



## The Physiotherapy Board of New Zealand

1 December 2011

### **Submission to AHPRA consultation paper on the definition of practice**

The Physiotherapy Board of New Zealand (the Board) thanks the Australian Health Practitioner Regulation Agency (AHPRA) for the opportunity to comment on the consultation regarding the definition of practice.

The purpose of the Board is to set standards, monitor and promote competence, continuing professional development and proper conduct for the practice of physiotherapy in the interests of public health and safety in New Zealand.

Under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), practise is defined as, '*to perform services that fall within the description of a health profession.*'

Specific answers are 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?

Practitioners do not need to have direct clinical contact in order to influence or direct clinical interventions, service development or research. All of these potentially affect clinical outcomes and hence the health of the public. The profession should and can expect compliance with registration standards, i.e. professional indemnity, CPD and recency of practice, which have an impact on public safety.

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

Yes, the reasons stated specifically that qualifications, contemporary knowledge and skills provide safe and effective healthcare. Registration provides the mechanism to monitor and set standards and a measure of accountability.

The statement is limited to the physical and mental health of an individual. It could be expanded to include groups or populations, as these are also treated directly. This group of health practitioners needs to meet a standard and remain contemporary. Therefore, they also should be registered.

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

Yes, imparting knowledge influences and informs practitioner knowledge and practice. Registration provides a process for monitoring compliance with the standards and ensuring a minimal level of competence is attained via CPD programmes, undergraduate programme accreditation and scopes of practice. Any time patient care may be influenced, a health practitioner should be registered and active in their professional development.

**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?

All the described roles have the potential to influence practice and strategic direction. Decisions on access to and delivery of services may be influenced. These are pivotal in service development and may need to be registered.

In New Zealand, practitioners are considered practising if they are applying their professional knowledge. Therefore, they could be a risk to the public, e.g. designing a research project that was approved but clinically flawed, developing a health promotion campaign with non evidence-based health messages, making resource management decisions which required clinical effectiveness information.

Where a manager of a profession chooses to use an advisor for these clinically specific decisions, then they would not be using their profession specific knowledge. In these instances they may not need to be registered. This last point may apply to the CEO of a company who would take relevant advice for decisions that required profession specific knowledge. The key question is, are they using their profession specific knowledge to make decisions and develop programmes, etc.?

**Question 5:** For which of the following roles in education, training and assessment should health professionals be registered?

As they are directly influencing practitioner’s safe practice, the Board believes all four areas require registration in order to be guarantee the practitioner is performing at an accepted standard and continuing to keep up to date with current practice.

Option 1 – The Board believes this is a comprehensive view of practice, and no change is required. Applying profession specific skills and knowledge can have far reaching consequences on the public, no matter how indirect the application is. This includes pathways for those with direct clinical contact, while at the same ensuring standards and competence are maintained in the non-clinical areas which inform and influence clinical practice.

Option 2 – The Board also agrees with this statement because it identifies the use of profession specific skills and knowledge. However, ‘the impact on safe and effective delivery of health care’ may be hard to define or quite tenuous, e.g. teaching masters students who are not practising clinically at present.

Other options - Other options would need to include whether health professions are ‘applying their profession specific knowledge and skills’. If so, they are influencing health outcomes and would need to maintain a standard and currency of practice.

The individual health practitioner would be the person who identified whether or not they are using their professional knowledge and skills. The health practitioner could potentially argue either way if they were in a non profession specific role, e.g. manager of a team of health professionals. The defining aspect is determined by whether or not their professional skills and knowledge are currently being used.

**This submission has been prepared on behalf of the Physiotherapy Board. Any enquiries should be addressed to Mrs Susan Beggs, Chief Executive and Registrar, The Physiotherapy Board, P.O. Box 10-734, Wellington New Zealand. Phone +64 04 471 2610**