



S·A·R·R·A·H

Services for Australian
Rural and Remote Allied Health

THE ALLIED & COMPLEMENTARY HEALTH PROFESSIONS AND NATIONAL REGISTRATION

A DISCUSSION PAPER

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Services for Australian Rural and Remote Allied Health, Canberra

Disclaimer

This paper is written with regards to allied health professionals who deliver services in rural and remote Australia. The paper ***provides a position statement by SARRAH*** in relation to individual professions within the third pillar of the workforce, 'allied health', their registration status and work with the Australian community and individual consumers. The paper has been developed in consultation with SARRAH members and NOT in consultation with the individual discipline professional associations. The opinions expressed are those of SARRAH and are NOT necessarily reflective of the opinions of the Professional Associations for each of the professions mentioned within the paper.

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Executive Summary

Should a profession be registered?

This paper is written with the following principle underpinning the discussion:

Registration of a profession is for the protection of the consumer and to ensure the quality and safety of the service being provided, not for the protection of the title of the profession, or the skills and competencies the professional has achieved.

Risk to the consumer is considered to be the risk of causing harm to the consumer's health and wellbeing (physical and psychological) both in the long term as well as the short term.

This principle is in line with the guiding principles for national registration adopted by COAG for the National Registration and Accreditation Scheme¹.

In determining a recommendation for a profession to be part of the National Registration and Accreditation Scheme the criteria for registration of the professions as determined by COAG have also been considered. In particular reference is made to:

- Criterion 1: It is appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?
- Criterion 2: Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- Criterion 3: Do existing regulatory or other mechanisms fail to address health and safety issues?
- Criterion 4: Is regulation possible to implement for the occupation in question?

¹ COAG, Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions, 2009, pg 23, cited 22 February 2010, available from: <http://www.nhwt.gov.au/documents/National%20Registration%20and%20Accreditation/ NATREG%20-%20Intergovernmental%20Agreement.pdf>

- Criterion 5: Is regulation practical to implement for the occupation in question?
- Criterion 6: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

For the purposes of the paper the professions identified in the SARRAH discussion paper on the “Classification of the Health Professional Workforce”⁽¹⁾ has been used. SARRAH recognises that the list is not exhaustive and that some professions may not be listed in this document.

The SARRAH classification structure for the Australian Health Workforce defines categories of health professionals and health workers within the Australian Health workforce based on level of qualification and work practice.

This paper is written with regards to allied health professionals who deliver services in rural and remote Australia. The paper ***provides a position statement by SARRAH*** in relation to individual professions within the third pillar of the workforce, ‘allied health’, their registration status and work with the Australian community and individual consumers. The paper has been developed in consultation with SARRAH members and NOT in consultation with the individual discipline professional associations. The opinions expressed are those of SARRAH and are NOT necessarily reflective of the opinions of the Professional Associations for each of the professions mentioned.

Recommendations

The following table provides a summary of the recommendations contained within this paper.

1. Nationally registered from 1st July 2010 (no recommendation required)

- Chiropractic
- Dental (including dentistry, dental hygiene, dental therapy, dental prosthetics & oral health therapy)
- Optometry

- Pharmacy
 - Physiotherapy
 - Podiatry
 - Psychology.
- 2. Nationally registered from 1st July 2012 (no recommendation required)**
- Aboriginal and Torres Strait Islander Health
 - Medical Radiation Science (including medical imaging, radiation therapy, nuclear medicine and sonography)
 - Occupational Therapy
 - Chinese Medicine (including Acupuncture & Chinese Herbal Medicine).
- 3. SARRAH recommends registration as part of the National Registration and Accreditation Scheme**
- Speech Pathology
 - Audiology
 - Cardiac Perfusion
 - Diabetes Education
 - Dietetics and Nutrition
 - Exercise Physiology
 - Genetic Counselling
 - Medical Laboratory Science
 - Orthoptics
 - Orthotics and Prosthetics
 - Paramedic
 - Social Work.

Rationale: The potential to cause both short and long term harm to the physical and psychological health of the patient.

4. SARRAH recommends national registration as part of the National Registration and Accreditation Scheme OR to have compulsory accreditation through a self regulation scheme managed by professional association (must be a member of the Association in order to practice).

- Art Therapy
- Music Therapy
- Play Therapy.

Rationale: Recommendation based on the potential to cause harm in the long term to the wellbeing of the patient.

