

## The definition

Given the provisions of the National Law, seven National Boards are exploring whether the current definition of practice should be changed.

Under the current definition, a person in any role who uses their skills and knowledge as a health practitioner in their profession is deemed to be practising. This definition is not limited to direct patient/client care, but includes using professional knowledge in a direct non-clinical relationship with patients/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. Therefore, anyone with a qualification as a health practitioner who is working in anything related to health could be deemed to be “practising”. This is regardless of whether their job could be done by someone who is not a qualified practitioner.

Stakeholders are asked to consider whether it is more appropriate to link “practice” with its impact on safe, effective delivery of services in the relevant profession. That is, to require an individual to hold a “practising” category of registration only if they are in roles that “*impact on safe, effective delivery of services in the profession*”.

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”.

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

**There are other Acts of Parliament or legislators that rely on health registration. A “practising” physiotherapist can sign a Statutory Declaration under the Statutory Declarations Act 1959. A change in the definition of practising registration may then prevent a person who is deemed worthy of signing such documentation being deemed unable to sign such documents.**

**Under the Heads of Workers Compensation Authorities Agreement a registered health professional must be the principal of an occupational rehabilitation provider company yet in many circumstances they are not involved in “clinical treatment” rather the individual leads a team of people involved in facilitating return to work.**

**The interpretation in the current definition means other organisations and government bodies have been able to ensure that working in non clinical relationships can still require the professional involved 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.

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

Yes, any personell involved in the above should be registered.

### **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.

Yes as long as there is a broad understanding that advising, directing or supervising other health practitioners about health care of individuals does not mean any party actually has to clinically treat as part of this relationship.

### **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?

Any health practitioner that operates in a non clinical role but within the health system should have to remain registered. This ensures that these individuals have to meet the same standards within a profession and an Industry. The current definition ensures that individuals can move in and out of the above roles without having their registration threatened because they are “not clinically practising”. If someone is conducting research in the area of physiotherapy they should have to be registered. Is someone is to administer or manage a team of health professionals they should remain registered. If someone is using their health training and skills to provided advice in the area of health they should remain registered.

### **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
- 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.

A registered health professional should be the only person who can oversee all the training described above.

### 3. 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.

**This definition is appropriate and has only been in place for a short period of time. The definition has been used by a number of groups to improve standards and use of a protected title is being used by many groups not directly involved in “treatment”. Under this definition there is no debate that in most circumstance a health professional must be registered and insured if they wish to make any comment regarding the health of an individual even if they do not conduct actual treatment themselves. The definition should remain as is.**

## **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.

**I do not support this option as it rules out many current practitioners working in education, administration and management. This definition will lead to debate as to whether an individual “in any way” impacts on the delivery of health care services. The current definition is sound.**

### **Other Options**

There may be other options that the National Boards have not put forward at this stage, such as maintaining the current definition but providing further guidance on when a practitioner needs to be registered and the circumstances when non-practising registration will be appropriate. Stakeholders are asked to provide feedback on any alternatives to the above options.

I would prefer that the National Boards and those registered by them were involved in further defining the current definition rather than changing the definition after only 18 months of use.