



**S·A·R·R·A·H**

Services for Australian  
Rural and Remote Allied Health

**Australian Health Ministers' Advisory  
Council**

**SARRAH's response to  
Consultation Paper: Options for  
regulation of unregistered health  
practitioners**

**April 2011**

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## **INTRODUCTION**

Services for Australian Rural and Remote Allied Health (SARRAH), welcomes the opportunity to provide feedback on the Consultation Paper: Options for regulation of unregistered health practitioners.

SARRAH is nationally recognised as a peak body representing rural and remote Allied Health Professionals working in both the public and private sector.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercised Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These 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 clients' health needs, particularly with chronic disease and complex care needs.

Allied Health Professionals work across the Primary and Acute Health Care Services continuum. They have significant roles in health care and health education across the sectors.

The Allied Health Professional, particularly in rural and remote areas, is required to adapt to workforce shortages and is well versed in the interdisciplinary and team approach to health care, especially for management of chronic disease and to improve health behaviour.

It is noteworthy that in many smaller and more remote communities, people in need of primary health care are reliant on nursing and allied health services because of workforce issues. If these health professionals are well supported then the need to access specialist and hospital services will be reduced.

It is repeatedly demonstrated that skilled and supported Allied Health Professional services are essential to improving the quality of life and better health outcomes for rural and remote communities.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that Allied Health Professional services are basic and core to Australians' primary health care and wellbeing. It is the Government's responsibility to ensure the provision of this care.

## **EXECUTIVE SUMMARY**

During February 2011, SARRAH published a paper, copy attached, titled 'The allied health professions and national registration'. Copies of the paper were sent to Minister Roxon's office and the Senate Standing Committee on Community Affairs and should be read in conjunction with this document.

SARRAH supports a national system for the regulation of unregistered health practitioners which contains the following key principles:

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- Protection of consumers is paramount.
  - Pursue a national registration system for all health professions.

SARRAH acknowledges that some professional associations which represent non registered professions have standards and monitoring systems in place, however in some instances these arrangements may not be as strong as a national registration system.

SARRAH believes that the New South Wales (NSW) regulation system of unregistered health professionals and code of conduct is a reasonable process, however the code of conduct is necessarily broad. That is, it cannot apply to an individual professionals conduct within their actual practice rather it is focussed more on general behaviour such as not making unreasonable claims of cure, infection control procedures and record keeping practices.

If a national registration system is not achievable then a national code of conduct must be developed and implemented. Whilst the cost of a national approach may be prohibitive, as a minimum, a system with national cooperation using the existing jurisdictional systems must be pursued.

## **COMMENTS AGAINST QUICK RESPONSE FORM**

The following are SARRAH responses on some areas of the 'Quick response form':

### *Section 2 - Scope*

- Refer to the SARRAH paper titled 'The allied health professions and national registration'.

### *Section 4 – The Problem*

- It is important to reinforce the importance of maintaining consumer protection. Within professional associations that may be unregistered but self regulating, there are considerable standards and descriptions of appropriate scope of practice that have been established. Consequently the risks are lesser than in professions without prescribed standards.

### *Section 5 – The Objectives of Government Action*

- A national registration system for all unregistered professions should be the primary objective. If this is not possible then a uniform and transparent system that is easy for unregistered health professionals and consumers to navigate must be developed and implemented.

### *Section 6 – The Options*

- Whilst the NSW system appears to be logical in terms of standards and regulations, all jurisdictions have processes to varying degrees. However, greater coordination of regulation is required through the establishment of a national scheme which would allow greater consistency and coordination for standards of service delivery.

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- A national statutory code of conduct for unregistered health professionals is the preferred choice enabling effective coordination across all jurisdictions. However this approach may be more costly for unregistered health professionals. Alternatively a jurisdiction based system with nationally agreed principles may be a more cost effective solution. Ultimately whichever system is implemented it must offer protection to the consumer as the primary objective.
  - In cases where a registered professional who provides health services that are unrelated to their registration then the relevant professional services code applies. If the discipline is not registered then the non registered code of conduct should apply.
  - The code of conduct should apply to those who deliver health services through the agency of another person, for example, the owners or operators of businesses or non-government organisations that provide health services. For instance in rural and remote settings, allied health assistants deliver health services and as such the business owners or operators have vicarious liability coverage.
  - The preferred option for the legislative and administrative arrangements through which a code of conduct for unregistered health practitioners is administered and complaints about breaches of the code are investigated and prosecuted could be through existing jurisdictional structures from an availability and cost effective perspective.
  - A mechanism through which prohibition orders are be issued, that is via an administrative order decided by a Commissioner, or via a tribunal or court hearing should be applied nationally.
  - The scope of 'relevant offences' providing grounds for a prohibition order to be issued should include, but not be restricted to; risk to public safety, sexual misconduct and financial misconduct.
  - The funding of a regulatory scheme to investigate and prosecute breaches of a national statutory code of conduct for unregistered health practitioners should be primarily funded by government with a minimal, if any, charge to individual health professionals.

## CONCLUSION

SARRAH as the peak body representing Allied Health Professionals delivering health services to people residing in rural and remote communities across Australia is well positioned to work with the Australian Health Ministers' Advisory Council to assist in the establishment and operation of a regulatory system for unregistered health practitioners.