5. SARRAH recommends a national system of registration or accreditation to practice either through the National Registration and Accreditation Scheme or through some other national mechanism.

- Allied Health Therapy Assistants
- Audiometrist
- Aged & Disability Workers
- Community based health & rehabilitation workers
- Diversional Therapists (Recreation Therapy/Activity Officers)
- Mental Health Workers
- Counsellors (Can be volunteers working with organisation such as Lifeline).

Rationale: Currently unregistered, Vocationally trained allied health workers are directly involved with the health care needs of the patient. There is potential risk of both short term and long term harm to the health and wellbeing (physical and psychological) of the patient.

6. SARRAH recommends a national system of registration or accreditation to practice, either through the National Registration & Accreditation Scheme or through some other national mechanism.

- Biomedical Engineers (Rehabilitation Engineers)
- Medical Physicists
- Optical Dispensers.

Rationale: Currently non-registered or partially registered. Recommendation based on risk of short term and/or long term harm to the general public as a result of having direct patient contact (dealing with equipment involved in patient assessment, diagnosis, treatment, rehabilitation and management).

7. SARRAH recommends that public health professionals working directly with the public have a system of registration or accreditation to practice through another national mechanism.

- Environmental Health Officers
- Health Promotion Officers (either as an endorsement on existing registration or as an identified health profession).

Rationale: Currently non-registered. Recommendation is based on (1) potential to cause harm in both the short term & long term to the public and 2) the majority of these professions may be employed outside of the public health system (e.g. within local government) and as such fail to meet all criteria for the National Registration & Accreditation Scheme.

8. SARRAH recommends that professions termed complementary should be required to be nationally registered under a Complementary Health Practitioners National Registration Scheme.

- Herbalists
- Iridologists
- Naturopathy
- Remedial Therapy
- Remedial Massage.

Rationale: Currently non-registered. Recommendations based on (1) the practitioners have direct patient contact and have a high risk of both short and long term harm to the patient's health and wellbeing, and (2) the practitioners work outside of the public health sector.

9. SARRAH recommends that there is no requirement for these non-clinical support professions to be nationally registered or accredited to practice as part of the National Registration & Accreditation Scheme

- Health Information Management
- Hospital Librarian
- Information Technology
- Medical Illustration/Photography.

Rationale: Currently non-registered. Recommendation based on the professions having minimal or no direct contact with the public.

Background

SARRAH believes that allied health professional services are essential to improving the quality of life and better health outcomes for rural and remote communities. It is also SARRAH's view that every Australian should have access to basic health services according to need and wherever they live, and that allied health professional services are basic and core to Australians' health and wellbeing.

Allied health professionals provide a range of clinical and health education services to individuals who live in rural and remote communities. Allied Health Professionals are critical in the management of their patients' health needs, particularly in relation to chronic disease and complex care needs.

An extensive review undertaken by the Productivity Commission in 2006 resulted in a number of recommendations in relation to the reform and redesign of the Australian Health Workforce⁽²⁾. A number of recommendations were made in relation to health professional registration with the report identifying that currently more than 90 registration boards across the different states and territories exist. The Productivity Commission recommended that the Council of Australian Governments (COAG):

“Establish a single national registration board, with professional panels, to develop and administer nationally uniform registration standards based on qualifications established by the national accreditation agency, and informed by advice from the workplace improvement agency on new or expanded professional roles.” (Page xxxiv)

At its meeting on the 26 March 2008 COAG agreed to adopt and implement the recommendation relating to the establishment of a National Registration and Accreditation Scheme⁽³⁾. The National Registration Scheme is seen to be able to provide more flexibility for the Australian Health Workforce through the ability to be able to move around the country more easily. Those professions registered under the national scheme will be registered on the basis of uniform national standards for that profession. The safety and quality of the services being delivered to the community and the health consumer will be

improved through the imposition of national standards of practice and a single point of registration to practice throughout Australia.

Projects undertaken by the National Health Workforce Taskforce to develop a national minimum dataset for health workforce data collection, and the implementation of projects to investigate health workforce supply and demand, and workload measures for the allied health workforce has identified the use of the National Registration Scheme for the identification of professions to be included in workforce data studies. However, a discussion paper on the classification of the Australian Health workforce published by SARRAH in 2007⁽¹⁾ identified the range of professions within 'allied health' that are not registered, self regulating, partially registered or nationally registered (at that stage in each of the States and the Territories. The SARRAH paper clearly illustrates the problem with defining 'allied health' and using registration information as a basis for inclusion.

