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ABN 50 050 096 038

## **SUBMISSION TO**

## **AUSTRALIAN HEALTH PRACTITIONERS REGULATING AUTHORITY**

RE

## **CONSULTATION PAPER ON THE DEFINITION OF PRACTICE**

FROM

## **CHIROPRACTORS' ASSOCIATION OF AUSTRALIA (NATIONAL) LIMITED**

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The Chiropractors' Association of Australia (National) Limited (CAAN) is pleased to respond to AHPRA's invitation to provide feedback on the common definition of "practice" used by the 10 health professions regulated under the *Health Practitioner Regulation National Law Act* (National Law) as in force in each state and territory in Australia. This submission reflects the views of CAAN and the CAA State and Territory Associations throughout Australia.

CAAN agrees that the current definition of "practice" is problematic and would welcome some adjustment of the definition and its application in various contexts.

We note AHPRA's comment in the "Definition of practice public consultation paper" that:

*"... it is not a breach of the National Law for a health practitioner to use their knowledge and skills without being registered if the individual does not breach the sections of the National Law related to the protection of title or to the specific practice protections. For example, a retired practitioner teaching anatomy would not need to be registered and would not be breaching specific practice provisions."*

We agree that it is sensible and appropriate to link "practice" with its impact on safe, effective delivery of services and therefore an individual should hold "practising" registration only if they are in roles that *"impact on safe, effective delivery of services"*.

In response to the questions posed in the consultation paper:

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

CAA National agrees with all six exemptions from the requirement for registration, or registration in the non-practising category. We would also suggest that retired practitioners who publish papers, etc., should be allowed to do so without maintaining registration as long as their status as a retired member of a registered health profession, eg "retired chiropractor" is made clear.

***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.

CAAN agrees that where health practitioners have a direct clinical role which involves providing advice, health care, treatment or opinion about the physical or mental health of an individual, these practitioners would need to meet the standards set by the Board and therefore should be registered.

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However, if the person concerned is providing further education to already registered practitioners then it would appear to be imposing an unnecessary extra level of registration.

That is, the practitioners are bound by the legislation that governs their respective profession's conduct within the public arena and does not require the board to determine whether the educator concerned has the necessary skill level required to deliver CPD.

*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.

CAAN agrees that health practitioners in indirect roles in relation to care of individuals in which they are directing, supervising or advising other health practitioners about the health care of individuals, would be expected to have the qualifications, knowledge and skills to do so. As in the previous scenario, responsibility for patient care (and therefore requirement for registration) should ultimately fall to the practitioner delivering that care.

*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?*

Whilst CAAN agrees that the above practitioners are practising their profession, we do not think they should require registration unless they have a direct clinical role in the care they provide. CAAN does not believe it is necessary for health practitioners on non-clinical/non-patient-care roles require registration.

*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

CAAN believes registration is necessary when a practitioner is working in settings which involve patients/clients in which care is being delivered - ie when the education or training

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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.

Similarly, registration should be a requirement for practitioners working in settings that involve patients/ clients to demonstrate examination or consulting technique but not the delivery of care.

In settings that form part of a pre-professional program and involve simulated patients/clients or where no patients/clients are present, CAAN believes that registration should be required. Students undertaking pre-professional training cannot be expected to exhibit the professional judgment expected of a qualified and registered practitioner.

However, we consider registration unnecessary when such simulation occurs as part of a CPD program, as the professional judgment of practitioners attending the CPD program in their application of any acquired knowledge or training is the key concern of the Board in terms of protection of public safety.

*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.*

CAAN cannot suggest any other work settings in which practitioners should require registration to participate.

*Definition of practise – 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.

**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.

CAAN supports a change in the definition to emphasise safe and effective delivery of health care, with the following modification:

*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 DIRECTLY on safe, effective delivery of health services.

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