



Australian Podiatry Association (Vic)

ABN 60 004 195 877

P.O. Box 248
Collins Street West
Victoria 8007
Telephone: (03) 9286 1885
Facsimile: (03) 9286 1880
Email: apoda@podiatryvic.com.au

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Mr Jason Warnock
Chair
Podiatry Board of Australia

practice.consultation@ahpra.gov.au

Dear Mr Warnock

Consultation paper on the definition of practice

On 12 October 2011 the Podiatry Board of Australia released a Consultation paper on "defining practice" for public comment. The Australian Podiatry Association (Victoria) (APodA (Vic.)) welcomes this opportunity to comment on the matters contained within the Consultation Paper on behalf of the Victorian podiatry profession.

We have responded to your paper by addressing each of the questions asked.

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?

Response

No additional points to be added.

The overriding principle should be - is the practitioner using his or her qualifications and training in the fulfilment of their role.

Support non-practicing designation with exemption from CPD and PII requirements.

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.

Response

We support the above statement.

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.

Response

We support the above statement.

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?

Response

We do not see this activity as "practicing". We support registration as non-practicing but could also recognise that nil registration would be suitable where no patient contact and/or educative role is being performed.

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 i.e. 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?

Response

We support registration. Where patients/public are involved it should be general registration. Where patients/public are not involved it should be non-practicing registration.

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.

Response

We support the current definition as it all inclusive.

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.

Response

We also support this alternate definition

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.

Response

Nothing to add.

Please contact either myself (03 9288 3488) or our Executive officer (Stan Naylor 03 9286 1839) should you wish to discuss any component of this submission.

Yours sincerely



Julia Firth
President