Systems were established for allied health professions included under the Medical Benefits Scheme allied health initiative where the profession was non-registered or self regulating. In these instances, professionals are required to meet the accreditation standards set down by their professional association and to be a member of said association.

Purpose of the paper

This paper is written with regards to allied health professionals who deliver services in rural and remote Australia. The paper ***provides a position statement by SARRAH*** in relation to individual professions within the third pillar of the workforce, 'allied health', their registration status and work with the Australian community and individual consumers. The paper has been developed in consultation with SARRAH members and NOT in consultation with the individual discipline professional associations. The opinions expressed are those of SARRAH and are NOT necessarily reflective of the opinions of the Professional Associations for each of the professions mentioned.

Should a profession be registered?

This paper is written with the following principle underpinning the discussion in line with the guiding principles established by the COAG:

Registration of a profession is for the protection of the consumer and to ensure the quality and safety of the service being provided, not for the protection of the title of the profession, or the skills and competencies the professional has achieved.

Risk to the consumer is considered to be the risk of causing harm to the consumer's health and wellbeing (physical and psychological) both in the long term as well as the short term.

This principle is in line with the guiding principles for national registration adopted by COAG for the National Registration and Accreditation Scheme².

In determining a recommendation for a profession to be part of the National Registration and Accreditation Scheme the criteria for registration of the professions as determined by COAG have also been considered. In particular reference is made to:

- Criterion 1: It is appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?
- Criterion 2: Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?
- Criterion 3: Do existing regulatory or other mechanisms fail to address health and safety issues?
- Criterion 4: Is regulation possible to implement for the occupation in question?
- Criterion 5: Is regulation practical to implement for the occupation in question?
- Criterion 6: Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?

² COAG, Intergovernmental Agreement for a National Registration and Accreditation Scheme for the health professions, 2009, pg 23, cited 22 February 2010, available from: <http://www.nhwt.gov.au/documents/National%20Registration%20and%20Accreditation/NATREG%20-%20Intergovernmental%20Agreement.pdf>

Professions included

For the purposes of the paper the professions identified in the SARRAH discussion paper on the Classification of the Health Professional Workforce has been used. SARRAH recognises that the list is not exhaustive and that some professions may not be listed in this document.

The SARRAH classification structure for the Australian Health Workforce⁽¹⁾ defines categories of health professionals and health workers within the Australian Health workforce based on level of qualification and work practice.

1. Allied Health Professions

The Allied Health Professions are defined as:

- Tertiary qualified health professionals who apply their skills and knowledge to restore and maintain optimal physical, sensory, psychological, cognitive and social function.
- Health professionals who work directly with patients on an individual basis.
- Health Professionals who are tertiary qualified, completing recognised entry level university degrees.
- Health Professionals who are required to obtain specific qualifications to either obtain State or Territory registration; license or accreditation to practice; or to join the relevant professional association.
- Health Professionals who are “allied” or aligned to each other and other members of the health professional workforce, working together as part of a multidisciplinary team to achieve best practice outcomes for the patient across the health system.
- Health Professionals who are ‘allied’ or aligned with health consumers, the consumer’s family and other carers, and with the community in order to achieve best outcomes for the consumer.

a. Allied Health Professions included in the roll out of the National Registration and Accreditation Scheme

Have direct contact with the patient, high risk of short term and long term

harm to the health and well being of the patient (physical and psychological)

i. Nationally registered from the 1 July 2010

- Chiropractic
- Dental (including dentistry, dental hygiene, dental therapy, dental prosthetics and oral health therapy)
- Optometry
- Osteopathy
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology.

ii. Nationally registered from the 1 July 2012

- Aboriginal and Torres Strait Islander Health Practice
- Medical Radiation Science
- Occupational Therapy.

No recommendation required as these professions are already or will be registered under the National Registration and Accreditation Scheme.

b. Partially registered allied health profession

Points to be considered with regards to consideration for national registration:

The Allied Health Profession has direct patient contact and the risk of either/both short term and long term harm to the patient's health and wellbeing (physical and psychological). The recognition of the potential for harm to the general public has resulted in this profession being registered in 1 or more states.

