

Submission to the Australian Health Practitioner Regulation Agency

Public consultation paper on the definition of practice

The Council of Physiotherapy Deans Australia and New Zealand Inc. (CPDANZ) is the representative body for the academic leaders of physiotherapy education programs in Australia and New Zealand. Membership of CPDANZ comprises the following Universities:

Auckland University of Technology	Australian Catholic University	Bond University
Charles Sturt University	Curtin University	Edith Cowan University
Griffith University	James Cook University	La Trobe University
Monash University	The University of Melbourne	The University of Newcastle
The University of Notre Dame Australia	The University of Queensland	The University of Sydney
University of Canberra	University of Otago	University of South Australia
University of Western Sydney		

The Council of Physiotherapy Deans Australia and New Zealand have considered the consultation paper and respond to the following questions.

The definition

The current definition of practice adopted by most National Boards is as follows:

***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.*

Question 1: *Are there any other factors that the National Boards should consider when advising whether or not a person needs to be registered?*

The CPDANZ supports the current definition that provides a broad context within which a health practitioner can be considered to be practising. It also supports that under the National Law there exists the provision for non-practising registration and that provides for the use of a protected title while also providing protection of the community from any belief that a person is a registered health practitioner.

The list of factors outlined in the document provides a suitable checklist against which a person would be able to self-assess their applicability for the practising or non-practising category of registration.

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.

Question 2: Do you support this statement? Please explain your views.

The CPDANZ supports this statement as a fundamental expectation of a health care practitioner providing health care to the community within the context of contemporary evidence-based practice.

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.

Question 3: Do you support this statement? Please explain your views.

The CPDANZ supports this statement as a fundamental expectation of the public, the supervisee and the professionals' peers within the context of teaching, education, research, supervision or advising on health care within the context of contemporary evidence-based health care.

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.

Question 4: Do you believe that health practitioners in non-clinical roles / non-patient-client care roles as described above are "practising" the profession? Please state and explain your views about whether they should be registered and if so for which roles?

The CPDANZ contends that if a health practitioner is in a role in which contemporary knowledge within a health care field is used in a management, administrative, research or advisory role to have influence or provide advice or has potential to impact on health care service delivery then that person should be regarded as "practising" the profession. The health care practitioner can self-assess or be assessed against the checklist for non-practising registration to determine whether they should be registered.

The CPDANZ acknowledge that there will be people who have obtained a qualification as a health practitioner who may move into a role that may involve teaching, research, management and administrative or advisory roles. However, if any of those roles have potential to influence contemporary safe, effective delivery of services in the profession then they should be registered for

that profession to ensure that their role is abreast of contemporary knowledge and skills for which they may be holding influence or impact related to their non-clinical role.

If teaching, research, management and administrative or advisory roles are not related to the practice of their profession and influence on safe, effective delivery of services in the profession then they could be considered as satisfying the criteria for the non-practising category of registration.

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.

Question 5: For which of the following roles in education, training and assessment should health professionals be registered?

- *Settings which involve patients/clients in which care is being delivered ie 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*
 - **CPDANZ supports that a health care practitioner must be registered.**

- *Settings which involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care*
 - **CPDANZ supports that a health care practitioner within this role must be registered.** A health care practitioner's role in consultation and assessment is a fundamental component of practising health care. The public and the health professionals' peers would expect a person in this role to be registered as in this role they have potential to influence safe, effective delivery of services in the profession with these being based on contemporary knowledge and skills within the framework of evidence-based practice.

- *Settings which involve simulated patients/clients*
 - **CPDANZ supports that a health care practitioner within this role must be registered.** The premise of a "simulated patient" is that these simulate the "real world" of clinical practice. Therefore, a health care practitioner in this role has potential to influence safe, effective delivery of services in the profession. As the "simulated patient" reflects the use of contemporary knowledge and skills within the framework of evidence-based practice, there would be the expectation of the health professional's peers that a health care practitioner in this role would be registered.

- *Settings in which there are no patients/clients present*
 - **CPDANZ supports that a health care practitioner within this role must be registered.** This setting has potential to influence safe, effective delivery of services in the profession and reflects the use of contemporary knowledge and skills within the framework of evidence-based practice. Thus, there would be the expectation of the health professional's peers that a health care practitioner in this role would be registered.

Options for consideration

Option 1 – No change

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.

The CPDANZ supports the retention of this definition of practice. This definition provides clarity with respect to the broad context that can be considered practice. The clarity is provided by the inclusivity of the definition that makes it clear that “*practice*” is not just about direct clinical care. It provides the reader and user of this definition with a clear sense of the role that a health care practitioner may have in influencing or impacting on safe, effective care of the public.

Option 2 – Change the definition to emphasise safe and effective delivery of health care

Practice means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that impacts on safe, effective delivery of health services.

The CPDANZ does not support this option. The CPDANZ contends that this definition while being concise, while also inferring breadth by the use of the phrase “... *any role* ...”, provides no clarity for the reader, the public or the user wishing to understand or self-assess whether a particular “role” impacts on safe, effective delivery of health care.