13. Communication, marketing and promotion – 3 days
14. Project management and contingency – 3 days
15. Total – 33 days over 12 weeks

Daily rate of Consultant: AUD \$1,800 (excluding GST) so 33 days would be \$59,400 (excluding GST). However the working party believes this can be significantly reduced if the accreditation working party and the AHTA support team take on some of these tasks.

### **Discussion was then invited from the floor as follows:**

Suzanne Caragianis (SC): I really congratulate you as the working committee. Amazing job, very professional and very proud that the association is moving forward in this way. I highly commend your work and support it.

Tracey Clark (TC): Thanks Suzanne.

Ben Cunningham (BC): I think the accredited hand therapist is a great idea, I just wonder whether or not you have considered having a third tier in the middle for people who perhaps don't want to go down this path, but would like to become full members. What happens to the people that are stuck in the middle? At the moment an associate can be someone who finishes University tomorrow gets a letter signed by their employer and then they are an associate member. There are some other associate members who are valued hand therapists within our community and maybe don't want to go down the path at the moment of this points system & so probably at the same time don't want to go down the path of accredited hand therapist as well. I think the accredited hand therapist is great, but what about those people left in the middle?

Liz Ward (LW): If I can answer that a little bit.. at the moment there are associates, not full members who are long standing associates and I agree, there are some really highly experienced associate members, I was actually talking to one of them recently and she said "I would actually really welcome, this system." I cannot be bothered to pull together over 300 hours of continuing education but if I know that I can just undertake six modules and then I can upgrade to Accredited status, then I would be very happy to do that" So.. I think we have to

look at this in a different way; it actually makes it easier for people to upgrade to this accredited status. They know that it's a very clear cut system by which they can upgrade and they don't have to try and pull together 2 hours here and 2 hours there, its really hard for them over a long time to pull all that together.

TC: The other comment I would like to make in response to Ben's question is that there is no other way for us to guarantee a standard.

Chris Harwood (CH): Firstly, Thank you so much for all your hard work, I know this couldn't have been easy, so I don't want to criticise, but I want to mention that I margin for rural and regional therapists. Six courses is going to cost a lot, by the time you add travel and accommodation and the expense of those six courses. Have you had any feedback from those people about how they may manage that? Especially the younger therapists.

TC: We didn't receive any feedback when we asked people to provide comment to the working party. We have had some informal discussion around providing some sort of scholarship / rural scholarships... CH: That's a great idea...TC: for people to attend these courses, and while we try to roll out our courses in rural areas it's actually more cost effective for the association to provide scholarships for people to attend at a regional centre because the overall increased attendance at a major centre will offset those costs anyway. That was a good question and I think we do need to build in some consideration for rural and remote members to encourage them to go down this path.

Unknown Voice: Further to that question, there must be some online courses that can be used or be accredited by the accreditation process, which will be available to those rural therapists. I think it will be a multi pronged thing and I think it is certainly workable.

TC: So we envisage that the elective modules will be courses that – some would be developed by the AHTA, some would be accredited courses by external providers and the mode of which they are delivered can vary. They just need to have met the accreditation guidelines. LW: Some of those courses could be University modules that people can do online, such as the Derby, hand therapy Masters course is predominantly online and will have to be considered by the credentialing council. TC: or people can also choose to do the academic pathway as well? They might choose to do a complete overseas external masters course and this option is fair.

Alex Retallick (AR): So looking at ensuring we are meeting a standard of expertise, I personally feel that the way that we are going about this is really very one-dimensional. I would prefer to see something along the lines of the CHT, where there is a test? I feel like there are a lot of ways to gain skills as a hand therapist and considering that for some people it's going to be difficult / expensive to get to the four courses, I feel personally that some sort of test would be a better way to go about it.

TC: Thank you for the feedback. I think that we also need to consider the mentorship component of this accreditation. That period of mentorship is just as important as the coursework component, side of things. This will allow some self-reflective learning, facilitation of clinical reasoning etc. All those aspects will be covered in the mentorship. I guess this ISO Standard, which is set up for accreditation, for a reason, has looked at all these different ways to assess for competence and an examination is not necessarily the best way to assess for competence, in fact mentorship is moving towards the gold standard now. That's why we have chosen to develop the accreditation proposal draft in this way.