- Speech Pathology.

SARRAH recommends national registration as part of the National Registration and Accreditation Scheme. Recommendation is based on the potential to cause both short and long term harm to the physical and psychological health of the patient.

c. Self regulating Allied Health Professions

These allied health professions are not currently registered in any state or territory within Australia. The majority have some form of self regulation system through their professional associations. In making recommendations regarding national registration for the following professions, SARRAH has considered the following points:

- Membership of the professional association is not compulsory and is at its lowest in rural and remote areas.
- There is a greater predominance of employment in the public sector rather than private sector in rural and remote regions. The need to be recognised and accredited potentially is more relevant for private practitioners. With increasing rurality, more health professions are employed in the public sector and less likely to join the professional association for accreditation purposes.

i. Allied Health Professions with direct patient contact and high risk of harm to the public

Ensure achievement of national standards of competency and codes of practice.

- Audiology
- Cardiac Perfusionist
- Diabetes Education (Please note – Some of these professionals may potentially be registered according to their entry level qualification e.g. nursing or podiatry as the qualification is generally obtained as a result of postgraduate education)
- Dietetics and Nutrition
- Exercise Physiology
- Genetic Counsellor
- Medical Laboratory Science
- Orthoptics
- Orthotics and Prosthetics
- Paramedic
- Social work.

SARRAH recommends national registration as part of the National Registration and Accreditation Scheme. Recommendation is based on the potential to cause both short and long term harm to the physical and psychological health of the patient.

ii. Allied Health Professions with direct patient contact

- Art Therapy
- Music Therapy
- Play Therapy – qualifications obtained outside of formal tertiary education structure. Often will have a undergraduate/entry level qualification in one of the health professions that is currently registered (e.g. Psychology) or will be registered (e.g. Occupational Therapy) under the National Registration and Accreditation Scheme.

Consideration must be given to the potential to cause long term harm to the wellbeing of the patient if skills are not maintained. It could be argued that any form of therapy that impacts on wellbeing has the potential to cause harm.

SARRAH recommends national registration as part of the National Registration and Accreditation Scheme OR to have compulsory accreditation through a self regulation scheme managed by professional association (must be a member of the Association in order to practice). Recommendation based on the potential to cause harm in the long term to the wellbeing of the patient

2. Health Workers and Assistants

Defined by SARRAH⁽¹⁾ as health workers who:

- Undertake training within the vocational sector or university sector at certificate, diploma, associate degree level or generic health science degree.

- Provide both direct and indirect patient care.
- Will generally work under the guidance of a tertiary qualified health professional.
- Health care workers and assistants work with members of the qualified allied health professional workforce.
- Health care workers and assistants may provide a variety of health services in regions where there is limited access to allied health professions.

Health workers include, but are not limited to:

- Allied Health Therapy Assistants
- Audiometrists
- Diversional Therapists (Recreation Therapy/Activity Officers)
- Community Based Health or Rehabilitation Workers
- Mental Health Workers
- Counsellors
- Aged and disability workers.

Levels of training in this group of workers vary and can include short courses to certificate level training in the Vocational Education Sector. Some universities could be offering bachelor and associate degree level qualifications for these professions. However, the health workers are dealing directly with patients and as such it is important to ensure that they have acquired and retain the skills and competencies required for their position.

Practitioners in this group have a risk of harming the public.

SARRAH recommends a national system of registration or accreditation to practice either through the National Registration and Accreditation Scheme or through some other national mechanism. Vocationally trained allied health workers are directly involved with the health care needs of the patient. There is potential risk of both short term and long term harm to the health and wellbeing (physical and psychological) of the patient.

3. Public Health Professionals

Classified in the SARRAH paper⁽¹⁾ as:

- Health Professionals who work with communities and other organisations to create circumstances that promote and protect health, prevent injury, ill health and disease.
- Work with health consumers on a population rather than individual basis.
- Health professionals who have obtained an accredited entry level degree from a recognised university.
- Health professionals who monitor health and implement services to improve life expectancy and the quality of life, disease and injury prevention measures; promote and educate on healthier lifestyles; and protect health through disease prevention services and legislation.
- Health professionals, who develop, maintain and report upon health data sets.

Professions include:

- Environmental Health Officers
- Health Promotion Officers – variable background and training. May have a background in one of the professions to be nationally registered (e.g. nursing).

