

## **Submission: Osteopathy Board of Australia consultation on definition of practice.**

2 December 2011

The Australian Osteopathic Association (AOA) would like to thank the Osteopathy Board of Australia for seeking feedback on the common definitions of “practice” used by the 10 health professions regulated under the Health Practitioner Regulation National Law Act

We applaud the National Registration and Accreditation Scheme (NRAS) for its aims to deliver an efficient and effective processes; aligning standards, codes and guidelines common to each profession. Unfortunately, this alignment has had some unintended effects which threaten their relevancy and/or applicability. Therefore, the AOA would like to suggest that consistency can be maintained without all registration guidelines being standardised or identical across all professions.

We are aware that some National Boards have received feedback from stakeholders suggesting that the broad definition of “practice” is causing a few unintended consequences. However, many of the examples appear to be focused on those who may no longer be in practice but still wish to maintain the use of their title. This is particularly so among retirees. In consideration that practitioners can opt to maintain non-practicing registration, we do not think this issue should have any particular significance in a public protection debate (accept to highlight a possible risk to the public).

### **Definition of Practice**

The AOA prefers to Option 1 to maintain the current definition of practice, as adopted by most National Boards:

*Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.*

## Direct clinical roles / patient or client health care

*When health practitioners provide advice, health care, treatment or opinion, about the physical or mental health of an individual, including prescribing or referring, it is clear that there is a level of risk to the public. The public and the practitioners' professional peers would expect that this group of health practitioners would have the qualifications and the contemporary knowledge and skills to provide safe and effective health care within their area of practice. It would be expected that these practitioners will meet the standards set by the Board and therefore should be registered.*

**Response:** The AOA supports this statement and believes this provides the public with clear protection and practitioners with clearly defined reasons to be registered.

## Indirect roles in relation to care of individuals

*Health practitioners who are in roles in which they are directing, supervising or advising other health practitioners about the health care of individuals would also be expected to have the qualifications and contemporary knowledge and skills to do so as there is potential to alter the management of the patient/client.*

**Response:** The AOA supports this statement and believes that due to the potential impact on public safety such health practitioners should be registered.

## Non-clinical roles / non-patient-client care roles

*There are experienced and qualified health practitioners who contribute to the community in a range of roles that do not require direct patient/client contact and whose roles do not "impact on safe, effective delivery of services in the profession". Examples are some management, administrative, research and advisory roles.*

**Response:** The current registration standard already allows for non-practicing registration. The AOA therefore considers the above statement as having been addressed under existing standards. If a role includes any aspect of clinical care, advice or direct influence over how another health practitioner practices then they should be considered as "practicing" their profession.

## Education and Training

*Experienced health professionals are vital to the education and training of health professionals. Their roles in education have an impact on safe and effective delivery of health services both directly and indirectly.*

**Response:** The AOA supports this statement and believes that due to the potential impact on public safety, health practitioners should be registered if they are involved in:

- settings with patients/clients in which care is being delivered i.e. when the education or training role has a direct impact on care, such as when students or trainees are providing care under the direction, instruction or supervision of another practitioner
- Settings which involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care
- Settings which involve simulated patients/clients
- Settings in which there are no patients/clients present

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