Barbara Hall & Helen Fitzgerald (BH, HF): I would like to just commend you guys as well and say that I think accreditation is the way forward for the AHTA for the future. But I would like to carry on what Alex said about the CHT and my comment was really that I think having done the CHT and having presented the AHTA courses, that the weighting of the two elective modules for the same weight as the CHT is probably the only thing that I have concerns about. I agree about the mentorship, it's just the weighting for the CHT. The last thing was, I didn't quite understand the referees? Is this an AHTA Member, or can it be anybody? HF: I'll add mine and then you can answer both of us. I also totally support the idea, but I think it's really important that we are transparent to people wanting to upgrade, but if we are talking about demonstrated competences it can not be demonstrated attendance at the four courses. I think, as course

presenters we are going to have to have very rigorous marking guidelines. People might have to understand that they won't pass every time and they might have to sit the course 2 or 3 times or else we are not ensuring competence.

LW: Can I just answer the last part of the question. What we propose is that the credentialing council will actually look at, from time to time, the best, the middle and the worst of the papers that are submitted after completing the courses so that we can check that, that competence is being correctly assessed. With Alex, when you do the CHT it demonstrates your knowledge of hand therapy but not your clinical competence so we just felt that this was a real weakness in the current system. You can actually at present become a full member by sitting the CHT and being very knowledgeable about hand therapy and the upper limb but not having had to actually demonstrate any physical competence.

Virginia Wise (VW): I commend you on embarking on this process. I think it will strengthen our association in the long run. I just wanted to say that I tend to agree with Ben. I feel like us having a three-tiered system would be something that is a little more achievable. I think there is a big difference between an associate and someone that is undertaking the CPD involved in undertaking the 4 courses and the 2 elective modules. I also want to ask a question, that two thirds of this accreditation, being the 4 courses through the AHTA and I don't know if it fully recognises the diversity of which the association currently thrives? I think if you look around the room, the members of the room, that there would be a great portion of us that don't meet that criteria, yet we are grandfathering over to this system. I also think that similar to what Barb was saying, that to do the 4 courses and the CHT within a five year period, is an incredible amount of study and CPD to undertake and I think it's too much. TC: People aren't obliged to do the CHT... VW: I know, but if you are saying that the CHT or 2 elective modules, then I feel like the work involved in this is a lot more than the equivalent of 2 elective modules. TC: except that it doesn't fulfil the criteria of assessing competence, that's the problem with the CHT. Back to the question that Barb raised about referees. I'm sorry that it wasn't clear here. The referees will still need to be full members or in the future, accredited members of the association. But they will in addition need to be familiar with that person's practise. The process will be more stringent and transparent. You can't just seek the support of someone who doesn't know you to act as a referee.

Hamish Anderson (HA): Tracey, just to that point, what about those members who are rural and who perhaps work alone, one person in particular, she hasn't worked with a full member, and her referee that was used to write her letter of recommendation, she has just been approved as a full member, was a hand surgeon. If I was to apply again also, I work completely by myself, and I have done, as I don't like other people terribly much... (Laughing) I would have to have a surgeon I work with be my referee. Is that still going to be an option? TC: Those people who are familiar with your practise can be surgeon, so they can be as they are now, so full members of the AHSS. They would need to be familiar with the way that you work; they would need to have a working relationship with you.

LW: Please also remember that this is a draft proposal and we of course will take on your comments and certainly all the comments about the CHT is coming through to us very clearly and so we will look at that. Remember too that this isn't coming in tomorrow; this is coming in in two years time as of December 31, 2017.

