### RPL Standard



SISFFIT015 – Collaborate with medical and allied health professionals in a fitness context

**How to complete this form**

Complete all areas in **blue** on the following pages by providing information on your previous skills and qualifications using the information below as a guide.

**Unit Description:**

This unit describes the performance outcomes, skills and knowledge required to identify situations and conditions requiring guidance from, or the need to work with, medical or allied health professionals. This unit requires the ability to undertake referrals, and interpret and implement instructions from medical or allied health professionals to ensure appropriate exercise planning and delivery within industry endorsed scope of practice.

### To gain RPL for this unit of competency the applicant must meet the following benchmarks along with providing evidence that their current level of knowledge and skills is

Relevant to all performance criteria, knowledge and **performance evidence**.

**The applicant must provide evidence of the following to gain RPL for this unit:**

* The applicant must have industry experience within a health/fitness service where direct client contact is involved, this can be within work placement from previous health courses.
* The applicant must have ability to undertake referrals, and interpret and implement instructions from medical or allied health professionals to ensure appropriate exercise planning and delivery within industry endorsed scope of practice.
* Applicants who may have completed a similar unit within a health course where they have completed
* The applicant may be required to complete ACFB e-learning quiz/oral questioning to demonstrate knowledge of all Essential Knowledge

**Evidence documents must include, but not limited to:**

* Relevant transcript & certificate
* Evidence of working with the industry
* Submission of ten (10) referral letters to medical or allied health professionals along with relevant health and fitness screening forms (all client identifiers removed/blacked out)
* Submission of five (5) exercise programs designed from guidance or instruction from a medical or allied health professional (return referral form from health professional to be supplied)

**Practical Demonstrations *(completed after enrolment to determine currency of knowledge and skills)***

* Demonstration of delivery of a suitable exercise program in response to guidance from a medical or allied health professional

### *Unit Evidence Description*



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| **Applicant Name** |  |  |  |



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| ***SIS40215*** | | Certificate IV in Fitness | | | **SISFFIT015** | Collaborate with medical and allied health professionals in a fitness context | **Office Use only** | |
| **Unit Type:** Core | | | **Prerequisite:** None | | **Sufficient** | **F.E.R.** |
| **Elements / Performance Criteria** | | | | **EVIDENCE** *(Applicant; Explain in detail how your evidence relates to the required knowledge listed)* | | |  |  |
| **1. Refer to medical or allied health professional.** | | | | | | | | |
| 1.1 | Analyse client pre-exercise screening, risk stratification, and relevant fitness testing results. | | |  | | |  |  |
| 1.2 | Collect relevant health information from client as required. | | |  |  |
| 1.3 | Identify need for referral and guidance from medical practitioner or appropriate allied health professional. | | |  |  |
| 1.4 | Determine appropriate medical or allied health professional for client referral. | | |  |  |
| 1.5 | Obtain informed consent from client for the purpose of sharing client information with health professionals, including referrals. | | |  |  |
| 1.6 | Conduct referral in accordance with industry endorsed referral procedures. | | |  |  |

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| **2. Receive and respond to referrals.** | | | | |
| 2.1 | Receive guidance from medical or allied health professional. |  |  |  |
| 2.2 | Seek verbal or written clarification from medical or allied health professional, if required. |  |  |
| 2.3 | Clarify recommendations with client and answer queries as required. |  |  |
| **3. Deliver and monitor client fitness program.** | | | | |
| 3.1 | Deliver exercise in accordance with guidance received from medical or allied health professional, within industry endorsed scope of practice. |  |  |  |
| 3.2 | Monitor client responses to exercise and make appropriate adjustments as required. |  |  |
| 3.3 | Respond to signs and symptoms of exercise intolerance and take appropriate action within scope of practice. |  |  |
| 3.4 | Refer client to appropriate medical practitioner or allied health professional if required. |  |  |

