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**Re: Public consultation paper on the definition of practice.**

The Chiropractic & Osteopathic College of Australasia (COCA) welcomes the opportunity to comment on AHPRA's consultation paper on the definition of practice.

The College congratulates AHPRA on this consultation paper, which addresses a number of issues that have the potential to adversely impact on certain categories of health practitioners, due to the current "broad definition of practice".

COCA has previously raised specific concerns, with the Chiropractors Board of Australia and the Osteopathy Board of Australia, relating to the interpretation of this "broad definition of practice". In particular, we have expressed our concerns relating to the requirements of non-clinical health practitioners to comply with the same requirements relating to professional indemnity insurance, continuing professional development and recency of practice, as those practitioners involved in clinical practice.

COCA is of the opinion that the current provision under the National Law for "protection of title" should be maintained. However, COCA suggests that the current "broad definition of practice" should be amended to reflect a definition more in keeping with the intent of the legislation and one which will not adversely impact on registered health practitioners whose employment does not involve direct clinical practice. Further, as highlighted in the consultation document one of the key objectives of the National Law is to protect the public, by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. In this context "practice" should be defined in terms of a practitioner's role in relation to how it may impact on safe, effective delivery of services in the profession.

In answer to the specific questions detailed in the consultation paper, COCA responds as follows:

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

***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.*

COCA agrees with AHPRA's statement describing what is expected of a registered health practitioner whose role involves direct clinical contact in the form of advice, health care, treatment or opinion, about the physical or mental health of an individual, including prescribing or referring. COCA suggests that in such circumstances registered health practitioners should meet the registration standards set by the Board, as such activities involve the provision of safe and effective health care.

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

***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.*

COCA agrees with this statement. Health practitioners who are engaged in roles in which they are directing, supervising or advising other health practitioners about the health care of individuals, by proxy in their actions or advice, have the potential to influence or direct another health practitioner in the provision of safe and effective health care and therefore should meet the registration standards set by the Board.

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

***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.*

COCA agrees with this statement. As outlined in our previous submissions to the Chiropractic Board of Australia and the Osteopathy Board of Australia, on various registration standards and codes of practice, the current “broad definition of practice” captures health practitioners whose activities do not pose a risk to the public or impact on safe, effective delivery of services in the profession. Such health practitioners should not be required to meet the same standards of registration as those with direct or indirect roles and whose activities do impact on the safe and effective delivery of services in the profession

**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?*

COCA suggests that qualified health practitioners whose activities do not “impact on safe, effective delivery of services in the profession” are not practising in the profession. However, when those practitioners use the title of a registered health practitioner the title must be protected in accordance with the National Law. In such circumstances provisions should be made, which will allow for the use of the title but without the requirements normally imposed on practitioners whose activities do “impact on safe, effective delivery of services in the profession”.

**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*

- *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*

*Are there any other settings that are relevant and if so, what are your views about whether health practitioners should be registered to work in these settings?*

*Please explain your views.*

COCA suggests, notwithstanding issues related to the “use of title”, irrespective of whether there is patient/client interaction in any setting or activity, health practitioners who engage in activities that have a potential to “impact on safe, effective delivery of services in the profession” should be registered. In COCA's view such activities would extend to the teaching or advice on patient health management even when there are no patients/clients present.

### **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 current definition of “practice” captures all activities and settings in which an individual with qualifications as a health practitioner might be involved professionally. It protects the public by requiring health practitioners to be registered and to meet the registration standards.*

**Question:** *Do you support this option? Please explain your views.*

COCA does not support this option as it captures those health practitioners whose activities do not - “impact on safe, effective delivery of services in the profession”. Under this option health practitioners are required to unnecessarily meet the Board's standards of continuing professional development, professional indemnity insurance and recency of practice guidelines.

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

*As stated above, the current definition of “practice” captures the various settings in which a health practitioner may use his or her knowledge and skills and provides for the changing nature of health care delivery.*

*The current definition could be changed to place the emphasis on 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.*

**Question:** *Do you support this option? Please explain your views.*

COCA supports this option. This option allows for registered health practitioners whose activities do not “impact on safe, effective delivery of services in the profession” to use the title of a registered health practitioner yet avoid the unnecessary impost of complying with the specific codes and guidelines required of practitioners involved in “clinical practice”. The Board's codes and guidelines are designed and intended to protect the public by way of setting minimum standards for the profession. These codes and guidelines should not apply to health practitioners whose activities have no clinical relevance. Further, the change of definition proposed in this option would allow for the more prudent approach for these practitioners to be registered in a “non-practising category.”

We thank AHPRA for the opportunity to provide this submission and hope that our comments and suggested amendments assist the Agency in the development of its codes and guidelines of practice.

Yours sincerely

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CEO/Vice President