Professions deal with the public on a population basis. There is a risk of harm to the public should a practitioner not meet the required competencies and skills to practice.

SARRAH recommends that public health professionals working directly with the public have a system of registration or accreditation to practice through **another national mechanism**. Recommendation is based on (1) potential to cause harm in both the short term & long term to the public and 2) the majority of these professions may be employed outside of the public health system (e.g. within local government) and as such fail to meet all criteria for the National Registration & Accreditation Scheme.

4. Non-Clinical support professions

Defined by the SARRAH paper as: Health Professionals who are involved indirectly with patient care, providing services to clinicians in areas such as quality patient records, health information management systems, hospital librarians, e-health, research and development; and technical support⁽¹⁾.

a. Potential for contact with patients

Members of these professions maintain, develop, provide equipment for either diagnostic purposes, or treatment and rehabilitation, or to enable patients with disabilities to maximise their potential.

- Optical dispensers – Currently registered in the state of NSW. Registration requirement is being repealed from 1 July 2010 as profession has been identified as posing minimal risk of harm to the public.
- Medical Physicists – accredited/registered currently in some states.
- Biomedical Engineers (Rehabilitation Engineers).

SARRAH recommends a national system of registration or accreditation to practice, either through the National Registration & Accreditation Scheme or through some other national mechanism. Recommendation based on risk of short term and/or long term harm to the general public as a result of having direct patient contact (dealing with equipment involved in patient assessment, diagnosis, treatment, rehabilitation and management).

b. No clinical contact with the patient, no risk of harm

- Health Information Management
- Hospital Librarian
- Information Technology
- Medical Illustration/Photography.

SARRAH recommends that there is no requirement for these professions to be nationally registered or accredited to practice as part of the National Registration & Accreditation Scheme. Recommendation based on the professions having minimal or no direct contact with the public.

5. The Complementary Health professions

The SARRAH discussion paper on the classification of the Australian Health Workforce describes the complementary health professions as:

- Health Professionals involved in direct patient contact providing direct treatment, assessment, patient management and education;
- Health Professionals whose training is primarily managed through private vocational training institutions, but may be part of the traditional university sector.
- Health Professionals who maintain that their service provision is directed towards the philosophy of a holistic approach to health and wellbeing.
- Health Professionals who do not work as part of a recognised multidisciplinary team and are not recognised as “allied” or ‘aligned’ to other members of the health professional workforce.

The level of training and requirement to demonstrate competency to practice varies across the professions in this group. However, members of these professions have direct patient contact and provide services which directly impacts on the patient’s health and well being. As such, there is identified risk of harm to the public.

a. Complimentary Health Professions to be nationally registered

Three of the professions included in this group will become nationally registered from 1 July 2012 as part of the National Registration and Accreditation Scheme under the umbrella of Chinese Medicine. These include:

- Acupuncture
- Chinese Medicine
- Chinese Herbal Medicine.

No recommendation required as these professions are already or will be registered under the National Registration and Accreditation Scheme.

b. Non-registered Complementary Health Professions

- Herbalists
- Iridology
- Naturopath
- Remedial Therapy
- Remedial Massage.

SARRAH recommends that professions termed complementary should be required to be nationally registered under a Complementary Health Practitioners National Registration. Recommendations based on (1) the practitioners have direct patient contact and have a high risk of both short and long term harm to the patient's health and wellbeing, and (2) the practitioners work outside of the public health sector.

Conclusion

The recommendations for national registration for each of the professions included in this paper are made on the basis of the type of work performed by the professions and their contact with the public. Health and wellbeing, including the risk to mental health is considered as part of the risk to the public as a result of interventions by the health professions. The opinions expressed are the view of SARRAH and are not necessarily the opinion of the individual Professional Associations for the professions included in this paper.

References

1. Lowe S, Adams R, O'Kane A. A framework for the categorization of the Australian Health Workforce – a discussion paper. Canberra, ACT: SARRAH; 2007.
2. Productivity Commission. Australian Health Workforce Research Paper. Canberra, ACT; 2006.
3. Council of Australian Governments. Council of Australian Governments Meeting 26 March 2008 Communique. Journal [serial on the Internet]. 2008. Date [cited 2009 12 November]: Available from: <http://www.nhwt.gov.au/documents/National%20Registration%20and%20Accreditation/NATREG%20-%20Communique.pdf>.