Cathy Thomas (CT): Tracey, I had a question about the time frame, and getting back to my old bugbear of making sure that AHPRA approve this before we go ahead and spend \$30,000 to \$60,000 on this as a budget. Can that be prioritised early on in the process, I think would be wise counsel. I'm old enough to have gone through the OTAus debacle of accreditation and it was supposedly competency based, but wasted a lot of time and money for that association. TC: The approval from AHPRA will be just to use the title in advertising, that's the only approval that AHPRA can give us at this time to do. It still wouldn't negate the value of this process as a tool for the AHTA to use with key stakeholders. The difference would just mean that people could or could not use that title in advertising. CT: Which is an important point though, because if you

can't use it and your members do use it, then they are handing themselves up for issues there and it's going to be your way of negotiating with a whole lot of other parties down the line.

TC: Yes..... Are there any more questions?

Bethanie Trevenen (BT): I was just wondering under the new system if you have considered if anyone needs to downgrade from being a Member to an Associate what the process will be to upgrade again? I think that if you upgrade within 4 years at this stage, you just resubmit hours. Is there a new process? It's usually due to people having children and not being able to maintain their Membership status.

TC: The simple answer is we haven't, but it would be a variation of the existing process as we have now.

BT: You would have to redo the courses/ modules or?

TC: Under the existing by-laws, if you have downgraded.... Kylie?... I don't know if you heard that but if you are non financial for three months?... is that not the question?... Sarah Dixon (SD): Bethanie is talking about downgrading membership, not lapsing membership completely. So they can remain financial but not meet the full member obligations. What would be required to be reinstated in this case....

TC: The short answer is that we haven't specifically considered that but that it will be in line with the current by-laws.

LW: I think we will also be guided by other associations who have gone through a similar accreditation process such as the Dieticians, and other like associations.

TC: ...and we would need to be cognizant that we would need to stay in compliance with the ISO Standard that we are setting up the accreditation with as well.

TC: Any more questions?

Josephine Gibbs-Dwyer (JGD): I'd like to congratulate you all on the new system. I think it's excellent. My question is around mentorship. Will you be having any training systems for Mentors and how you are going to have governance over that process? (Mentor and Mentee, what the criteria will be to become a mentor.

TC: Yes, we are looking at using external facilitators who have established protocols for setting guidelines, matching mentors with the mentees. We have only made initial contact with companies who do this process but this is one avenue that we are looking into further but we wanted to see how the membership decided before taking this forward.

LW: and the other thing we will be doing is looking at the people who undertake this mentorship role will be able to use those points in terms of their annual CPD recording. It's a really rewarding role for the mentor as well as the mentee.

TC: We are under some pressure by the Conference Committee to start the workshops, I am aware that the AGM started 30 minutes late due to the timing of the AGM in the middle of the day, so we have to have some level of compromise about the length of time that we go on with the questions, that's all.

HF: We have delayed the workshops so we do have some more time at the moment.

TC: Thank you Helen,

Bec Kevill (BK): Related to Cathy's comments re the AHPRA Negotiations. AHPRA being the regulatory body responsible for the competence of Occupational Therapists and Physiotherapists in Australia. Have you had any liaison with them about whether the AHTA is allowed to have a system to assess competence? And I just have another comment in addition to that.... I guess in terms of recognising what courses / workshops are accepted as demonstrating your competence and your skill level. I think the AHTA will have to be a little bit careful of making it predominantly AHTA courses, because it's almost like, in order to be accredited by the AHTA you only get to AHTA Courses, or the masters or CHT. So I think you probably need to consider how that appears from an external perspective as well.

TC: The accrediting will be done by an external body and not by the AHTA itself and there is precedence for use of the titling in advertising by AHPRA for APA for its nine areas of speciality and although that doesn't comprehensively answer your question, I do take that on board.

LW: The other thing is to actually approach AHPRA we have to get a certain way down the track in order to be able to approach them with a plan and a plan of action because we have to submit and satisfy the ISO Standards.

Helen Burfield (HB): Also with the courses that the AHTA run we want to be able to guarantee the quality of those courses and so we do need to have control of them to some degree. We want to know that people are reaching a level of competency.

TC: We are also talking about a core level of competence. People are going to continue to increase their skills by doing their CPD on an ongoing basis. This is just trying to set a particular standard from which we can advocate. This isn't the lifelong learning of a hand therapist as well, that will keep going and will be the requirement built in, by the continuous education process.