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| **4. Report on client progress.** | | | | |
| 4.1 | Maintain records of client participation and progress. |  |  |  |
| 4.2 | Provide feedback to relevant medical or allied health professional in a timely manner using industry endorsed referral reporting procedures. |  |  |
| 4.3 | Receive further guidance from medical or allied health professional and modify exercise program and delivery as required. |  |  |
| 4.4 | Provide feedback to client on progress and any recommended adjustments to exercise program. |  |  |
| **5.** **Maintain client records.** | | | | |
| 5.1 | Identify and record information for communication and reporting to relevant medical or allied health professionals. |  |  |  |
| 5.2 | Update and maintain current client. |  |  |

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| **Knowledge Evidence** | **EVIDENCE**  (please explain in detail how your evidence relates to each of the required knowledge listed) | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| * Legislative and regulatory requirements regarding: * privacy * anti-discrimination * work health and safety * duty of care * business licenses and practices * consumer protection * civil liability law |  |  |  |
| * Organisational policies and procedures in regards to: * industry endorsed risk management protocols, exercise implications and referral requirements * confidentiality * privacy * recording client information * hygiene * emergency * standards of personal presentation * participant’s clothing and footwear * use, care and maintenance of equipment |  |  |  |
| * Industry endorsed risk stratification procedures, exercise implications and referral requirements for: * low-risk clients * moderate risk clients * higher risk clients * when there are extreme or multiple risk factors present and professional judgement to decide whether further medical advice is required identification of clients at high or higher risk of an adverse event occurring during exercise * physical activity and exercise intensity and frequency guidelines |  |  |  |
| * Role of medical or allied health professionals and their areas of expertise to enable appropriate and timely referrals for clients: * sports physician * registered general practitioner * registered physiotherapist * accredited exercise physiologist * occupational therapist * remedial massage therapist * registered chiropractor * registered osteopath * podiatrist * accredited practising dietician * registered psychologist * continence nurse advisor |  |  |  |
| The Health Practitioner Regulation National Law, Australian Health Practitioner Regulation Agency (AHPRA) and searchable practitioner registers |  |  |  |
| Risk factors requiring client referral in accordance with industry endorsed pre-exercise screening and risk stratification processes |  |  |  |
| * signs and symptoms of exercise intolerance or medical conditions requiring referral to appropriate medical practitioner or allied health professional, this may include but is not limited to: * chest pain at rest or during activity * severe breathlessness/feeling faint/dizziness/loss of balance * unusual fatigue or shortness of breath * asthma aggravation/attack * significant muscle, bone or joint pain (beyond what is normally expected during exercise) * recent rapid weight change * frequent or persistent headaches * visual problems such as diploplia or visual aura * balance or coordination deficit * a situation whereby the fitness professional makes a judgement that continuing the session is beyond their professional capabilities and scope of practice, and could potentially compromise client health and safety. |  |  |  |

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| **Performance Evidence** | **EVIDENCE** *(This evidence will be collected via documents outlined on first page)* | **Office Use Only** | |
|  | | **Sufficient** | **F.E.R.** |
| Prepare referral letters for at least ten clients across a range of the following appropriate medical or allied health professionals when guidance and feedback is required regarding exercise participation:   * accredited exercise physiologist * accredited practising dietician * chiropractor * continence nurse advisor * general practitioner * occupational therapist * osteopath * physiotherapist * podiatrist * psychologist * remedial massage therapist * sports physician | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Deliver at least five suitable exercise programs in response to guidance or instruction provided by medical or allied health professionals | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Maintain and store the following professional records:   * parental or guardian consent, if relevant * pre-exercise screening results * other client health information * client informed consent * documented guidance provided by medical or allied health professional * clinical test results, as required * fitness test results, as required * exercise program * client participation | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |
| Provide ongoing clear and constructive feedback to clients and medical or allied health professionals, in a timely manner and in accordance with industry endorsed referral and communication reporting procedures including:   * client health and fitness status * program progress * questions and concerns, if any * client response to exercise * client goals. | *This evidence will be collected via submission of documentation requested on the first & second page.* |  |  |

**Office Use Only**

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| **RPL Outcome** | | | | |
| **RPL Achieved** | Yes □ | No □ | |
| **Further Evidence Required** | Yes □ | No □ | |
| **Further Evidence *(list of required evidence)*** | | | | |
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| *RPL Assessor Name:.* | | | *Date:* | |