

AHPRA Public Consultation on the definition of “Practice”

Question 1. No more factors identified.

Question 2. I don't support this statement without amendment.

This statement reflects a traditional and conservative view of clinical practice emphasising as it does the central role of the practitioner in the relationship between the practitioner and their patient/client. Today's clinical practitioner must understand and make delivering patient-centred care a key part of their role.

Three recent national documents support this approach:

- A. The July 2009 National Health and Hospitals Reform Commission Final Report “A HEALTHIER FUTURE FOR ALL AUSTRALIANS” provided 15 design principles to guide reform and future directions of the Australian health system.

The first Design Principle was:

*“**People and family-centred.** The direction of our health and aged care system, the provision of health and aged care services and our efforts to strengthen wellness and prevention must be shaped around the health needs of people, their families, carers and communities. A people focus reflects not only responsiveness to individual differences, abilities and preferences, but is grounded in the social and community context of people's lives and their ability to exercise choice. This recognises.....”*

- B. In 2010 the Australian Health Ministers endorsed the Australian Safety and Quality Framework for Health Care produced by the Australian Commission on Safety and Quality in Health Care. *“The Framework specifies three core principles for safe and high quality care. These are that care is **consumer centred, driven by information and organised for safety**”.*
- C. In 2011 the Australian Commission on Safety and Quality in Health Care produced “Patient-centred care: Improving quality and safety through partnerships with patients and consumers”. It described *“patient-centred care as an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among healthcare providers, patients and families”.*

International research has identified the following commonly agreed seven dimensions of patient-centred care:

- » *informing and involving patients*
- » *eliciting and respecting patient preferences*
- » *engaging patients in the care process*
- » *treating patients with dignity*
- » *designing care processes to suit patient needs, not providers*
- » *ready access to health information*
- » *continuity of care*

(Robb G, Seddon M. Quality improvement in New Zealand healthcare. Part 6: keeping the patient front and centre to improve healthcare quality. *The New Zealand Medical Journal* 2006; 119(1242).)

How can this essential and rapidly evolving patient-centred approach to the delivery of clinical care be incorporated into the proposed statement? This question is fundamental to answering the question of what will constitute “safe and effective delivery of health services” now and in the future.

A revision of the original statement is proposed for consideration:

“When health practitioners consult with and engage with patients addressing their physical and mental health needs, elicit their patients’ preferences and values, collaboratively design initial and continuing care processes to suit their patients’ needs and provide information, health care and treatment, including prescribing and 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 3. I support this concept providing that the tracked statement above (or something like it) becomes the standard.

Question 4. I support the concept that clinical roles must by definition directly or indirectly involve patients in partnership and therefore roles that do not impact on the clinical care of patients are not “practising” the profession.

Question 5. Notwithstanding my response to Question 4 any role that is likely to directly or indirectly impact the current or future clinical care of patients should require registration.

Option 1 is supported. The evolving nature of patient-centred clinical care requires a 'holistic' broad base of support and expertise that encompasses any and all roles that impact on clinical care.

Option 2 is not supported. It could be supported if it was interpreted by National Boards to include any role that might directly or indirectly impact on clinical care but this seems unlikely.

B. Simmons