Karen Marthins (KM): How many other professions have a sideline accreditation process apart from their national registration?

LW: So the Dietetics Association of Australia has an Accredited Practising Dietician and also there is a big push out there in the Allied Health sector for this type of accreditation so the Mental Health Nurses have a new accreditation process, which has just been passed. So it's definitely out there in the Allied Health space.

KM: One point I'd like to make, being devil's advocate here is that we also need to be mindful that we have a predominately female profession a big percentage of which often take time out of the workforce to have children and I'm just wondering if we are making it too hard for some people. Turning some people off. I do know other professions where, purely their registration and the assumption that as a professional you have the onus on yourself as a professional to meet your ongoing needs for professional development. I wonder if we are creating a bit of a nanny situation? I can see the benefits of accreditation, don't get me wrong, but I'm just wondering if we are going at it a bit hard for a big percentage of our population who have other aspects of their lives that also demands a lot of their time.

TC: Well AHPRA itself requires recency of practice.

KM: Yes definitely, but we all have to meet that anyway.

TC: Ok... well we will just take two more questions.....

All members have been given an adequate opportunity to provide feedback, so it was really more for clarification of the feedback that we had already received but..

Anna Scott (AS): I wanted to say thank you to the group for all the hard work you have contributed to this, it's very clear in the presentation. I had a question about the modules that will be accepted towards the accreditation process and whether there has been any thoughts of modules from other international sources may be accepted? I guess if I reflect back on my own journey to full membership I had worked in the UK for some time and before I applied I had done the BAHT registered courses and used many of those to get my full membership here. I guess just a suggestion that if you haven't already considered / looked at this, that you do to see if they would meet the requirements of our accreditation. People coming from different areas.

TC: Yes, if those courses met the accreditation guidelines for the accreditation of external courses providers that the AHTA had developed and they are compliant with that policy then they would/could be considered.

AS: Would they need to apply to go through the AHTA Accreditation Policy if they are already developed for an international association (BAHT)?

TC: We will need to look into that and consider that, along with conferred membership.

Ben Cunningham (BC): Again, so what we are trying to do is align ourselves a bit more with the specialisation module of Physiotherapy? Is that correct?

TC: No, no we are trying to introduce an accreditation which existing allied health professionals other than our own, such as Dietitians, Mental Health Nurses and others, with physiotherapy being one of them.

BC: So it is similar to the Physiotherapy model of specialisation or.... Because I'm just wondering if with the three tiered system it would help ease some of the angst that comes from the audience, which is like the dropdown... people don't necessarily want to travel and do all of these things, but would still like to have some ability to become a full member, because it just

seems to be all or nothing and I worry again, that with a predominantly female group and the younger females especially that are going to come through, is that their opportunities to become accredited members is going to be very difficult compared to all of us who are full members currently and are going to be grandfathered across. I'm worried that we might be cutting off our nose to spite our face. I think the accreditation model is great, and good to have a high watermark for us all to try and get too but I just think it would be good to have another mark for people to get to as well. You can still mark accredited hand therapists, you know....  
TC: I'm just referring to the models that we all looked at as comparisons, by which we made our draft as all in or all out. That's all I can say... yes.

Tracey Clark (TC): Ok, so thank you everybody for your comments/questions & reflections & we now need to decide whether we are going to move forward with the process so, to the motion.

#### **Motion 1:**

That the membership agrees that we move forward with the process of accreditation in order to develop the title of Accredited Hand Therapist In place of the current full membership criteria, commencing January 2018.

**Proposed: Tracey Clark**

**Seconded: Liz Ward**

**8 Voted against, Motion Carried**

#### **Motion 2:**

That the membership agrees, that a budget of \$30,000 be accepted for development of the accreditation process.

**Proposed: Helen Burfield**

**Seconded: Liz Ward**

**10 Voted against, Motion Carried**

Tracey Clark (TC): I know it's been a difficult process and I really value people's feedback and it's difficult when it isn't unanimous that we move on with these things. I acknowledge that. At the same time I'm happy that we are able to continue on with this process. I think it's a valuable opportunity for the association to move forward. So, thank you.

