



1 December 2011

Dr P Fisher
Executive Officer
Chiropractic Board of Australia
GPO Box 9958
Melbourne Vic 3001

Dear Dr Fisher

Re: Consultation Paper – Definition of practice

Thank you for the opportunity to provide a submission in relation to the above consultation paper. As an initial general comment, the New Zealand Chiropractic Board (NZCB) considers point 2 within the definition, which reads *"their work does not impact on safe, effective delivery of services in the profession"* is very broad and needs to be more clearly defined/explained to ensure that there is no confusion with respect to who is considered to be practising chiropractic and who isn't.

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 New Zealand Chiropractic Board (NZCB) notes the following statement contained in the consultation paper:

"It can be argued that there is minimal risk to the community if practitioners are not registered, or are registered in the non-practising category if:

- (1) they do not have direct clinical contact *and*
- (2) their work does not *"impact on safe, effective delivery of services in the profession"* *and*
- (3) they are not directing or supervising or advising other health practitioners about the health care of an individual(s) *and*
- (4) their employer and their employer's professional indemnity insurer does not require a person in that role to be registered *and*
- (5) the practitioner's professional peers and the community would not expect a person in that role to comply with the relevant Board's registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice *and*
- (6) the person does not wish to maintain the title of "registered health practitioner".

Response

The NZCB agrees that practitioners who could be classified to fit within the above list may pose a minimal risk to the community; however it believes that a minimal risk is still risk. The NZCB considers that the general public's expectation as to whether such a person in such a position was a health practitioner should also be considered highly when determining if a person needs to be registered.

Question 2: Do you support this statement? Please explain your views.**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 NZCB considers that any person acting in a direct clinical role has the ability to affect a client's health. As such, any practitioner providing advice, health care, treatment or opinion should hold the relevant qualification/s, knowledge and skills to provide such and therefore should be registered with their respective Registration Board.

Question 3: 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.

Response

The NZCB considers that any person acting in an indirect as outlined above has the ability to affect a client's health. As such, any practitioner directing, supervising or advising other health practitioners about the health care of individuals should hold the relevant qualification/s, knowledge and skills to provide such and therefore should be registered with their respective Registration Board.

Question 4: Do you believe that health practitioners in non-clinical roles / non-patient-client care roles as described are "practising" the profession? Please state and explain your views about whether they should be registered and if so for which roles?**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 NZCB considers that these examples would need to be considered on a case by case basis as the application of a "blanket" rule may disadvantage some applicants.

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

Response

The NZCB suggests that dot point 4 above should include an example to ensure clarity.

The NZCB also considers that a practitioner undertaking any of the above roles needs to be registered with their relevant Registration Board. Even if no physical patient/client is present, the actions/procedures/treatment regimes which they demonstrating, supervising or participating in will have an eventual affect on patient/client health care.

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.

Response

The Board cannot identify any other settings at this time.

Options for consideration

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

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.

Response

The Board considers this option to be too prescriptive and therefore consideration of individual cases would be more difficult.

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

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.

Response

The Board suggests that the words “to a patient/client” be included at the end of the definition.

The Board considers this option to be the preferred option as it is less prescriptive and allows case by case assessment of the situation at hand.

Yours sincerely



Debby Ramsay
Registrar