

30th November 2011

**Dr Phillip Donato** -Chiropractor,  
Chairperson  
Chiropractic Board of Australia  
[practice.consultation@ahpra.gov.au](mailto:practice.consultation@ahpra.gov.au)

Dear Dr Donato,

**Re: Definition of Practice consultation paper**

Thank you the opportunity to provide feedback on the common *definition of "practice"* under the *Health Practitioner Regulation National Law Act* (National Law).

My submission is respectfully made in my role as Professor of Chiropractic with Central Queensland University.

My responses are directly against each question and I have not repeated the question or background comments below.

**Question 1:** Yes. There appears to be a valid argument in favour of a 'non-practicing' category of registration to specifically cater for retired or semi-retired registrants. Perhaps the CPD requirements for such categories would also be reviewed.

**Question 2:** This statement is supported with the provision that there be an allowance for a 'non-practicing' category of registration to specifically cater for retired or semi-retired registrants.

**Question 3:** I am unsure about agreeing with this statement as it appears the Board could be seen as prescribing qualification for employment by other organisations. This is not a Board role. Perhaps the difficulty is the phrase 'to do so' which suggests a different skill-set is required to perform the management duties whereby the intent would seem to be that the individual should have an appropriate professional skills-set. As an example, an educator who is a chiropractor is reasonably expected to have the registrable skills-set for the purpose of training registered student chiropractors, but would also be expected to have an additional skills-set around their prime practice of learning and teaching.

There is also a lack of clarity in the question with the term 'other health professionals' where 'other' could be persons other than patients, as in the case above where they are students in the same discipline, or 'other' could mean, for example, osteopathic students being taught by a chiropractor. Further, it could become restrictive in settings such as I experienced recently where I presented to a group that included many registrable disciplines, which begs the question, which skills-sets is such a presenter expected to have?

**Question 4:** The underlying principle appears acceptable but the application is challenging. For example, at which stage is it determined such a person has an impact or has no impact on the delivery of services? This would seem very difficult to describe for a researcher

whose work is useless should it not impact on service delivery. I suspect the principle outlined above for Question 3 would also apply, namely where a chiropractor was employed in such a role then one would expect a base qualification in chiropractic, with registration, over which would be layered the additional required skills-set.

**Question 5:** I hold that registration should be current for all who have any position to speak authoritatively on a discipline. It may be that some respondents will suggest the final dot point should not require registration however 'advice given', no matter how remote from a patient, retains a powerful potential to effect either good or harm. Therefore persons who present ideas and concepts on, in this case chiropractic care, should, in my view, hold appropriate registration whether or not a patient is present.

**With regard to section (3):** I support option 2 which emphasises the safe and effective delivery of patient care.

**Core resultant point:** No matter how practice is defined or described, the Board must address the question of CPD. At the moment CPD is practice-centric and this is discriminatory against those whose practice, such as mine, is learning and teaching.

The core issue relates to who approves FLA in my area of practice and I strongly recommend the Board provide a blanket approval to universities accredited by TEQSA, for their professional development programs in learning and teaching practice.

I also request the Board to set parameters around the allocation of FLA points against matters it acknowledges may count towards FL, such as publication in an indexed journal, or as a thesis. I would suggest 1 CPD point per 1,000 words, so that a typical 7,000 word paper could earn its author 7 points towards FLA on publication, and so on. To effect this would also require a 'blanket' approval or guideline, in this case from the Board itself. Alternatively the parameters could be set more simply by defining the end points, such as a journal being indexed and peer-reviewed however this would include non-peer reviewed content such as Editorials and Commentaries, each of which have formal value, and theses as being the end-point of a formal program of study in a university.

Should the board wish to further look at points allocations for 'learning and teaching' CPD and/or for publication, I would be pleased to assist.

Yours sincerely,

Professor P. Ebrall