### **16. Other Business Cont'd**

- **Membership of the Advocacy Committee to incorporate members from each State / Territory** – Ben Cunningham

BC: I think, currently there has already been changes to the Advocacy Committee is that correct? Could you just outline what they are?

TC: Yes, The first change is that the immediate Past President will become the Chair of the Advocacy committee ongoing and the main reason for that was so the Advocacy Committee would be tied into the Management Committee (MC). It would have a direct representative rather than just producing a report for the MC. The second change is that you no longer have to be a past president of the association to be a member of the advocacy committee. The new By-Law states: (Inserted after the AGM)

#### **Advocacy Committee**

The Advocacy Committee Chairperson shall:

- a) Be the Immediate Past President of the AHTA and form a committee with at least 2 other past Presidents
- b) Additional Committee members must be Full Members who have either held a Management Committee Position within the past three years, or who have significant advocacy skills and experience
- c) The maximum term of office will be 6 consecutive years.
- d) Report to each Management Committee meeting and attend as necessary.
- e) Arrange approximately three teleconferences per year to fulfill the goals of the Strategic Plan and to deal with issues related to Hand Therapy or the AHTA as they arise and as directed by the Management Committee.

f) Develop objectives to be reflected in the strategic plan.

TC: The by law allows for additional members outside of the advocacy committee to increase the breadth of the representation. It hasn't specifically stated that each state or territory is to have a representative on the MC but one of the strategic objectives of the Advocacy Committee is to look at state and territory issues and address those at that level. I think that being on the MC there will be the added ability of being able to liaise with the State Liaison Member as well. So it should more adequately address state based issues.

BC: I don't need to add anymore to that except to say, and I'm sure that (name removed) will agree, that Victoria is out of the box with the issues we have with Workcover and TAC. But we can't do it alone in Victoria and I think it needs to be much more nationally based and (name removed) would probably agree that we need a lot of help already from the Advocacy Committee and the AHTA, but (name removed) is probably stepping down from the role to advocate to Workcover and TAC so we definitely need more assistance and to have a state representative or even more assistance from the Advocacy Committee would be great.

TC: Ok, well we need to have a system / some way for which states can feed in their issues and have them addressed to the Advocacy Committee via the Management Committee I would imagine. Thank you, obviously a need and valuable.

- **Increased Remuneration Package - Executive Committee Members for the AHTA** – Ben Cunningham

BC: Yes, I think you all do a terrific job and we very much appreciate the time and effort that goes into it, but what has been evidenced recently is that it probably needs to be even more of a job than what people are able to give to it. I think that whilst we have moved to provide funding for membership of the executive committee and the attendance at the conferences, many other board structures work in a way in which board members are also remunerated in some small remuneration package as well. Its nominal, its small, you'd probably need a whole other meeting to determine what that would be, but I think that in order to gain more professionalism, perhaps, I think it would be a good idea to consider increasing the remuneration package for the executive committee members, that is that hold those executive roles.

TC: Thank you for raising that point, look, I represented the AHTA association at the Associations Forum National Conference in Adelaide in July, where there are associations from a huge array of sectors from outside the health industry, including those from the health industry and there was discussion around this point and the general recommendation is that: MC's are not paid, are an honorarium. By paying them, it doesn't increase their time ability to contribute to the MC, nor does it increase their skill level, but the association is better able to move forward in terms of growth and achievement in its strategic plan, by employing more staff. Moving towards a structure, eventually, of a CEO model and the MC is devolved to a role of governance with working parties. That is the preferable model for the association in my opinion. It's my opinion as a member, and someone who has sat in a presidency role, not reflective of everybody's opinion, obviously.

BC: My opinion as a member – is that it may increase accountability in some areas and so, I agree with you, it may not increase the amount of work done, but it may possibly increase accountability. A debate for another time.

TC: Ok, well I will just close the meeting and record the time...

Helen Burfield: I would just like to thank Tracey for her tireless years of presidency (applause and cheering!) A gift from the Management Committee...

## **CLOSE OF MEETING**

Meeting was closed at 3:40pm.